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; 05/23/17 12:07 AM
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;;;Boston City Council, 170523

COUNCILOR CAMPBELL,
>> I WANT TO REMIND EVERYONE
THIS SAY PUBLIC HEARING.
IT IS BEING RECORDED AND
BROADCAST ON COMCAST 8, RCN 50.
ALSO ON RCN.
AND STREAMLINED AT
BOSTON.gov/TV.
WE WOULD APPRECIATE IF YOU WOULD
TESTIFY AND ENCOURAGE WRITTEN
TESTIMONY VIA E-MAIL OR MAIL.
PLEASE SILENCE YOUR DEVICES.
WE'RE ON DOCKETS 0536 THROUGH
0538.
ORDERS FOR THE FISCAL YEAR
OPERATING BUDGET INCLUDING
ANNUAL APPROPRIATIONS FOR
DEPARTMENTAL APPROPRIATION AND
APPROPRIATIONS OF THE SCHOOL
DEPARTMENT AND APPROPRIATION FOR
OTHER POST-EMPLOYMENT BENEFITS.
DOCKETS 0539 THROUGH 0543,
CAPITAL BUDGET APPROPRIATIONS
INCLUDING LOAN ORDERS AND LEASE
AND PURCHASE AGREEMENTS.
I'M HERE TO WELCOME A PANEL
REPRESENTING ENS AND OTHERS AND
THE BOSTON PUBLIC HEALTH
COMMISSION AS WELL.
IF YOU WOULD, CHIEF, INTRODUCE
YOURSELF FOR THE RECORD AND
WE'RE READY TO GO.
>> GOOD MORNING.
I'M THE CHIEF OF BOSTON EMS AND
I RESIDE IN WEST ROXBURY.
FIRST I WANT TO THANK ALL THE
COUNCILORS.
I JUST RECEIVED A COPY OF THE
PROCLAMATION AND THANK YOU FOR
RECOGNIZING THAT AND COMING TO
THE CHAMBER EVERY YEAR IS
SOMETHING WE LOOK FORWARD TO AND
GREATLY APPRECIATE AND NEVER
TAKE IT FOR GRANTED.
THANK YOU FOR YOUR LONG STANDING
SUPPORT AND MANY OF YOU HAVE
RIDDEN WITH US.

WITH YEAR WE LOOK TO ALWAYS IN SERVICE.

WOMEN AND MEN PROFESSIONALS OF EMS ARE ALWAYS IN SERVICE FOR THE NEIGHBORHOODS AND RESIDENTS AND TO THE HOMELESS IN SHELTERS AND COMMUTERS WHO RIDE BY CAR, BICYCLE, CAR, AIRCRAFT AND THE STUDENTS AND OUR RENOWN COLLEGES AND TO VISITORS TO OUR HISTORIC PLACES, GOVERNMENT OFFICES AND COURTS, RESTAURANTS, ATTRACTIONS AND ENTERTAINMENT VENUE.

THE CONSERVATIVE ESTIMATE OF THE POPULATION IS 1.2 MILLION PEOPLE.

BOSTON EMS IS ALWAYS IN SERVICE FOR THE HELP AND SAFETY OF ALL. THE MOTTO WAS PROCLAIMED FROM THE BALCONY OF THE TOP OF THIS BUILDING LAST FEBRUARY AND THE PATRIOTS' COACH BILL BELICHICK WHEN HE DESCRIBED WHAT IT TOOK FOR HIS TEAM TO BE WORLD CHAMPIONS.

NO DAYS OFF.

THAT'S A MOTTO OUR PERSONNEL UNDERSTAND.

IT MEANS HARD WORK EVERY DAY AND ALWAYS ANTICIPATING PROBLEMS OR A BETTER WAY GET THE JOB DONE. RESOURCEFUL AND RESILIENT ARE TERMS WE HEAR USED A LOT BUT THEY TRULY APPLY TO THE MEMBERS OF BOSTON EMS WHO WORK INCREDIBLY HARD.

WITH REGARD TO VALUABLE SERVICE TO THE CITY AND BARRING ANOTHER SPORTS CLICHE THE BETTER TEAMMATES ARE THE ONES THAT HAVE THE ABILITY TO RAISE THE GAME OF OTHERS.

WE LOOK FOR WAYS TO COMPLIMENT AND WORK WITH OTHER PROGRAMS ACROSS THE COMMISSION AND OTHER CITY DEPARTMENTS IN ORDER TO IMPROVE ALL OF OUR OPERATIONS. AND WE READ ABOUT AND DISCUSS A LOT OF NUMBERS TO ILLUSTRATE SOME BUDGET-RELATED INFORMATION RELATING TO BOSTON EMS THAT TOO ARE A LOT OF NUMBERS.

I HOPE WE ALL REMEMBER THERE ARE NAMES AND FACES, LOVED ONES OF

PATIENTS AND OUR MEMBERS WHO CARE FOR THEM ASSOCIATED WITH ALL THESE NUMBERS.

BEFORE I BEGIN I WANT TO THANK OUR EXECUTIVE DIRECTOR OF BOSTON PUBLIC HEALTH AND OUR TEAM FOR SPORTING US.

THE COMMISSION'S TEAM AND BUDGET OFFICE WHO WORKED INCREDIBLY HARD TO PREPARE US FOR TODAY AND PARTICULARLY MAYOR WALSH FOR INCLUDING OUR PRIORITIES IN HIS BUDGET.

COUNCILORS, THANK YOU FOR YOUR CONSIDERATION AND AT THE END OF THE I'LL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.

>> THANK YOU, CHIEF.

SORRY I'M A LITTLE BIT LATE TODAY.

I JUST FLUNKED MY FIRST TEST HERE.

WE HAVE A COUPLE THINGS HERE IN BOSTON.

AN EVENT AT CITY HALL PLAZA THERE'S A DISPLAY FOR PASSERS-BY.

WE WERE AT THE PARK BECAUSE OF THE CONSTRUCTION DOWN HERE AND IT'S HAPPENING ON THE PLAZA THIS WEEK WE ANSWER A LOT OF QUESTIONS FOR PUBLIC GOING BY TO RAISE AWARENESS FOR EMS.

TODAY THERE'S GOING TO BE TRAINING UPSTAIRS TO TEACH PEOPLE HOW TO DO CPR AND USE THE ADS IN THE BUILDING.

WE ALREADY HAD A COUPLE DOZEN PEOPLE SIGN UP READY TODAY AND THE IMPORTANCE OF LEARNING CPR AND HAVING ACCESS TO THE DEVICES WILL BECOME APPARENT AS WE MOVE ALONG.

TODAY IN MATTAPAN WE HAVE A NEW FACILITY OUT THERE.

FROM 1:00 TO 4:00 WE'LL BE DOING CAR SEAT CHECKS AND GIVING OUT CAR SEATS TO FOLKS WHO DON'T HAVE THE MEANS TO PURCHASE THEIR OWN.

IT'S GOING TO BE -- AND THAT'S SOMETHING THAT WE DO REGULARLY THROUGHOUT THE YEAR BUT WE'LL TRY TO GET A BIG GROUP OUT THERE

TOMORROW.

TOMORROW EVENING CITY HALL WILL BE LIT IN ORANGE AND BLUE TO LIGHT UP THE NIGHT FOR EMS JOINED BY THE ZAKIM BRIDGE AND THE PRUDENTIAL TOWER WILL DO LIKEWISE.

AS I SAID THERE'S SOME NUMBERS ON THE NEXT SLIDE TO GO THROUGH. RIGHT NOW WE HAVE 26 BROKEN DOWN WITH 21 SUPPORT AND FIVE ADVANCED LIFE SUPPORT THAT'S FOR THE DAY AND EVENING SHIFTS. WE DO SCALE BACK ON THE OVERNIGHT.

THAT'S UP FROM THE BASELINE LAST YEAR WHICH WAS 19-5.

THAT WAS A DIRECT RESULT OF THE INVESTMENT FROM THE CITY LAST CAREER IN OUR ABILITY TO HIRE ADDITIONAL FTD.

BEFORE WE COULD SURGE ON THE CASE BY CASE BASIS OR EVENT. RELATED WE'RE COMMITTED TO THAT SEVEN DAYS A WEEK AND WE THANK YOU FOR THAT.

WE HAVE A TOTAL OF 375 UNIFORMED FTEs AND WITH THE ADOPTION OF THE BUDGET IT SHOULD GO UP TO FOUR MORE.

YOU'RE GOING TO TRY SOME SPECIAL PROJECTS THIS YEAR.

LAST YEAR IN OUR RESPONSES WE HAD ON ACCOUNT OF 125,585 CRITICAL INCIDENTS.

THAT WAS A 2.8% INCREASE OVER THE PREVIOUS YEAR.

BOSTON'S STILL GROWING.

SO ARE THE DEMANDS OF OUR SERVICES.

THERE'S 86,817 PATIENT TRANSPORTS THAT AROSE FROM THOSE INCIDENTS A 1.7% INCREASE.

WE'RE MEETING RESPONSE TIME IS 6.3 MINUTES.

OUR GOAL IS TO GET IT BACK DOWN TO 6 SECONDS.

THAT HAD WITHIN OUR TARGET FOR MANY YEARS I'M HAPPY TO SAY WE'RE MAKING SOME PROGRESS ON IT.

SOME OF THE ISSUES ARE STILL THE INCREASE IN THE CALL VOLUME AND OUR ABILITY TO MANAGE SOME OF

THAT WHICH WE'LL TOUCH ON THAT
LATER.

IT'S IMPORTANT TO KNOW ALL THE
CALLS THAT WERE ENTERED AND
CARRIED OUT -- AGAIN, WHEN I
SPOKE ABOUT THE NAMES AND FACES
BEHIND THEM ALL EVERY CALL IN
DISPATCH OPERATIONS IN POLICE
HEADQUARTERS AND SUPERVISORS
FROM OUR RANK ARE PRIORITIZING
THE CALLS FOR SERVICE AND
DECIDING WHICH RESOURCE TO GET
THE BEST SERVICE FOR THE PATIENT
AT THE RIGHT TIME AND WHICH ONES
TO INVOLVE THE OTHER PUBLIC
SAFETY AGENCIES AS FIRST
RESPONDERS.

THERE WERE 52,149 PATCHES GIVING
NOTIFICATION TO HOSPITALS AND WE
COORDINATE TO THE 161 CITIES AND
TOWNS AROUND BOSTON AND IT'S
IMPORTANT FOR BOSTON EMS TO DO
THAT BECAUSE ANY LARGE ADVOCATE
THAT CAN EFFECT BROOKLINE AND
REVERE AND THOSE BEYOND OUR
BOUNDARIES WOULDN'T COME TO THE
BOSTON HOSPITAL.

WE HELP COORDINATE DELIVERY OF
CARE THERE TO LESSEN THE IMPACT
OFF THE CITIZENS WE SERVE-THERE
ARE 610 SPECIAL EVENTS WE
SUPPORTED LAST YEAR AS LARGE AS
THE BOSTON MARATHON OR BLOCK
PARTIES WE'LL SEE A LOT THIS
SUMMER THAT WE'LL BE COVERING OR
BEING AWARE OF.

MORE PRIVATE DEEJAYS AND LARGE
VENUES MAKING REQUESTS AND NIGHT
CLUBS BUT THAT'S GOOD.

NOT BECAUSE OUR PEOPLE NEED THE
WORK OR WANT THE WORK, THEY'RE
ALREADY FLAT-OUT BUSY BUT OUR
BASIS FOR COVERING SPECIAL
EVENTS HAS ALWAYS BEEN TO
PROTECT THE NEIGHBORHOODS.

FOR EXAMPLE, THIS WEEKEND COMING
UP AT HARVARD STADIUM WE HAVE A
SIGNIFICANT DETAIL TO BE OUT
THERE TO TAKE CARE OF THE NEEDS
OF THE CONCERT DWELLERS AND ALSO
SERVICE THE ALLSTON-BRIGHTON
AREAS.

WE DON'T WANT TO NOT HAVE
COVERAGE FOR THE SPECIAL EVENTS.

AS A RESULT OF THE INVESTMENT IN THE FIRST TEN MONTHS OF LAST YEAR WE LOOK TO DECREASE OUR RELIANCE ON THE COMPANIES TO DO 9-1-1 CALLS.

IN THE FIRST TEN MONTHS OF THE CURRENT FISCAL YEAR JULY TO LAST APRIL THERE WERE 582 LESS CALLS TO PRIVATES COMPARED TO THE YEAR BEFORE WHERE 1.7% OF OUR CALLS WE REFERRED OUT AND WE GOT IT DOWN TO .98% SO JUST UNDER 1%. WE HAVE 94% PATIENT SATISFACTION RATING.

THIS SURVEY GOES OUT AFTER WE PROVIDE SERVICE WHEN PEOPLE GET THAT AND IT'S PURELY VOLUNTARY. WE GET A SIZABLE OF AMOUNT OF PEOPLE WHO PUT IT OUT.

SO WHEN YOU COMMENT ON THE SERVICE WHEN YOU LOOK AT THE BILL THE FACT THAT SO MANY ARE STILL HIGHLY RATED I BELIEVE SAY GOOD THING.

WE INSTITUTED AN STROKE PROTOCOL.

BECAUSE CARDIAC ARREST AND

MYOCARDIAL INFARCTION IS VERY IMPORTANT AND WE HAVE DONE WORK FOR RECOGNITION AND TREATMENT OF STROKE BUT FROM THE TIME THE CALL IS MADE TO 9-1-1 THEY'LL GET SPECIFIC DIRECTIONS AND GET THE PHONE NUMBERS FROM THE PERSON AT THE SCENE AND THE PATIENT'S FAMILY.

ONCE OUR CREWS CONFIRM IT'S A STROKE WE CAN START CALLING HOSPITALS AND PREREGISTERING SOME OF THESE PATIENTS IN ADVANCE TO SHORTEN THE TIME TO GET TO AN INTERVENTIONAL CT SCAN.

305 PATIENTS WERE TREATED WITH CPAP.

IT'S A MASK APPLIED WHEN THEY HAVE TROUBLE BREATHING.

WE HAD 607 INTUBATIONS.

THEY HAVE A HIGH SUCCESS RATE OF THE PASS AND THEY'RE DELIVERED SUCCESSFULLY ON THE FIRST TIME AND A LOT OF CASES WE HAVE

AVOIDED OTHER THAN THE CPAP.
WE TAUGHT CPR TO 3,587
INDIVIDUALS.
MORE ABOUT THAT AND AGAIN WE'LL
ADD TO THAT TOTAL TODAY IN THIS
BUILDING.
THERE WERE 396 CAR SEAT CHECKS
AND I DON'T HAVE THE NUMBER OF
HOW MANY CAR SEATS WERE
INSTALLED BUT MOST THOSE CASES
WE TEACH PARENTS HOW TO PROPERLY
INSTALL THEM AND SIZE THEM.
WE HAVE ALSO TRANSITIONED TO NEW
ELECTRONIC PATIENT CARE RECORDS.
THE PLATFORM WHILE WE HEARD SOME
SMALL UPFRONT INITIAL COSTS IN
THE FIRST YEAR WE'LL REALIZE
\$100,000 IN SAVINGS BECAUSE
WHERE WE ARE GOING IS ARE LESS
EXPENSIVE AND FY-19 WE'LL
REALIZE \$260,000 IN SAVINGS
BECAUSE WE'VE BEEN ABLE TO GET
THE SERVICE HOSTED.
WE'VE BEEN ABLE TO RELY LESS ON
HARDWARE WE HAVE TO REPLACE
HERE.
SOME OTHER ACCOMPLISHMENTS.
THERE WERE TWO CLASSES THAT

GRADUATED EMT CLASSES AND WE'VE
REALIZED THE NEW CLASS WILL
START JUNE 5 I BELIEVE AND RIGHT
NOW WE'VE HAD 26 CONDITIONAL
OFFERS OUT AND EXPECT ALL OF
THEM TO BE IN SHORTLY.
WE SHOULD START SEEING THEM IN
BY THE END OF THE MONTH.
WE WANT TO GET THEM IN BY THE
FISCAL YEAR.
THEY'RE SIMILAR TO THE MODELS
FROM THE PREVIOUS YEAR WE
AUTHORIZED FIRST IN THE BUDGET
AND THEY'RE A MAJOR REDESIGN
FROM THE PLATFORM A COUPLE YEARS
AGO.
THE EMPHASIS BEING ON THE SAFETY
FEATURES.
AS SOON AS WE GET THESE IN WE DO
PLAN WE'LL SPEND \$2 MILLION TO
ORDER ADDITIONAL ONES GOING
FORWARD SO WE'LL CONTINUE
REPLACES AMBULANCES.
WE'RE BACK ON A REGULAR SCHEDULE
OF REPLACING AMBULANCES.

WE'VE COMPLETED A DEVELOPING CURRICULUM AND I KNOW THAT'S SOMETHING FOR MEMBERS OF THIS BODY AND WE'VE ALL SPOKEN ON THE IMPORTANCE OF ALL OF US WHETHER IT'S PUBLIC SAFETY OR HEALTH TO FOCUS ON THAT.

WE HAVE DEVELOPED TRAINING AND DONE PILOT TESTING IN OUR INSTITUTION TO IMPROVE THE RECOGNITION, SUSPICION OF VICTIMS OF HUMAN TRAFFICKING AND FORWARD THAT INFORMATION ON.

WE'VE DONE SIMILAR TRAINING IN THE PAST AROUND DOMESTIC VIOLENCE, CERTAINLY AROUND CHILD ABUSE AND ELDER ABUSE AND NEGLECT AND IT'S VERY IMPORTANT THAT WE DO DEVELOP PROGRAMS LIKE THIS.

AND WE DO TRAINING WITH ALL OF OUR STAFF WITH CLINICIANS AND OUTREACH WORKERS FROM THE HOME BASE FOUNDATION WHICH IS PARTNERED WITH THE MASS GENERAL RED SOX.

LATE A LOT TO

A LOT TO DO IN RECOGNIZING PTSD AND WITH THE ADDITIONAL OF NEW PERSONNEL FOR THE FIRST TIME IN A COUPLE YEARS WE'RE ABLE TO DO A LOT OF PROMOTIONS IN OUR RANK. WE WERE ABLE TO REPLACE A LOT OF LIEUTENANTS AND FRONT-LINE SUPERVISORS AND PROMOTE PARAMEDICS AND READY TO DO AN ADDITIONAL ROUND IN BOTH OF THE RANK AND SOME OTHER SENIOR STAFF MEMBERS WHICH WE REALLY HAD TO SIT ON FOR A FEW YEARS BECAUSE OUR PRIVATE WAS JUST TO KEEP FOLKS OUT AND IN SERVICE.

WITH THE NEW ADDITION OF THE PERSONNEL, THANK YOU VERY MUCH, IT HELPED WITH THAT.

BOSTON EMS AND FAR --
NARCOTICS.

THAT WAS PRODUCED LAST WEEK. EVERY WEDNESDAY A REPORT COMES OUT THAT SHOWS YOU WHAT THE ACTIVITY WAS FOR NARCOTIC RELATED ILLNESSES BOSTON EMS ENCOUNTERED THE PREVIOUS WEEK. WE COMPARE IT TO THE SAME WEEK,

THE SAME TIME PERIOD THE YEAR BEFORE.
IF YOU LOOK TO THE RIGHT COLUMN THERE'S A YEAR DATE AND SEE WHERE WE ARE COMPARED TO THE SAME TIME LAST YEAR.
WE ALSO TRACK ANNUAL TRENDS. YOU CAN SEE WE'RE STILL SEEING AN INCREASE SINCE 2010 AND NARCAN GIVEN AND CARDIAC ARREST TO THE HOSPITAL.
THE INFORMATION YOU SEE HERE IS SHARED ON A REGULAR BASIS WITH THE OVERALL RECOVERY SERVICES AND MAYOR'S OFFICE OF RECOUGHRY. WEARY RECOVERY.
WE TRY TO INFORM WHO MAY NEED NARCAN TRAINING.
VIRTUALLY ALL THE PATIENTS WE ENCOUNTER WE TRY TO GET TO THE HOSPITAL AND PLUG THEM INTO THE SYSTEM.
THE CARDIAC ARREST SURVIVAL RATE I'M NOT SURE IF YOU CAN READ IT UP ON THE SCREEN HERE BUT IT'S REALLY JUST TWO GRAPHS HERE. ONE IS CALLED -- I'VE SEEN THE SURVIVAL RATE.
IF WE ENCOUNTER SOMEBODY IN CARDIAC ARREST THERE'S CRITERIA FOR THE BEST CHANCE TO SUCCESSFULLY RESUSCITATE SOMEBODY.
IF SOMEBODY WERE TO COLLAPSE^{ry}% THEY WERE IN A RHYTHM THAT FINDS ITSELF IN DEFIBRILLATION PRETTY EASY.
IF SOMEONE IS TO RECOGNIZE THAT PERSON'S IN CARDIAC ARREST IMMEDIATELY BEGIN COMPRESSIONS AND SOMEBODY ELSE CAN GO FOR DFIB OR CONTINUE WITH COMPRESSIONS UNTIL FIRST RESPONDERS CAN ARRIVE, ANY IN THE BUILDING OR BYSTANDERS CAN DEFIBRILLATE THEM THERE'S A GOOD CHANCE OF SURVIVAL.
RIGHT NOW IF YOU LOOK IN BOSTON OUR PERCENTAGE OF SURVIVAL RATE FOR PATIENTS WHO ARE IN CARDIAC ARREST WAS ABOVE 54%.
THAN ON PAR WITH SEATTLE -- WE PICKED SEATTLE BECAUSE SEATTLE

IS ALWAYS VIEWED AS A NATIONAL LEADER IN THAT.
IF YOU LOOK AT THE NEXT COLUMN THE BY-STANDER INITIATED CPR ACCORDING TO THE PATIENTS WE ENCOUNTER WE'RE AROUND 25% AND IN SEATTLE IT'S 68% AND NATIONWIDE WE'RE AROUND 41%.
IT MAKES US WONDER HOW MUCH MORE WE CAN IMPROVE OUR ULTIMATE CARDIAC ARREST SURVIVAL RATE IF WE CAN BUMP THOSE NUMBERS UP AND GET PEOPLE TRAINED IN CPR.
IT'S NEVER BEEN EASIER.
IT CAN BE COMPRESSION ONLY.
IT DOESN'T HAVE TO BE PEOPLE WHO HAVE TO TAKE A MEDICAL CERTIFYING COURSE.
THE EMPHASIS IS ON COMPRESSION AND GETTING BLOOD TO THE BRAIN AND HEART UNTIL SOMEONE CAN GET THERE AND TAKE OVER WITH DEFINITIVE CARE.
THERE'S TWO QUICK SCREEN SHOTS AND CPR TRAINING WE DO.
THERE'S VIDEOS FROM THE CITY'S WEBSITE.
WE CREATED THESE YEARS AGO.
THE TRAINING IS OFTEN BY BOSTON EMTs AND WE HAVE SOME IN CANTONESE AND WE HAVE IT IN VIETNAMESE AND HAITIAN CREOLE AND WE ALWAYS OFFERED IT TO GROUPS IN SPANISH AS WELL.
AND THAT'S JUST TO SHOW NEAR TO DATE FOR THE LAST THREE YEARS.
THOSE ARE BOSTON EMS ENCOUNTERS FOR PATIENTS INVOLVED WITH PEDESTRIAN INJURIES OR BICYCLE INJURIES.
MOST OF THOSE ARE WITH VEHICLES.
THE ONE THING I WANT TO CAUTION YOU ON, IF YOU LOOK AT YEAR TO DATE IT LOOKS DOWN A LITTLE BIT AND IT'S NOT COMING DOWN ON THE BICYCLES IT'S BEEN COMING DOWN FOR A FEW YEARS NOW.
MORE BICYCLE ACCIDENTS HAPPEN THIS TIME OF YEAR AND WHEN THE WEATHER'S WELL.
NOT SO MUCH IN THE WINTER.
IF WE LOOK AT THE LAST FEW YEARS WITH THE DATA WE'VE BEEN SHARING 2014 WAS THE HIGHEST RATE AND

2016 THE NUMBERS DECREASED BY
OVER 130 PER YEAR.

A LOT OF THE INFORMATION WE
DON'T JUST GIVE OUT TOTALS THAT
WE SHARE WITH THE CITY OR WITH
PTD.

WE GIVE REAL-TIME ALERTS TO BTD.
THE COLLISIONS ARE CURRENT WITH
PEDESTRIAN, MOTOR VEHICLE OR
BICYCLES.

IT'S NO PATIENT INFORMATION.
THEY LINED OUT IT WAS BEST
FRIEND INVOLVED AND WE ALSO
PROVIDE DETAILED INFORMATION TO
BTD AND TO VISION ZERO.

WHETHER PATIENTS WERE RIDING
HELMETS AND ANYTHING TO IMPROVE
SURVIVABILITY AND THE
INFORMATION WE'VE BEEN PROVIDING
FOR YEARS TO THE CITY ON THIS
WENT TO PRIORITIZING BIKE LANES.
WE HAD MEASURES GOING IN AND
WE'RE PROUD OUR DATA IS USED TO
HELP PREVENT INJURIES AND
PREVENT BALANCE TRANSPORTS TO
HOSPITAL.

ONE NEW INITIATIVE INCLUDED IN
THE BUDGET THIS YEAR AND WE'LL
TOUCH ON QUICKLY IS THE
COMMUNITY SYSTEMS TEAM.

AS I SAID, OUR CALL VOLUME
CONTINUES TO GO UP.

WITH THE HELP OF THE MAYOR'S
OFFICE AND INFORMATION AND WE
ASKED THEM TO LOOK AT THE RISE
IN CERTAIN CALL TYPES.

EMS AND EMS INVESTIGATION
ACCOUNT FOR ORE 45,000 OF OUR
CALLS.

OF THE CALLS WE GET ONLY 56% ARE
PATIENTS REQUIRING NO CARE AND
ONLY 34% HAVE RESULTS IN A
TRANSPORT.

SOME OF OUR AREAS LIKE IN
DOWNTOWN AND I'LL SAY AROUND
DOWNTOWN CROSSING THE PERCENTAGE
IS EVEN LESS.

THE EMS INVESTIGATION HAVE MORE
OF A TRANSPORT RATE ABOUT 45%
HOWEVER, IT'S A RAPIDLY GROWING
CALL TYPE.

WE ALSO WANTED TO LOOK TO SEE
WHERE THE CALLS ARE RECURRING.
IF YOU LOOK AT THE HEAT MAPS

THERE AND THE ONES IN THE
PRINTOUT FORGIVE ME, WE CAN
ZOOM -- WE CAN'T DO IT ON THE
SCREEN HERE BUT IN THE LOWER
CORNER THE MASS OF CORRIDOR
WHICH EVERYONE'S FAMILIAR WITH
RECOVERY ROAD AND THE SERVICES
OUT THERE, A LOT OF THE CALLS WE
GET UP THERE DO RESULT IN
TRANSPORT.

THEY'RE NOT THE ONES THAT CAN BE
REFERRED UP.

ONE ARE PATIENTS WE ENCOUNTER A
LOT FOR A LOT OF CHRONIC
ILLNESSES AND CONDITIONS AND
YES, THEY HAVE TO GO TO THE
EMERGENCY ROOM AND IT'S NOT
NECESSARILY THE BEST THING FOR
THE PATIENT.

WE WANT TO WORK WITH RECOVERY OR
HOMELESS SERVICES TO GET THEM IN
TRANSPORTATIONAL HOUSING OR PATH
AND LESS DEPENDENCE ON US AND
THE EMERGENCY ROOM.

SOMETIMES WE SEE A PATIENT OFTEN
AND THEN NOT ANY MORE AND WE
WONDER IF THEY PASSED ON.

WHAT HAPPENS IS THEY GET INTO A
SUPPORTIVE CARE, TRANSITIONAL
HOUSING AND THAT'S GOOD.

THEY DO WELL AND THEN WE START
SEEING THEM AGAIN.

IT DOESN'T TAKE A Ph.D. TO
FIGURE OUT HOUSING IS
SUPPORTIVE.

THAT'S WHERE WE HAVE TO
COMPLEMENT EACH OTHER'S PROGRAMS
IN THIS.

WE WANT TO HELP FREE UP
AMBULANCE RESPONSE.

OUR DISPATCHERS PRIORITIZE AND
IN HAVE A TEAM TO ASSESS TO KEEP
THE AMBULANCE COMING OR MEET
WITH THE TEAMS AND PERHAPS STEER
THEM SOMEWHERE ELSE AND MAYBE A
MORE APPROPRIATE USE OF THE
CITY'S RESOURCES THAT'S THE
GOAL.

THAT'S IT.

THANK YOU.

>> THANK YOU, CHIEF.

THANK YOU FOR COUNCILOR ESSAIBI
GEORGE FOR STARTING THE MEETING
AND WE'VE BEEN JOINED BY CITY

COUNCILLOR BAKER AND SALVATORE
LaMATTINA.

I FIRST WANT TO THANK THE
COLLEAGUES BEHIND YOU AND ALL
THE MEN AND WOMEN OUT ON THE
FIELD AND AT HOME BEFORE THEIR
SHIFTS FOR WHAT THEY DO FOR OUR
CITY, FOR OUR RESIDENTS IN
CONJUNCTION WITH OUR OTHER GREAT
PUBLIC SAFETY PEOPLE IN THE
FIELD.

GREAT TO SEE THE NUMBERS ARE
REVERSING.

CAN YOU TALK ABOUT THE FOUR
EXTRA EMPLOYEES, EMTs.

ARE THEY BEING USED IN A
DIFFERENT WAY OR HOW ARE THEY --
>> THE FOUR HAVE YET TO BE HIRED
BUT THEY'LL BE INCLUDED IN THE
CLASS COMING UP.

WE'VE ALREADY INCLUDED THEM IN
THE SLOTS STARTING NEXT WEEK.

WE -- THESE PERSONNEL WILL BE
USED TO BACKFILL OR REPLACE THE
PEOPLE THAT WE WANT TO START ON
THIS NEW COMMUNITY ASSISTANCE
TEAM.

WE'VE LOOKED TO IMPROVE THE
CONCEPT.

WE'LL REASSIGN AND LOOK FOR
VOLUNTEERS FOR THAT.

WE WOULDN'T PUT PEOPLE UP FOR
THAT.

WE'D LOOK TO GET VETERAN POLICE
WHO ARE LOOKING FOR SOMETHING TO
DO.

WE RECOGNIZE A LOT OF THE ISSUES
OF PEOPLE WITH CHRONIC
CONDITIONS AND ALSO ANYWAY IDEA
HOW TO CLUE UP THE CALLS IN OUR
HIGH TRAFFIC AREAS DOWNTOWN AND
THOSE FOUR EMPLOYEES WILL BE
GOING TOWARDS THAT PROJECT.

>> THAT'S IN REFERENCE TO THE
HEAT SPOTS.

>> YES.

>> GREAT.

I AGREE IT SEEMS LIKE A
STRATEGIC WAY TO HELP PREVENT
ALL THE RESOURCES FROM GOING TO
CALLS THAT MAINLY RESULT IN
NONTRANSPORT AND THE NEED FOR
OTHER SERVICES NOT NECESSARILY
BALANCE SERVICE.

>> THAT IS CORRECT, COUNCILOR.
AS SPART OF THAT WE'LL BE
REACHING OUT TO TEAMS AND BOSTON
POLICE.

WE HAVE A WEEKLY MASS TASK FORCE
GOING ON WELL OVER A YEAR.

IT STARTED AS A WINTER HOMELESS
TASK FORCE TWO YEARS AGO AND
IT'S CONTINUED ON.

WHETHER IT'S THE COMMON IN
DOWNTOWN CROSSING OR RECENT
EFFORTS ON MASS AVE THERE'S CITY
DEPARTMENTS COMING TO THE TABLE.
NEIGHBORHOOD DEVELOPMENT, BCYF,
HOMELESS SERVICES, RECOVERY
OFFICE WHO WE ALL HAVE SOMETHING
WE CAN BRING TO THAT.

WE'VE ALSO BEEN WORKING WITH THE
SPECIALTY COURTS AND WORKING
WITH JUDGE COFFEY.

WE'VE UNDERGONE A FEW TRAININGS
AND MAPPING TO TRY AND WORK WITH
LAW ENFORCEMENT TO TRY TO GET
FOLKS MORE INTO TREATMENT WHICH
IS GOOD FOR THEM AND LESS
INVOLVEMENT IN THE COURTS BUT IT
ALSO LESSENS THEIR RELIANCE ON
EMS.

>> GREAT.

SO I SEE A FEW PROJECT ARE
UNDERWAY MOSTLY IN THE CAPITAL
BUDGET.

THE STUDY FOR OPENING A NEW EMS
STATION IN SOUTH BOSTON AND
OPENING A TRAINING FACILITY AS
WELL.

CAN YOU GIVE US AN UPDATE ON
THOSE STUDIES?

>> I BELIEVE THE CONTRACTOR
HIRED IS MHK.

THEY COMPLETED A DRAFT OF THE
NEEDS ASSESSMENT AND NOTIFIED US
LAST WEEK THEY'RE JUST ABOUT
READY TO GIVE US A DRAFT ON A
TRAINING FACILITY -- TRAINING
ACADEMY.

THOSE WERE FUNDED THROUGH CITY
CAPITAL BUDGET LAST YEAR AND I
THINK JUST THE SCHOOLS GROWTH
AND DEVELOPMENT DOWN THERE AND
PERMANENT RESIDENTS AND HOTELS
AND SERVICES DOWN THERE THOUGH
OUR AVERAGE WENT UP 2.8% IN
CALLS, IF YOU LOOK AT THE BOARD

TEN YEARS AGO TO NOW IT'S BEEN DOUBLE DIGIT GROWTH DOWN THERE WITH EVERYTHING THAT'S BEEN DEVELOPING DOWN THERE AND THAT INCLUDES THE MASS PORT PROBLEM WHERE WE STILL HAVE THE BIKE SAFETY ISSUES AND CRUISE SHIPS AND EVERYTHING DOWN THERE HAS BEEN EXPLODING.

SO WE DO HAVE A NEED TO CITE RESOURCES AND THE CITY IS LOOKING TO BUILD ON EXISTING CITY PROPERTY OR BUILDING OUT ON OTHER THINGS OR PROJECTS OR WHATEVER THEY MIGHT HAVE TO DO TIED TO DEVELOPMENT.

THEY'RE LOOKING AT THAT AND WHAT'S BEING DONE WILL GIVE THE CITY OPTIONS ON MAYBE WHICH WAY TO GO.

THEY'LL COME UP WITH WHAT WE NEED TO HOUSE A COUPLE UNITS DOWN THERE AND HOW TO BEST INCORPORATE IT TO MAKE IT WORK. HOPERY

THE NEXT PHASE WILL BE CONSTRUCTION.

THE TRAINING ACADEMY OUR TRAINING NEEDS ARE GROWING AND WE TRAIN -- OUR TRAINING IS FULL-TIME WHEN IT'S IN SESSION AND WE ALSO RUN EMT CLASSES FOR THE COMMUNITY THAT RUNS ON EVENINGS AND WEEKEND.

WE RUN IN-SERVICE TRAINING AROUND THE CLOCK ON ALL THREE SHIFTS.

WE HAVE A PRETTY DYNAMIC TRAINING SCHEDULE WE TRY TO KEEP UP WITH.

SO WE'RE LOOKING AT WAYS TO BUILD UP AND GET MORE SPACE TO ACCOMMODATE THAT.

THEY'RE LOOKING AT DIFFERENT CITY PROPERTIES OR OTHER PLACE WOULD BE SUITABLE TO HOUSE.

>> IN THAT VEIN I WANT TO THANK YOU FOR WORKING WITH ME AND WE'RE EXPLORING MORE INTO THE ALLSTON BRIGHTON NEIGHBORHOOD AS YOU DEPLOY MORE UNITS.

WE NEED TO TRY TO PUSH SOME OF THE DEPLOYMENT INTO THE NEIGHBORHOOD.

AND FINALLY WHAT I ASK FOR EVERY YEAR IS THE RESPONSE TIMES FOR ALL THE BLS/ALS UNITS FROM YEAR TO YEAR

>> AND YOU WANT IT BROKEN DOWN BY NEIGHBORHOOD AS WELL?

>> YES.

THANKS, CHIEF.

WE'VE ALSO BEEN JOINED BY DISTRICT CITY COUNCILOR JOSH ZAKIM.

LET ME INTRODUCE COUNCILOR AYANNA PRESSLEY.

>> THANK YOU MR. CHAIR AND THANK YOU FOR BEING HERE.

WE HAVE THE BEST EMS IN THE COUNTRY.

I KNOW WE ALL FEEL THAT WAY.

THAT'S NOT BY ACCIDENT BECAUSE YOU WORK AT IT EVERY DAY.

I ALSO JUST WANTED TO HIGHLIGHT SOMETHING I'VE ALWAYS BEEN IMPRESSED BY AND WOULD BE INTERESTED IN WITH THE DEMOGRAPHIC BREAKDOWN.

YOU SEEM TO HAVE DONE A GOOD JOB TO HAVE A PERSONNEL REPRESENTATIVE OF THE DIVERSITY OF THE CITY, GENDER BALANCE AND MORE PERSONNEL THAT ARE BILINGUAL AND I WANT TO UNDERSTAND THE BEST PRACTICES BECAUSE THOSE IN THE PUBLIC SAFETY AND HEALTH REALM ARE TRYING TO GET CLOSER TO A

WORKFORCE REFLECTIVE THE DIVERSITY OF THE CITY.

I WANT TO HEAR ABOUT YOUR RECRUITMENT EFFORTS AND HOW YOU OUTREACH AND MARKET.

>> THANK YOU, COUNCILOR.

RECRUITING FOR US BEGINS BY TRYING TO STEER YOUNG PEOPLE INTO EMS.

WE LOOK AT THE GENDER AND WE LOOK AT RACE AND ETHNICITY AS PROSPECTIVE EMPLOYEES REPORTED TO US AND DECLARE ON THEIR APPLICATION.

>> YOU HAVE RESIDENCY REQUIREMENTS?

>> THE REQUIREMENT IS YOU HAVE TO BE A RESIDENT AS OF YOUR DATE

OF HIRE BY BOSTON EMS.
WE DON'T HAVE SOME OF THE CIVIL
SERVICE RULES TO GIVE THE
RESIDENTS PREFERENCE.
WE NEED TO HAVE ONE OR THREE
YEARS NOW I'M NOT SURE THE
CURRENT STAGES FOR THAT.
WE DON'T HAVE THAT.
IF YOU'RE A RESIDENT AND CAN
PROVE IT BY THE START DATE BUT
THERE'S NOT A RESIDENCY
REQUIREMENT?
>> WELL, WE DON'T NECESSARILY
TAKE YOUR WORD FOR IT ON THE
APPLICATION.
YOU HAVE TO MEET --
>> SUBSTANTIATION.
>> AND EMPLOYEES WHO ARE ALREADY
COVERED BY A COLLECTIVE
BARGAINING AGREEMENT OR THE
OTHER THING AND WE HAVE TWO
FORMS OF PROOF YOU RESIDE HERE.
THAT WOULD BE THE SAME FOR
INCUMBENT EMPLOYEES AND FOR NEW
RECRUITS.
>> HOW BIG IS YOUR APPLICANT
POOL TYPICALLY?
>> THE PAST PROCESS NOT AS LARGE
AS PREVIOUS ONES.
I THINK WE WERE IN THE 60s AND
IN THE PAST WE'VE GONE AS HIGH
AS 200 OR 300.
WHEN PEOPLE WHO SHOW UP TAKE THE
EXAM AND YOU HAVE TO ACHIEVE A
MINIMUM SCORE OF 80 TO MOVE ON
AND YOU HAVE TO PASS THE

PRACTICAL EXAM.
>> IT SEEMS IN THE LAST CLASS
YOU HAD MORE WOMEN.
IS THAT CORRECT?
>> YES.
>> IS THAT THE RESULT OF A
TARGETED OUTREACH EFFORT OR --?
>> I THINK PEOPLE CONSIDERING
GOING TO BOSTON EMS JUST HAVE TO
LOOK OUT ON THE STREET.
WHEN I STARTED THERE WERE A
DOZEN AND IT WAS RARE TO SEE TWO
WOMEN WORKING TOGETHER IN AN
AMBULANCE AND THAT'S NOT RARE AT
ALL THESE DAYS.
I THINK A LOT TO ANSWER YOUR
QUESTION WHAT PEOPLE SEE.

>> AND THAT INFORMS THE
ASPIRATIONS AND THEY COME AND
SAY WHAT DO I HAVE TO DO TO
APPLY.

EVERY WE'RE WE LOOK AT OUR
GRADUATING CLASS AND WHAT OUR
SUCCESS RATE IS.

ONE TO ATTRACT CANDIDATES FROM
VARIOUS RACE, ETHNICITY,
LANGUAGE AND CAPACITY AND WE DO
WELCOME THAT AND ENCOURAGE IT.

>> DO YOU HAVE THAT DATA IN
TERMS OF OVERALL PERSONNEL AND
WHAT THE RACIAL DEMOGRAPHIC
BREAKDOWN IS AND GENDER.

AND IF YOU DON'T HAVE IT IF YOU
CAN GET IT TO ME AT SOME POINT
AND I'D BE CURIOUS TO KNOW HOW
MANY DISPATCHERS ARE BILINGUAL
AND WHAT LANGUAGES THEY SPEAK.

>> ONE QUICK QUALIFIER TOO.
WHEN WE TALK ABOUT OUR EXAMS.
WE NOTICED THE POTENTIAL BAR
WERE YOU NEEDED TO PASS BY 80 OR
MORE TO PASS AND SOME PEOPLE ARE
BETTER TEST TAKERS THAN OTHERS.
WHEN YOU TAKE TESTS EVERY WEEK
IT HELPS PREPARE YOU FOR THAT.
IF YOU GET A YOUNG PERSON WHO'S
BEEN OUT OF TRAINING A COUPLE
YEARS AND YOU FINALLY GET TO A
POINT NOW WHERE WE OFFER FULL
REVIEW SESSIONS.

IT'S THE SAME AS WITH THE
PRACTICAL EXAM.
YOU'RE CARRYING AROUND 180 POUND
MANNEQUINS AND YOU HAVE TO BE
ABLE TO DO THAT AND WE PUSH IT
AND START TO ADD WEIGHTS BUT
HAVE YOU TO BE ABLE TO
DEMONSTRATE --

>> THAT'S MY NEXT QUESTION.
THE PHYSICAL PART BECAUSE WE
HAVE SEEN THE PHYSICAL TEST FOR
POLICE AND FIRE HAS BEEN A
BARRIER SPECIFICALLY FOR WOMEN.

>> WE PUBLIC THAT WELL IN
ADVANCE WHAT YOUR REQUIREMENTS
ARE GOING TO BE.

WE HOLD REVIEW SESSIONS FOR
THAT.

SO IF YOU WERE TAKING THE TEST
NEXT WEEK FOR US, COUNCILOR AND
YOU CAME IN FOR THE PRACTICAL

YOU CAN WORK WITH THE EQUIPMENT,
WORK WITH PEOPLE FROM PRACTICE THE
PROPER WAY TO DO IT?

WE DON'T WANT TO GIVE YOU THE
ONE SHOT --

>> ALL RIGHT.

>> SO YEAH, WE RECOGNIZE THINGS
LIKE THAT IN THE PAST AND TRY TO
BUILD ON IT.

IT'S A LOT OF WORK TO INTERVIEW
A LOT OF APPLICANTS.

IF 100% PASSED, THAT WOULD BE
GREAT.

>> THANK YOU.

I'LL LOOK FOR THAT.

JUST THE RACIAL DEMOGRAPHIC
BREAKDOWN FOR PERSONNEL AND THEN
FOR THE DISPATCHERS, WHAT
LANGUAGES THEY SPEAK.

THANK YOU.

THANK YOU FOR YOUR COMMITMENT IN
THE HUMAN TRAFFICKING SPACE.

ONE OF THE THINGS I WANTED TO
ASK YOU THAT YOU DIDN'T HAVE THE
OPPORTUNITY TO SPEAK TO, ARE YOU
WORKING WITH SURVIVORS,
ORGANIZATIONS LIKE MY LIFE MY
CHOICE OR OTHER ADVOCATES AS
WELL?

I KNOW YOU'RE DOING TRAINING.
ARE YOU WORKING WITH ANY OF THE
SURVIVOR ORGANIZATIONS?

>> SPECIFIC TO HUMAN TRAFFIC
SOMETHING.

>> YES.

WE'RE WORKING WITH SOME
PHYSICIANS AT BOSTON MEDICAL
CENTER.

THEY HAD A SMALL GRANT TO HELP
DEVELOP SOME OF THIS.

I'LL HAVE TO GET BACK TO YOU TO
SEE WHAT SPECIFIC ORGANIZATIONS.
OUR MEDICAL DIRECTOR --

>> WE WOULD LOVE TO MAKE THAT
CONNECTION.

ANYTHING TO STRENGTHEN OUR
EFFORTS.

THANK YOU.

IN FEBRUARY, COUNCILLOR
ESSAIBI-GEORGE AND I, WE PUT
FORWARD A MEASURE TO EXPAND THE
BEST PROGRAM.

SO WE HAD A HEARING AROUND THAT.
I WAS WONDERING WHAT YOUR

THOUGHTS ARE ON THE BEST PROGRAM
AND IF YOU HAPPEN TO KNOW IN
LIGHT OF THE FACT THAT THE GRANT
FUNDING IS SET TO EXPIRE JUNE
30th AND YOU SHARE YOUR THOUGHTS
ON THIS FUNDING AND THE BENEFITS
OF THE PROGRAM AND DOES ANYONE
KNOW THE STATUS AND IF WE CAN
BRING ON ADDITIONAL PEOPLE.

>> I WAS HERE FOR THAT HEARING.
YOU'RE RIGHT.

YEAH, EXPAND -- THAT SPEAKS
TO -- MAYBE THE EXAMPLE OF
SPECIALTY COURT.

A LOT OF THE PEOPLE, PATIENTS,
PUBLIC WE ENCOUNTER OUT THERE
HAVE UNDERLYING MENTAL HEALTH
ISSUES, BEHAVIORAL ISSUES.
AND THEM EITHER LINED UP BEING
ARRESTED OR INCARCERATED DOESN'T
HELP THAT.

OR JUST BRINGING THEM TO AN
EMERGENCY ROOM DOESN'T HELP
THAT.

CERTAINLY IF THERE'S IN CRISIS,
DIFFERENT THINGS WE CAN DO TO
TRY TO ASSIST.

WE HAVE TO MAKE SURE THAT IF
SOMEBODY IS PRESENTING THIS --
BEHAVIORAL EMERGENCY, THAT IT
ISN'T SUBSTANCE ABUSE RELATED,
THERE'S NOT SOME SORT OF
TOXICOLOGY OR HEAD INJURY.

HAS TO BE RULED OUT OR
CONSIDERED.

BUT A LOT OF PEOPLE THAT HAVE
ISSUES THAT WOULD BE BETTER
SERVED GROWING TO FACILITIES
THAT COULD JUST DO --

>> SO DO YOU FEEL THAT HAVING
CLINICIANS OR SOCIAL WORKERS,
FOLKS WITH AN EMPHASIS IN THE
BEHAVIORAL HEALTH SPACE, HELPS
TO DIFFUSE SITUATIONS AND GET
FOLKS CONNECTED TO THOSE
SERVICES?

>> THAT DOES HELP.

WITH THE DEVELOPMENT OF THOSE
TEAMS THAT WE'RE LOOKING TO PUT
OUT THERE, THAT THEY COULD ALSO
HELP TO MAKE SOME OF THOSE
REFERRALS.

>> OKAY.

VERY GOOD.

I'M CURIOUS ON THE TWO
LIFE-SAVING TECHNIQUE QUESTIONS.
TALKED ABOUT THE NUMBER OF CPR
TRAININGS THAT YOU'VE DONE.
WE'VE HAD FORMER COLLEAGUES THAT
HAVE BEEN PUSHING TO HAVE
MORE --

>> DEFIBRILLATOR.

>> YOU GOT IT.

TO HAVE THOSE AT OUR BCYF
CENTERS AND OUR SCHOOLS.

I'M CURIOUS FROM YOUR EXPERT
VANTAGE POINT, IS IT A GREATER
ASSET FOR US TO BE TRAINING MORE
PEOPLE IN CPR OR IF WE SHOULD BE
PUSHING FOR MORE OF THOSE OR IS
IT TOO TRAPPED?

>> I THINK BOTH ARE GOOD.

I THINK TRYING TO GET MORE
PEOPLE AWARE TO RECOGNIZE
CARDIAC ARREST, YOU KNOW, EITHER
CALL FOR ASSISTANCE, CALL FOR
911 AND BEGIN COMPRESSIONS
PROBABLY SHOULD BE THE FIRST
FOCUS.

WHEN WE --

>> IN CPR TRAINING?

>> WHEN WE LOOK AT OUR CARDIAC
ARREST TRAINING -- IT'S IF IT'S
SOMEBODY THAT CAN BE SHOCKED OUT
OF A RHYTHM LIKE VF AND VT.

IT'S IMPORTANT TO GET A
DEFIBRILLATOR TO THAT PERSON IN
TIME.

EVEN IF THAT --

>> DOES THAT REQUIRE EXPERTISE,
KNOWING HOW TO MANEUVER --

>> MOST OF THE VICES ARE SO --
THEY'RE --

>> THEY'RE USER FRIENDLY.

>> EASY TO USE.

>> WHAT IS THE COST FOR THE
AVERAGE --

>> THE ONES THAT -- THEY COST A
COUPLE THOUSAND DOLLARS.

OURS ARE MORE RUGGED.

THEY'RE OUT THERE.

THERE'S SOME LESS EXPENSIVE
MODELS AVAILABLE THAT IF SOMEONE
IS STAYING IN AN OFFICE OR

GYMNASIUM, IT WILL DO THE JOB.

>> OKAY.

>> THE PEOPLE THAT SURVIVE THE

DISCHARGE, GOOD DISCHARGE, BACK
DOOR, BACK TO SCHOOL,
NEUROLOGICALLY INTACT, ALMOST
ALL OF THEM HAD SOMEBODY DOING
COMPRESSIONS TO BEGIN WITH.
SOMEBODY KEEPING THEIR BRAIN
ALIVE.
>> VERY GOOD.
>> UNTIL A DEFIB OR THE RESCUES
COULD GET TO THEM.
>> SOMETHING I DIDN'T SEE -- I
APPRECIATE THE HOME VISITS OR
THE WORK YOU'VE DONE AROUND
ELDER FALLS.
TO PREVENT ELDER FALLS RATHER.
AND THEN I SAW THERE'S SOMETHING
LIKE 66 BPS ASTHMATIC STUDENTS
THAT YOU ENGAGED IN SOME WAY.
I WAS WONDERING HOW DID THAT
HAPPEN.
>> OKAY.
SO FIRST ON THE FALLS -- THANKS
FOR MENTIONING THE ELDERLY
COMMISSION.
WE'VE WORKED WITH THEM FOR FOUR
YEARS.
BEFORE IT WAS LIKE PROVIDING A
STAND BY AND SOME OF THEIR
ANNUAL BIG EVENTS.
AND ALSO MORE INTO FILE OF LIFE
WHERE WE WOULD TRY TO GATHER
THEIR MEDICAL HISTORY, GIVE THEM
SOMETHING THEY COULD WRITE, PUT
IN A MAGNET ON THE DOOR.
MAYBE THEY'RE NOT ABLE TO SPEAK
OR WHATEVER, WE CAN QUICKLY GO
LOOK FOR THEIR MEDS AND HISTORY.
WE CREATED A DROP DOWN ON THE
CHART THAT I SPOKE ABOUT.
IF WE THINK THAT AN ELDER IS IN
SOME KIND OF NEED OF SERVICES OR
PERHAPS COULD USE FOLLOW UP CARE
FOR A TRIP HAZARD OR OTHER
ISSUES, FOOD, ANYTHING THAT WE
SUSPECT COULD BE WRONG, WITH
THEIR PERMISSION, WE'LL ASKED
THEM IS THERE SOMETHING YOU
WOULD LIKE TO FOLLOW UP.
WE'LL ALERT THE FOLLOW UP ON THE
CHART.
>> YOU GUYS ARE BEING MORE
INTENTIONAL WITH THE ELDERLY
COMMISSION.
>> WE DID THE TRAINING FOR

ALZHEIMER'S RECOGNITION AND
RECOMMEND THE MAYOR PUSH OUT.
WE DID THAT THROUGH OUR
TRAININGS AND COMPLETING THAT A
YEAR AGO AS WELL.

>> I'LL WAIT ON THE OTHER
QUESTIONS.

THE LAST THING I'LL SAY, I
DIDN'T SEE ANYTHING ABOUT
DROWNING.

THIS TIME OF YEAR, WE BANG THE
DRUM ON THIS.

ESSAIBI-GEORGE HAD HER DRUTHERS,
EVERY STUDENT WOULD GRADUATE
KNOWING HOW TO SWIM.

WE KNOW BECAUSE OF THAT LACK OF
EDUCATION AND ALSO MAYBE SOME
CULTURAL BARRIERS THAT SOME ARE
AT A GREATER RISK FOR DROWNING.
I WAS WONDERING IF THERE WAS
ANYTHING FROM A EDUCATIONAL
STANDPOINT OR HOW MANY INCIDENTS
A YEAR THAT YOU SEE ANYTHING
LIKE THAT.

>> I WOULD HAVE TO SEE HOW MANY
WERE QUOTED AS DROWNING.
I WOULD HAVE TO GET BACK TO YOU.
WE DO ENCOUNTER IT.
WATER IS A HAZARD.

WE'RE SURROUNDED BY IT.
USUALLY THE SUMMER SAFETY AND
TIPS COME OUT, WE ALWAYS CAUTION
PEOPLE, ONE, AROUND ANY
WATERFRONT ACTIVITIES IS TO
ALWAYS BE AWARE.

WHETHER IT'S ADULTS, WHETHER
IT'S CHILDREN, YOU KNOW, COULD
BE VERY SIMPLE.

EVERYBODY WOULD KNOW HOW TO
SWIM, I WOULD ENCOURAGE IT.
MEANTIME, EVEN IF YOU DO, THE
SAFETY TIPS, DON'T GO ALONE.
ALCOHOL OR WATER.

>> THAT'S FINE.

>> THAT TYPE OF THING.

ALSO, THE USE OF PFDs, SAFE
BOATING, WATER ACTIVITIES.
WHEN YOU SAW THE INCIDENT LAST
WEEK WITH THE JET SKIS, THE
COLLISION ON THE BAY, ALL THE
PEOPLE OUT THERE HAD APPROPRIATE
SAFETY GEAR ON AND ATTIRE EVEN
THOUGH THEY WERE INJURED FROM
THE COLLISION, NOBODY DROWNED.

>> THANK YOU FOR ALL YOU DO AND YOUR PRESENCE IN THE COMMUNITY. AS YOU TRANSITION, I ASK POLICE AND FIRE THE SAME QUESTION. VERY COMMITTED ALSO TO YOUR WELLNESS.

SO JUST WANTED TO HEAR FROM YOU BEFORE GOING ON.

WHAT ARE YOU DOING TO SUPPORT PERSONNEL IN THEIR OWN TRAUMA AND TO PREVENT FATIGUE AND JUST THE INSOMNIA?

I DON'T KNOW WHAT A TYPICAL SHIFT IS AND HOW THAT WORKS. JUST WANTING TO MAKE SURE THAT FOLKS ARE FEELING SUPPORTED FROM A BEHAVIORAL HEALTH AND OVERALL WELLNESS STANDPOINT.

>> YEAH, NO, THANK YOU.

THAT'S?

THAT WE'VE TAKEN SERIOUSLY HERE FOR A LONG TIME.

I WOULD SAY ALMOST 30 YEARS AGO WHEN IT WAS REALLY MEMBERS OF THE ORGANIZATION, ONE OF THE UNION MEMBERS STARTED A PEER SUPPORT TEAM.

STARTED ATTENDING CONFERENCES AND TRAININGS ON MOST TRAUMATIC STRESS AND WE HAVE A TEAM LEADER.

HE RIGHT NOW IS IN THE PROCESS OF RECRUITING ADDITIONAL MEMBERS THAT WE HAVE FROM VARIOUS RANKS, VARIOUS BACKGROUNDS.

OLD-TIMERS LIKE MYSELF.

WE ALSO WANT TO ATTRACT NEW EMPLOYEES.

BECAUSE THE TRIGGERS, THE STRESSES ARE EVERYBODY ARE DIFFERENT.

GENERATIONAL.

WE DO -- WE ALSO CONTRACT WITH PEOPLE ON SITE EVERY WEEK, WHERE PEOPLE CAN COME AND GO, MAKE THEIR OWN EMPLOYMENTS.

WE HAVE OFF SITE PEOPLE THAT MAY REQUIRE A TIME-OUT.

>> THANK YOU SO MUCH.

>> THANK YOU.

WE'VE BEEN JOINED BY CITY COUNCILLOR AT LARGE, MICHAEL FLAHERTY.

I'D LIKE TO RECOGNIZE

REPRESENTATIVES PRESIDENT JAMIE
ARCINO AND ANTONIO BRYANT FROM
THE EMS DIVISION OF THE BOSTON'S
PATROLMAN ASSOCIATION.

CHAIR RECOGNIZES COUNCILLOR
ESSAIBI-GEORGE.

>> THANK YOU, CHIEF, FOR YOUR
THOUGHTFUL PRESENTATION.

COUNCILLOR PRESSLEY MENTIONED IF
I HAD MY DRUTHERS, ALL KIDS
WOULD LEARN HOW TO SWIM BEFORE
THEY GRADUATE FROM HIGH SCHOOL.
IF I HAD MY DRUTHERS, THEY WOULD
BE CPR CERTIFIED.

THAT WORK WOULD BE REFLECTED IN
BYSTANDER INITIATED CPR.

MOST PEOPLE PROBABLY -- IT'S
JUST COMPRESSIONS AT THIS POINT.
THAT'S WHAT IS RECOMMENDED.

YOU DON'T NEED TO DO THE
MOUTH-TO-MOUTH CPR OR THE RESCUE
BREATHS.

IF IT'S A CONFIDENCE THING.

IF PEOPLE JUST TRAINED TO DO
COMPRESSIONS, THEY'LL DO IT.

MORE PEOPLE WE GIVE THE TOOLS,
THE BETTER.

THAT'S AN EDITORIAL.

I HAVE SOME QUESTIONS ABOUT
NARCAN OR NARCOTIC RELATED
INCIDENTS.

CAN YOU TALK A LITTLE BIT ABOUT
IT?

MOST OF IT IS OVERDOSES AND THIS
CRISIS WITH OPIOIDS.

CAN YOU TALK ABOUT THE INCREASE
IN NUMBERS THAT WE'VE SEEN SINCE
LAST YEAR AND ALSO TALK TO US A
LITTLE BIT ABOUT WHAT RMEs ARE.

>> SURE.

RME IS A -- ON THAT SLIDE THAT I
SHOWED YOU -- TOTAL NRI,
NARCOTIC RELATED ILLNESS.

YOU DON'T NECESSARILY HAVE TO BE
UNCONSCIOUS, NOT BREATHING AND
REQUIRE NARCAN.

YOU CAN JUST BE SOMEBODY THAT IS
PERHAPS ON THE NOD THAT IF WE
STIMULATE YOU A LITTLE BIT, YOU
CAN ANSWER US SO WE DON'T HAVE
TO BLAST NARCAN UP YOUR NOSE.

WE CAN GET YOU TO A NICE, QUIET,
SIT BACK ON THE STRETCHER AND
GET YOU TO THE HOSPITAL AND TRY

TO GIVE YOU SOME CARE AND FOLLOW UP CARE.

HOOK YOU UP WITH RECOVERY SERVICES.

SO THAT WOULD INCLUDE -- THIS IS NARCOTIC RELATED ILLNESSES.

AND ALL THE CRITERIA INVOLVED IN DESCRIBING THAT.

RME IS WHEN WE CLEAR A CALL TO THE MEDICAL EXAMINER.

WE CAN REFER SOMEBODY TO THE MEDICAL EXAMINER THAT PASSED AWAY FROM LUNG CANCER AT HOME, FROM OTHER NATURAL CAUSES.

SO IF WE -- IT'S A CLEARING CODE.

EITHER WE TRANSPORT YOU OR YOU REFUSE TRANSPORT OR PERHAPS YOU'RE REFERRED TO THE MEDICAL EXAMINER.

SO THE RME, WHAT PERCENTAGE OF THE ACTUAL NUMBERS OF CASES THAT WE IDENTIFIED AS MOST LIKELY NARCOTIC RELATED.

IN THAT CASE, IT CAN BE VERY OBVIOUS LIKE SOMEBODY THAT HAS A SYRINGE IN THEIR ARM STILL.

DRUG PARAPHERNALIA AROUND THEM. SOMEBODY WHOSE PARENTS HAVE CALLED US AND THEY HAVE DISCOVERED THEIR 26-YEAR-OLD SON DEAD IN THE BATHROOM FLOOR, OBVIOUSLY DECEASED FOR SEVERAL HOURS AND THEY SAY, YEAH, HE'S BEEN STRUGGLING FOR FOUR YEARS. OH, MY GOSH, HE'S BEEN CLEAN FOR FOUR MONTHS.

I CAN'T BELIEVE IT'S HAPPENING.

>> WHY DO WE SEE SUCH AN INCREASE?

IN YOUR OPINION, THE PROBLEM IS GETTING WORSE OR ARE WE GETTING BETTER AT COLLECTING THE DATA?

>> WE'VE BEEN COLLECTING THE DATA FOR SEVERAL YEARS.

SO I THINK WE DO A PRETTY GOOD JOB AT THAT.

>> IT'S A 100% INCREASE FROM LAST YEAR.

>> ON WHICH -- THE RME?

YEAH, THAT'S YEAR TO DATE.

WE HAVE TO SEE HOW IT TOTALS OUT THE REST OF THE YEAR.

IT COULD BE THE POTENCY OF THE

MEDICATION THAT PEOPLE ARE
ABUSING.
OR USING.

WE READ A LOT AND SAW ON THE
REPORT, THERE ARE THE -- ALSO
REMARKS ON HIGHER PERCENTAGE OF
FENTANYL.

SOME OF THE AN LOGS OF FENTANYL.
SOME OF THE SYNTHETIC OPIOIDS IN
THERE, WHICH CAN, YOU KNOW,
RESULT IN IMMEDIATE CESSATION OR
BREATHING.

PEOPLE THAT ARE USED TO -- EVEN
THOUGH THEY'RE DEPENDENT ON A
DRUG, NOW YOU HAVE MORE POTENT
DOSES.

IT CAN BE FATAL.

THE OTHER THING IS, PEOPLE THAT
USE ALONE, IF THERE'S IN ONE
ELSE AROUND, EVEN IN THAT
SITUATION WHERE I TOLD YOU ABOUT
A FAMILY SAY AT HOME IN
ROSINDALE, THERE'S STIGMA OR
EMBARRASSMENT.

FAMILIES THINK YOU'RE IN
RECOVERY, DOING GREAT AND YOU'RE
NOT GOING TO TELL THEM, HEY, BY
THE WAY, I'M USING A AGAIN.
KEEP AN EYE ON ME.

THEY'RE NOT GOING TO DO IT.
THEY GO IN THEIR BEDROOM.

A LOT OF PEOPLE USE THEM PRIVATE
AND THERE'S NO ONE AROUND WHEN
THEY COLLAPSE.

SOME OF IT IS THE POTENCY OF THE
DRUGS WE'RE SEEING.

>> CAN YOU TALK ABOUT HEROIN?

JUST EXPLAINED --

>> YEAH.

FOR US, WE LOOK TO SEE IF -- ONE
IS IF WE ACTUALLY OBSERVE THE
POWDER, THE DRUGS, THE SYRINGE.
THIS COULD BE THE ONE WE DON'T
SEE A NEEDLE.

MAYBE SOMEBODY CLEANED IT UP.

YOU WAKE THE PERSON UP.

THEY RESPOND.

THEY'LL TELL YOU, YEAH, I SHOT
UP AWHILE AGO.

SOMEBODY WITH THEM OR THE FAMILY
INFORMS YOU.

THIS IS ALL FAIRLY SUBJECTIVE.

THIS IS NOT BASED ON TOXICOLOGY.

THIS IS BASED ON WHAT I'M SEEING

AT THE TIME AND DESCRIBING.
>> WHY ARE WE DOCUMENTING?
>> BECAUSE WE WANT TO SEE --
THAT'S THE WAY WE HAD BEEN
DOCUMENTING FOR OVER TEN YEARS.
HOW WE WERE COLLECTING IT AND
HOW WE'RE READING IT IN OUR
RECORDS.
WHETHER WE'RE OBSERVING THE DRUG
OR SOMEBODY IS VOLUNTEERING THAT
INFORMATION TO US.
LIKE SEVERAL YEARS AGO, WE SAW
MORE PEOPLE WITH THE OXYCONTIN,
WITH THE OTHER OPIOIDS.
AND THE SHIFT NOW IS MORE
TOWARDS THE HEROIN.
SO WE STILL SEE THE PEOPLE
OVERDOSING FROM -- USING OR
ABUSING NARCOTICS, NOT
NECESSARILY HEROIN.
MORE PEOPLE MIGHT COVER
THEMSELVES IN FENTANYL PATCHES
THAT THEY'RE IN THE POSSESSION
OF.
WE DRAW THAT DISTINCTION.
>> SO CURRENTLY MASSACHUSETTS,
IT'S ILLEGAL TO BE IN THE
PRESENCE OF SOMEONE USING
HEROIN.
ARE YOU SEEING THAT AFFECT
SOMEONE'S ABILITY TO CALL 911
VERSUS A SUSPECTED OVERDOSE?
>> YOU KNOW, WE -- I DON'T
BELIEVE WE'VE SEEN THAT HERE.
SOME PEOPLE MAY NOT BE
FORTHCOMING ABOUT WHAT IS WRONG
WITH THEIR FRIEND OR SOMEBODY.
CERTAINLY A LOVED ONE.
THEY WON'T HESITATE.
THEY'LL TELL YOU THEIR HUSBAND,
SON, BROTHER, DAUGHTER IS
ADDICTED.
THEY WANT US TO KNOW THAT.
THEY WANT US TO HELP THEM.
MAYBE SOMEBODY WAS SOMEPLACE AND
THEIR FRIENDS DRAG THEM OUT INTO
THE HALL BECAUSE THEY DON'T WANT
TO BE DISCOVERED IN THEIR PLACE,
THAT COULD BE A CONFOUNDING
THING.
AT LEAST CALL 911.
NEVER HAVE SEEN ANYBODY, YOU
KNOW, TAKEN INTO CUSTODY BECAUSE
THEY'RE PRESENT WHEN WE FOUND A

VICTIM OF AN OVERDOSE.

>> AND MY LAST QUESTION AND PERHAPS YOU HAVE THIS INFORMATION BUT I'M NOT SURE, DO WE EVER LOOK AT THE DATA ON THE TRENDS OF WHERE THE 911 CALLS ARE COMING FROM FOR OVERDOSES? WHETHER THEY'RE IN A PRIVATE HOME, IN A PLACE OF BUSINESS, OUTSIDE, THE NEIGHBORHOOD? WE LOOKED AT THAT AND ANY TRENDS IN THAT INFORMATION?

>> AS FAR AS TRENDS, I'LL HAVE TO GET BACK TO YOU ON THAT. I DO KNOW WE DO LOOK AT CERTAINLY LOCATION, ADDRESS WHERE OCCURRING.

HOW MANY -- WE DO -- LIKE HAPPENING IN PUBLIC SPACES, STREETS, PUBLIC REST ROOMS, BATHROOMS, FOR EXAMPLE VERSUS INDIVIDUAL RESIDENTS AND NEIGHBORHOODS.

WE CERTAINLY KNOW IT DOES HAPPEN ALL ACROSS THE CITY.

THAT'S WHY SOMETIMES -- NOT RELUCTANT TO SHARE.

THAT'S NOT THE RIGHT TERM. IF YOU LOOK AT A NEIGHBORHOOD, YOU MIGHT SEE DORCHESTER, ROXBURY, DISPROPORTIONATELY LARGE THERE.

DOESN'T SPEAK TO THEY HAVE A GREATER BURDEN OF ADDICTION --

>> AND I THINK IT'S JUST -- TO HAVE A BETTER UNDERSTANDING OF THE CRISIS.

I THINK IN ONE OF OUR CONVERSATIONS WITH JEN, THE OFFICE OF RECOVERY, ARE FINDING THAT TRADITIONAL LIVIDS THAT ARE APPEARANCE FOR OVERDOSE CALLS, DRUG-RELATED CALLS ARE HIGH FREQUENCY USERS AND WE'RE SEEING A HIGHER INSTANCE NOW OF SORT OF THE FIRST-TIME INTERACTION, WHETHER IT'S WITH THE EMS OR OTHER FIRST RESPONDERS OR POLICE.

SO I'M JUST SORT OF CURIOUS ABOUT THE TRENDS OVERTIME. IF WE BETTER UNDERSTAND THE TRENDS, WE CAN SORT OF BETTER DIRECT RESOURCES.

AGAIN, A LITTLE EDITORIAL, BUT I
THINK SOME OF THAT DATA WILL
HELP US DEVELOP BETTER POLICIES.

>> NO, I AGREE.

WE DO LOOK AT -- IT'S A LITTLE
CONFOUNDING.

SOMETIMES WHEN YOU LOOK AT
OVERDOSES IN A PARTICULAR AREA,
SOME OF THEM -- THE FIRST TIME
WE ENCOUNTERED A PERSON.

THE NEXT TIME IS SOMEBODY --

>> THAT WE ENCOUNTERED THAT
MORNING.

>> COULD BE SOMEONE THAT IS A
CERTAIN PERCENTAGE THAT ARE --
DON'T HAVE A BOSTON ADDRESS OR
IDENTIFIED AS HOMELESS.

AGAIN, DEPENDS -- A LOT OF TIMES
WE PICK UP ON TRANSPORTATION.

MAYBE THEY'RE JUST COMING
THROUGH THE AREA.

>> THANK YOU, CHIEF.

>> COUNCILLOR McCARTHY.

>> THANKS, MR. CHAIR.

CHIEF, WELCOME.

I KNOW YOU KNOW LAST WEEK I WAS
THRILLED TO SPONSOR A RESOLUTION
AND MY COLLEAGUES UNANIMOUSLY
SUPPORTED THAT TO HELP PUSH FOR
THAT HOUSE BILL TO GET A
MEMORIAL DOWN IN WASHINGTON D.C.
FOR THE EMS, THE MEN AND WOMEN,
WHICH IS WELL-DESERVED AND I'LL
FOLLOW UP WITH OTHER CITIES AND
TOWNS TO SUPPORT CONGRESSMAN
LYNCH ON AN EFFORT THAT IS LONG
OVERDUE.

I ONLY HAVE A HANDFUL OF
QUESTIONS.

A LOT REVOLVE AROUND CAPITOL.
LAST YEAR I ASKED ABOUT SQUARE
FOOTAGE FOR HEADQUARTERS.

HOW DID THAT COME OUT?

DO YOU HAVE THE ROOM YOU NEED
AND THE ROOM YOU WERE PROMISED?

>>

>> WE HAVE ALL OF THOSE NUMBERS.
THEY ARE PREPARING OR SUPPOSED
TO HAVE A MEETING NEXT WEEK TO
GO OVER SOME OF THE SEAPORT
NUMBERS.

DO WE HAVE THE ROOM WE NEED?

IT DEPENDS.

AS FAR AS -- LIKE RIGHT NOW

THEIR FOCUS ON THEIR CHARGE ON THE PROPERTY MANAGEMENT STUDY WAS TO LOOK AT TRAINING IN ACADEMY.

BUT THEY WERE ALSO GIVEN ADDITIONAL -- THEY DID MEASURE ALL OF OUR EXISTING OPERATION SPACE.

FOR EXAMPLE, THE OFFICES WHERE THE COMMAND STAFF IS, THE OFFICES WHERE OUR I.T. STAFF ARE, WHERE OUR PROFESSIONAL STANDARDS AND SOME OF OUR INTERNAL FINANCE.

THEY DID MEASURE THAT OUT. SO THAT IS ALL INCLUDED IN THE RECORD.

>> SO YOU GOT WHAT YOU WANTED? I WOULDN'T PUT YOU ON THE SPOT, CHIEF.

>> NO, AS FAR AS I GOT WHAT I WANTED.

.

>> SOUNDS LIKE PROMISES MAY HAVE BEEN BROKEN.

>> YEAH, THEY TRIED TO LOOK AT EXISTING CITY PROPERTIES, FOR EXAMPLE, LIKE RIVERMORE STREET. THE SECOND FLOOR THERE.

LOOKS LIKE WHEN THEY TRIED TO CARRY-OVER THE SQUARE FOOTAGE FOR WHAT WE HAVE, THE TRAINING, THE ACADEMY, THAT SOMETHING LIKE THAT COULD FIT THERE.

BUT NOT NECESSARILY ALL OF THE

FUNCTIONS.

>> OKAY.

WE'VE BEEN WORKING ON CAPITOL CLOSELY WITH THE FIRE DEPARTMENT.

WE'RE REFURBISHING HOUSES.

WE HAVEN'T -- THE POLICE ACADEMY WHERE WE BROUGHT IT UP TO COMMISSIONER EVANS, THAT IT'S TIME TO LOOK AT A NEW POLICE ACADEMY.

THEY'RE STUCK IN A SMALL CLOSED SCHOOL IN HYDE PARK, WHICH IS JUST NOT A MODERN FACILITY FOR A MODERN POLICE FORCE.

I'D LIKE TO THROW YOU GUYS INTO THAT PILE OF WE NEED TO MOVE OUR BETTER FACILITIES FOR THE BEST

MEN AND WOMEN THAT WE HAVE IN
THE CITY TO PROTECT US.
I LOOK AT -- I'M VERY FAMILIAR
WITH A-18 ON DANA AVENUE.
I USED TO DO SNOW OPERATIONS OUT
OF THERE.
I'M WELL AWARE OF THEIR SHOP.
THEY'RE ONE OF THE NICER PLACES
THAT THE AMBULANCES WOULD BE,
WHICH FRIGHTENS ME.
I'M ENCOURAGED WITH THE WAY THE
MAYOR AND CHIEF SWEENEY IS
TAKING OVER THE CAPITAL PLAN TO
LOOK AT THE FUTURE.
CLEARLY OUR MEN AND WOMEN OF EMS
NEED BETTER FACILITIES AND
SHOULD BE TOP QUALITY FACILITIES
THAT WE CAN OFFER.
IN THE NEXT COUPLE YEARS, GOD
WILLING FOR ME ANYWAY, YOU KNOW,
WE START LOOKING AT A BIGGER
CAPITAL BUDGET AND PUSH HARD TO
MAKE SURE THAT WE HAVE BETTER
FACILITIES FOR EMS AS WELL AS
FIRE EMPLOYEES.
>> THANK YOU, COUNCILLOR.
>> ALWAYS LOOKING AT THE TOP
TWO.
ALL RIGHT.
THANKS, MR. CHAIR.
>> THANK YOU.
COUNCILLOR O'MALLEY.
>> THANK YOU, MR. CHAIR.
CHIEF, THANK YOU FOR YOUR
INCREDIBLE WORK.
YOU ARE I THINK ONE OF THE
FINEST EMPLOYEES OF THIS CITY
AND YOU HAVE BEEN FOR A LONG
TIME AND SO GRATEFUL FOR YOUR
LEADERSHIP.
SIMILARLY, DR. VALDEZ-LUPE, THE
NEWLY MINTED GRANDFATHER THERE
AS JAMIE AND TONY, JACQUELINE
AND SO MANY OTHERS.
TIM McCARTHY IS 100% RIGHT.
THE PARAMEDICS AND EMTs OF
BOSTON EMS ARE AMONG THE TYPE
NEST THE WORLD WHAT YOU HAVE
DONE YOU COULDN'T ANSWER FREELY
LIKE TIM AND I COULD, BUT WE
NEED TO MAKE SURE WE HAVE THE
ADEQUATE SPACE AND RESOURCES FOR
YOU GUYS.
I HAVE DONE A LOT OF

RIDE-ALONGS.
I CAN'T GET OVER HOW HARD YOU
WORK.
YOU'RE LUCKY TO SCARF DOWN HALF
A SANDWICH ON THE WAY TO THE
CALL.
ALWAYS GOING.
I DID SEE A RELATIVELY NEW
FACILITY ON MATTAPAN OR
DORCHESTER.
A GARAGE?
>> YEAH.
249 --
>> IT'S NICE BUT WE WANT TO MAKE
SURE -- THERE SHOULD BE MORE
SUPPORTS AND OPPORTUNITIES.
IT'S STRATEGICALLY LOCATED.
THE CAPITAL CONVERSATION IS AN
IMPORTANT ONE.
A COUPLE OF BRIEF QUESTIONS.
FIRST WHAT TIME AND WHERE IS THE
CPR TRAINING TODAY FOR OUR CITY
STAFF?
>> EIGHTH FLOOR.
>> THE CBA ROOM?
>> YEAH.
>> WHAT TIME?
1:00.
I BELIEVE.
I'LL TELL YOU THAT.
WE ALREADY HAD ABOUT 40 PEOPLE
REGISTER FOR IT.
I SHOULD KNOW THAT.
>> ANY WALK-INS AVAILABLE?
>> YEAH.
>> OTHERWISE, DR. LUPE WILL
TEACH ME.
I'M RUSTY.
IT'S GOOD TO KNOW.
TWO NEW AMBULANCES WILL BE
COMING ONLINE THIS YEAR FROM
LAST YEAR'S BUDGET?
>> NO, TEN.
>> TEN.
>> TEN WERE PRO CURED FOR THAT.
SHORTLY -- RIGHT AFTER JULY 1
WE'LL TURN AROUND AN ORDER, A
MINIMUM OF SEVEN OR EIGHT.
WE HAVE TO REPLACE A COUPLE OF
NONAMBULANCE VEHICLES AS WELL.
>> WILL THIS BE GROWING THE
FLEET BY TEN OR REPLACING
VEHICLES?
>> REPLACING SOME OLDER ONES.

LAST YEAR WE TOOK MOST OF THE VEHICLES THAT WERE ON THE STREETS BEFORE 2008 OUT OF SERVICE.

WE'VE TAKEN A FEW MORE OUT.

>> WHAT IS THE LIFE SPAN OF AN AMBULANCE?

>> WELL, A FRONT-LINE UNIT ASSIGNED TO A DISTRICT, WE WOULD LIKE TO GET IT DOWN TO FOUR YEARS.

THEY START TO GET TIRED AFTER THAT.

>> SURE.

>> AND THEN YOU START TO INQUIRE MORE SYSTEM PROBLEMS.

SO FRONT LINE TRUCKS, TRY TO GET A REPLACEMENT SCHEDULE EVERY FOUR YEARS.

WE DID BOUNCE THEM DOWN INTO THE RESERVE POOL, WHICH MEANS IF YOUR TRUCK IS IN ROUTINE MAINTENANCE OR SOMETHING ELSE, YOU CHECK THAT OFF THE SPARE. THOSE TRUCKS, WE PUT ON 14 EXTRA AMBULANCES FOR THE DAY OF THE MARATHON.

THAT COMES OUT OF THAT SECOND TIER OF TRUCKS.

AND THEN FARTHER DOWN, THERE'S OTHER ONES THAT ARE OLDER THAT WE CAN DRAW ON FOR BIGGER EVENTS PERHAPS.

BUT WE UTILIZE THEM FOR DRIVER TRAINING, FOR RECRUIT.

>> THE MARATHON IS JULY 4.

WHAT IS THE BIGGEST EVENT -- YOU HAVE 710 EVENTS, SPECIAL EVENTS IN A YEAR?

>> YEAH.

>> THAT'S AMAZING.

ALMOST TWO A DAY.

WHAT ARE THE BIG ONES?

THE MARATHON, JULY 4.

>> MARATHON, JULY 4.

THOSE ARE THE REGULARLY OCCURRING ONES.

SPORTS TEAMS, PARADES.

THIS PAST YEAR THE WOMEN'S MARCH THAT TURNED OUT TO BE 175,000 PEOPLE.

WE STAFFED UP FOR THAT.

IN HINDSIGHT, WE COULD HAVE STAFFED UP MORE.

WE HAD A BIG TURNOUT THERE.
>> AND YOU DO DESERVE CREDIT FOR
THAT AS DO THE POLICE AND PARKS
DEPARTMENT.
THAT WAS AN AMAZING DAY.
GLAD TO BE A PART OF IT AND
PROUD OF MY COLLEAGUES IN
GOVERNMENT.
>> YEAH, THE EVENTS, BOSTON
CALLING AND OTHER ONES.
COUNCILLOR CIOMMO, JUST TO LET
YOU KNOW, WE REACHED AN
AGREEMENT WITH THE PROJECT TEAM
FOR THE COMMONWEALTH AVENUE
DECKING PROJECT GOING ON.
WITH THE HELP OF ETD, WE
CONVINCED THE CONTRACTOR THAT
THERE COULD BE AN IMPACT ON
ALSTON BRIGHTON.
THEY HAD CLOSURES IN EFFECT FOR
BOTH SIDES OF THAT.
AGAIN, IF IT'S SORT OF A SPECIAL
EVENT AS WELL.
>> AND SADLY -- YOU KNOW, WE
TALKED ABOUT THIS IN YEARS PAST,
PARTICULARLY AFTER.
A MARATHON ATTACK.
WITH THE TRAGEDY LAST NIGHT IN
MANCHESTER, HOW ARE YOUR MEN AND
WOMEN -- IT'S SADLY A NEW WORLD
WE LIVE IN AND NEW CHALLENGES TO
OUR PUBLIC SAFETY JOBS.
DO YOU FEEL CONFIDENT THAT THE
SUPPORTS ARE THERE IN TERMS OF
EAP, IN TERMS OF SUPPORT FOR THE
MEN AND WOMEN ON THE FRONT
LINES?
>> YES, SPECIFICALLY EAP, I
THINK -- I BELIEVE IT IS.
I ALSO BELIEVE OUR TEAM MEMBERS,
TEAM COORDINATOR FOR THAT,
WOULDN'T HESITATE TO LET ME OR
ANYBODY, YOU ALL, OR ANYONE ON
THIS PANEL KNOW THAT THEY NEED
ANY MORE SUPPORT.
WE DO GIVE THEM A PRETTY FREE
HAND TO DEAL WITH WATER ROUTINE
THINGS.
THINGS THAT COULD HAVE BEEN
MAYBE BOTHERING SOMEBODY GOING
BACK TO AN EVENT LIKE THAT.
TO HANDLE WHATEVER TRAUMA
THEY'VE HAD.
SO I THINK WE HAVE A PRETTY GOOD

SYSTEM IN PLACE FOR THAT.
AND WE'RE -- AS I MENTIONED,
COUNCILLOR PRESSLEY EARLIER,
WE'RE LOOKING TO GROW THAT.
>> ANYWAY WE CAN BE HELPFUL.
I KNOW COUNCILLORS PRESLEY AND
GEORGE HAVE DONE A GREAT JOB IN
THE SPACE OF TRAUMA.
A LOT OF TIMES WE DON'T REALIZE
THE MEN AND WOMEN ON THE FRONT
LINES THAT MAY NOT WANT TO TALK
ABOUT IT.
THE IMPACTS ARE UNFATHOMABLE.
SO ANY SUPPORT WE CAN GIVE.
ANY OTHER -- OTHER THAN THE
OTHER SCOURGES THAT WE'RE
DEALING WITH OF OPIOID ABUSE,
ANY OTHER TRENDS YOU'VE SORT OF
SEEN FROM YOUR VANTAGE POINT IN
TERMS OF AN UPTICK?
I SEE THE CRASHES FOR CYCLERS
AND PEDESTRIANS ARE DOWN FROM
2015 AND CYCLES DOWN A LITTLE
BIT.
OBVIOUSLY A LOT OF WORK THAT WE
NEED TO DO AND SUPPORTS TO PUT.
IN ARE THERE OTHER TRENDS THAT
YOU'VE SEEN AND YOUR CALLS OR --
>> AS WE SPOKE BEFORE, WE SEE A
LOT OF PEOPLE THAT HAVE, YOU
KNOW, UNDERLYING -- POTENTIAL OF
UNDERLINING MENTAL ILLNESS THAT
ARE BEING MASKED OR
SELF-MEDICAIDED WITH ALCOHOL.
>> SURE.
>> AND REQUIRE A LOT OF CARE
AROUND SERVICE.
CERTAINLY THE HOMELESS
POPULATION, EVEN THOUGH THE CITY
HAS MADE GREAT STRIDES IN
HOUSING PEOPLE, THE CITY HAS
DONE A GREAT JOB IN THAT.
WE STILL ENCOUNTER A LOT OF
FOLKS OUT THERE.
WE'RE STILL VERY MUCH -- ABOUT
10% OF THE PATIENTS WE HAVE ARE
UNINSURED EVEN THOUGH WE HAVE
UNIVERSAL INSURANCE IN
MASSACHUSETTS.
NOT EVERYONE TAKES ADVANTAGE OF
IT.
A LOT OF PEOPLE WHO IS 911 AND
THE EMERGENCY ROOM IS THEIR --
>> PRIMARY CARE PHYSICIAN.

>> YEAH.
SOMETHING THAT WE HAVE TO --
WE'RE KEEPING AN EYE ON.
WE ALSO -- OUR UNITS ARE GREAT
INTEL FOR OTHER THINGS THAT
COULD BE COMING OUR WAY.
OVERDOSES -- A FEW YEARS AGO
WHEN SOME OF THE DRUGS THAT WE
STARTED TO SEE IN CLUBS IT WAS
BASICALLY -- OUR CREWS BEING
ALERT THAT HEY, THESE ARE
TYPICAL SEIZURE PRESENTATIONS,
THIS PERSON IS HAVING A SEIZURE.
THEY ALERT LAW ENFORCEMENT, DID
A FEW THINGS AND THAT TURNED
INTO MANDATORY TRAINING FOR ALL
THE CLUBS, FOR RECOGNITION, FOR
INFORMATION POSTED.
TRYING TO STAY ON TOP OF THINGS
AS WE SEE THEM COMING ALONG.
SOMETHING THAT THIS DEPARTMENT
HAS DONE A GOOD JOB IN.
>> YOU'RE SELLING YOURSELF
SHORT.
YOU'VE DONE AN EXCEPTIONAL JOB.
JUST COMMEND ALL OF YOU.
THANK YOU, CHIEF.
>> THANK YOU.
COUNCILLOR CAMPBELL.
>> THANK YOU, COUNCILLOR CIOMMO.
CHIEF, IT'S SO GREAT TO SEE YOU
AND YOUR TEAM.
THANK YOU FOR THE WORK YOU DO
AND YOUR TEAM.
YOU DON'T GET A SENSE OF WHAT
YOU DO UNTIL YOU RIDE AROUND
WITH YOU.
IT'S AMAZING TO SEE THE
COMPASSION, THE PATIENCE, THE
EMPATHY AND THE WORK YOU DO.
THANK YOU FOR ALL THAT YOU DO.
JUST ECHOING SOMETHING,
COUNCILLOR O'MALLEY SAID.
IT'S SAD TO HEAR ABOUT THE
ATTACK IN MANCHESTER.
REMINDS YOU OF THE INCREDIBLE
WORK THAT NOT ONLY EMS BUT ALL
OF OUR PUBLIC SAFETY AGENCIES DO
IN PROTECTING US.
MOST OF THE THINGS THAT YOU GUYS
PROBABLY DO WE DON'T EVEN HEAR
ABOUT BECAUSE IT'S PROACTIVE,
IT'S NOT REACTIVE TO PREVENT
ATTACKS LIKE THAT.

I JUST WANTED TO SAY A SPECIAL
THANK YOU TO YOU AND YOUR TEAM
TODAY.

>> THANK YOU.

>> I ONLY HAVE ONE QUESTION AND
SAVE MY TIME TO QUICKLY JUST
TALK ABOUT THIS RESOLUTION.
SO MY ONE QUESTION HAS TO DO
WITH -- WE'VE TALKED A LOT ABOUT
CADET PROGRAMS AND THE CONTEXT
OF BPD AND HAVING CONVERSATIONS
WITH THE FIRE DEPARTMENT AS
WELL.

JUST CURIOUS IF EMS HAS EVER HAD
A CADET PROGRAM AND IF SO WHEN
AND IF NOT, THERE MIGHT BE AN
APPETITE FOR YOUR DEPARTMENT TO
HAVE CONVERSATIONS WITH THAT AS
WELL.

>> THANK YOU.

WE'VE -- IN THE PAST WE RAN A
CADET PROGRAM.
THE WAY IT WAS STRUCTURED THERE,
PEOPLE WERE HIRED PART TIME.
I BELIEVE THEY GOT 20 HOURS OF
EMPLOYMENT A WEEK.
THEY WERE NOT EMTs.
THEY WERE LEARNING TO BECOME EMT
S.
WE OFFERED EMT TRAINING.
THEY RODE ONE DAY A WEEK WHILE
THEY WERE IN THAT PROCESS.
GOT EXPOSURE -- IT'S ONE THING
TO TAKE THE CLASS, ANOTHER THING
TO GO OUT AND DO IT IN THE REAL
WORLD.
SOMETIMES WHAT HAPPENS, YOU GET
SOMEBODY THAT LOOKED AT AN EMT
PROGRAM AND THE FIRST THREE OR
FOUR SHIFTS, THEY'RE LIKE OH,
MAN, THIS IS NOT WHAT I'M GOING
TO GET TO.
YOU GET PEOPLE OUT REGULARLY.
THEY KIND OF LEARN THAT EARLIER
ON, WHETHER THEY -- WELL, I'D
RATHER GO TO NURSING OR I'D
RATHER DO SOMETHING ELSE.
WE WOULD ALSO GET THEM TO DO
SOME WORK FOR US.
YOU KNOW, VEHICLE STOCKING,
CLEANING.
A FEW OTHER THINGS.
SPECIAL PROJECTS.
HELP US DO SOME COMMUNITY

TRAINING.

SO THERE IS A BENEFIT TO THE
CADET AND TO US.

TYPICALLY WAS ABOUT A YEAR-LONG
EXPERIENCE.

I KNOW THE CADET PROGRAM FOR THE
POLICE DEPARTMENT TO GET THE
REQUIRED PREFERENCE FOR THE
HIRING, YOU HAVE TO COMPLETE TWO
YEARS, I THINK.

UNFORTUNATELY FOR US, THAT
WOULDN'T HAVE TO BE THE CASE.
YOU REALLY HAVE TO -- IN ORDER
TO TAKE OUR ENTRANCE EXAM, YOU
HAVE TO BE CERTIFIED AS AN EMT.
YOU KNOW, PASS THE PROCESS.
WE'VE BEEN TALKING ABOUT
RECONSTITUTING A PROGRAM LIKE
THAT.

A LOT OF FOLKS FROM THE CITY
INTO THIS PROFESSION.
BECAUSE WHEN YOU GIVE THE EXAM
AND THE POOL OF APPLICANTS ISN'T
THERE OR ISN'T AS DEEP, THEN
THAT'S A PROBLEM.

WHAT WE WANT TO DO, WE ENCOURAGE
MORE PEOPLE IN.

WE DO OFFER TWO COMMUNITY EMT
CLASSES PER YEAR.

IT'S LOW CAST.

IT'S HALF THE COSTS OF WHAT THE
COMMUNITY COLLEGE IS AND OTHER
PLACES CHARGE.

AND THEY GET TO DO THEIR
RIDE-ALONG TIME WITH US.

SO THAT'S A CLOSE APPROXIMATION
TO WHAT WE DO HAVE.

IT'S BEEN A GOOD FEEDER POOL FOR
US.

I THINK WE CAN DO A BETTER JOB
PERHAPS PARTNERING WITH SOME
OTHER CITY DEPARTMENTS FOR THIS.
WE'VE BEEN IN SOME DISCUSSIONS
WITH COMMISSIONER MORALES.

HE WANTS TO SEE PEOPLE IN HIS
DEPARTMENT ADVANCE.

FOR EXAMPLE, HE WILL SAY I'VE
GOT LIFE GUARDS, PEOPLE THAT ARE
GREAT, COMMITTED.

THEY PROBABLY WOULD DO WELL IN
YOUR TRAINING THING.

EVEN IF IT MEANT HE LOST THEM.
HE WANTS THEM TO MOVE ON AND DO
SOMETHING LIKE THIS.

SO OUR IDEA OF -- WE MAY BE ABLE TO PUT SOMETHING TOGETHER IN THIS NOW IN A FAIRLY LOW COST APPROACH GOING FORWARD.

>> DO YOU KNOW WHAT IT COST IN THE PAST?

>> THE CADETS HAVE A CERTAIN PAY GRADE.

I DON'T REMEMBER WHAT THEY ARE.

>> WHEN WAS THE LAST YEAR?

IT WAS YEARS AGO OR TEN YEARS AGO.

>> I'D SAY PROBABLY EIGHT TO TEN YEARS AGO.

>> WE WERE EXPANDING THE SERVICE BACK IN 2006, 2007.

TRYING TO MEET EXPANDING DEMANDS ON US.

WE SHUNTED SOME OF OUR RECRUITING AND RESOURCE STUFF TO HIRING AND TRAINING EMPLOYEES TO GIVE MORE PEOPLE OFF OF THE STREET.

WE HAD LARGER CLASSES.

HIRING THREE SUCCESSIVE CLASSES OF 40 AT A TIME.

MOST OF OUR RESOURCES WENT INTO THAT.

WE WERE TRYING TO GET AS MANY BODIES IN AS WE COULD.

FOR A LONG-TERM STRATEGY FOR US AS PART OF THE RECRUITING EFFORTS, WE NEED TO ESTABLISH THAT BASE, GET THE BENCH GROWING WITH DEVELOPING EMTs, PARTICULARLY FROM THE COMMUNITIES WE SERVE.

WE CAN STILL DEAL WITH THE TRADITIONAL HIRING FOR WHICH NOW THEY'LL BE ABLE TO COMPETE FOR THAT.

>> WE WILL RE-VISIT THIS CONVERSATION.

THAT'S VERY HELPFUL.

I WANT TO TAKE ANY TIME I HAVE LEFT AND WITH PERMISSION OF THE CHAIR TO QUICKLY JUST

ACKNOWLEDGE THE PROCLAMATION THAT COUNCILLOR PRESSLEY AND I DID, JUST TO ACKNOWLEDGE EMERGENCY MEDICAL SERVICE APPRECIATION WEEK.

WE'RE GOING TO HAVE YOU IN THE COUNCIL BUT WE COULDN'T FIND A

TIME.

I KNOW YOU MENTIONED IT EARLIER.
I WANTED TO READ A COUPLE LINES
FROM IT'S, IF THAT'S OKAY,
COUNCILLOR CIOMMO.

>> SURE.

>> IF THAT'S OKAY, COUNCILLOR
PRESSLEY.

SO IF YOU WERE HERE AT THE
COUNCIL AND AT THE MEETING,
COUNCILLOR PRESSLEY AND I WOULD
HAVE BEEN UP THERE AND WITH OUR
COLLEAGUES AS WELL AND WE HAVE
READ THIS.

SO I WANTED TO ACKNOWLEDGE THE
WORK THAT YOU DO IN THIS
HEARING.

SO I HAVE A COPY OF IT.
I'LL READ A LITTLE BIT.

SO THIS PROCLAMATION READS,
WHEREAS BOSTON EMERGENCY MEDICAL
SERVICES HAS BEEN AROUND SINCE
1877 AND WHEREAS BOSTON EMS IS A
CITY OF MUNICIPAL MEDICAL
SERVICE AND ALONG WITH THE
BOSTON FIRE AND POLICE
DEPARTMENT, RED RESPOND TO 911
CALLS.

BOSTON RESPONDS TO MORE THAN
108,000 INCIDENTS THROUGHOUT THE
CITY OF BOSTON, WHEREAS SERVICE
IS PROVIDED 7 DAYS A WEEK, 24
HOURS A WEEK.

THEY HAVE AN INTERNATIONAL
REPUTATION FOR EXCELLENCE IN
THEIR FIELD.

WHEREAS BOSTON EMS IS A CRITICAL
LINK BETWEEN BOSTON HUB HEALTH
AND PUBLIC SAFETY, WITH PATIENT
SKILLS THAT GO BEYOND QUALITY
CARE, TO PROVIDE RE-ASSURANCE IN
COORDINATION WITH HOSPITALS THAT
PROVIDE PREHOSPITAL CARE.

WHEREAS IT'S APPROPRIATE TO
RECOGNIZE THE VALUE BY
DESIGNATING EMS WEEK WHICH WE
PROCLAIM TO BE MAY 15-21 OF THE
YEAR AS EMERGENCY MEDICAL
SERVICES APPRECIATION WEEK.

I'M SURE ME AND COUNCILLOR
PRESSLEY WHO PARTNERED IN THIS
WITH ME AND I PARTNERED WITH HER
LAST YEAR AS WELL.

WE THANK YOU FOR YOUR SERVICE.

WE WOULD HAVE SAID THIS AT THE CITY COUNCIL MEETING HAD WE BEEN ABLE TO COORDINATE THE SCHEDULES, BUT THAT WASN'T THE CASE SO DURING THIS BUDGET HEARING, I HAVE NO MORE QUESTIONS TO SAY THANK YOU.

IF I HAD CONTROL OF ALL OF THE MONEY, I'D GIVE YOU MORE, CHIEF. THANK YOU VERY MUCH AND THANK YOU TO MEN AND WOMEN THAT SERVE. THANK YOU.

>> THANK YOU, COUNCILLOR CIOMMO.

>> COUNCILLOR BAKER.

>> THANK YOU, MR. CHAIR.

YOU HEARD IT, IF SHE HAD CONTROL OF ALL OF THE MONEY.

JUST TO PILE ON, CHIEF.

THANK YOU FOR BEING HERE TODAY AND THANK YOU FOR THE WORK THAT EVERYBODY IN YOUR OUTFIT DOES.

WHEN THAT WHITE AND BROWN UNIFORM COMES THROUGH THE DOOR AND THEY'VE BEEN THROUGH MY DOOR ON A COUPLE OCCASIONS, YOU KNOW THAT YOU'RE GETTING THE BEST PEOPLE COMING THROUGH THE DOOR TO TAKE CARE OF YOUR FAMILY OR WHEREVER YOU ARE AT THAT POINT IN LIFE.

SO THANK YOU.

CHIEF, CAN YOU TALK A LITTLE BIT ABOUT -- YOU TALKED ABOUT JUDGE -- DRAWING A BLANK.

>> COFFEY.

SHE'S A SHERO.

>> THAT'S A SHOUT-OUT FOR YOU.

>> TALK ABOUT YOUR TRAINING, THE SIMS TRAINING AND DO YOU GUYS -- ONE OF THE THINGS THEY'VE DONE, THEY'RE TRAINING FOR SECTION 35s AND SECTIONS 19.

TALKS ABOUT THE SIMS MORE.

I MISSED THE DETAILS.

>> YES.

THAT WAS A SPECIAL PROJECT.

YOU'VE HEARD OF THE DRUG COURTS AND VETERAN COURTS, HOUSING COURTS.

>> YEAH.

>> SO I'LL TRY THIS.

I'M NOT AN EXPERT AS MUCH AS MY COLLEAGUE, JEN HERE.

SEVERAL PHASES WHERE THERE COULD

BE A PRE EVENT.
WE'RE LOOKING AT THE CRIMINAL
JUSTICE SIDE.
PRIOR TO SOMEBODY VIOLATING A
LAW OR RULE OR GETTING INVOLVED
WITH POLICE AND THERE'S THE TIME
OF ARREST AND THE TIME THEN OF
ARRAIGNMENT, BE -- TIME WHEN
SOMEBODY IS IN JAIL.
DIFFERENT PHASES WHERE THEY
COULD BE -- SOMEBODY COULD BE
INCARCERATED OR COULD BE ON
PAROLE OR PROBATION.
ALL DIFFERENT POINTS THERE AND
OPPORTUNITIES THAT IF SOMEBODY
HAS SUBSTANCE ABUSE PROBLEMS, IF
THEY HAVE CERTAIN MENTAL HEALTH
ISSUES THAT CONTRIBUTED THAT
BROUGHT INTO THE CRIMINAL
JUSTICE SYSTEM WHERE YOU CAN
INTERCEPT THEM AND DIVERT THEM
FROM JAIL, GET THEM INTO
TREATMENT, GET THEM INTO
SUPPORTIVE HOUSING, THERE'S A
LOT OF OPPORTUNITIES THERE.
SO A LOT OF PLAYERS AT THE TABLE
OF THESE MEETINGS.
PEOPLE REPRESENT FAMILIES, LOVED
ONES OF MENTAL ILLNESS AND ALSO
PROBATIONS, CORRECTIONS.
AN ALPHABET SOUP OF LETTERS.
WHAT THE JUDGE IS TRYING TO DO,
GET PEOPLE TO REALIZE THAT WE
ALL OWN A PIECE OF THIS.
WE ALL HAVE A CHANCE AT -- A
CERTAIN POINT IN SOMEBODY'S
TROUBLES TO INTERCEPT AND TRY TO
STEER THEM IN THE RIGHT
DIRECTION.
I MIGHT HAVE OVERSIMPLIFIED.
>> SO DO YOUR MEN AND WOMEN
IDENTIFIED -- HELP TO IDENTIFY
WHAT THE ISSUES MAY BE WHEN YOU
HAVE A PATIENT IN THE BACKGROUND
OR AMBULANCE?
HOW DO YOU FIT IN?
THE POLICE -- IT'S OBVIOUS FROM
THE POLICE THEY'RE ENGAGED AND
THEY MAKE A DETERMINATION TO GO
TO DRUG COURT OR WHATEVER ELSE
THE NEXT STEP WILL BE.
HOW DO YOU MAKE THE
DETERMINATION?
OR ARE YOU MAKING THE

DETERMINATION?

ARE YOU THERE IN A SUPPORTIVE
ROLE?

>> INITIALLY WE'RE THERE BECAUSE
SOMEBODY CALLED FOR EMS.

NOW, AGAIN, THIS COULD BE
BECAUSE SOMEBODY TRULY HAS A
MEDICAL CONDITION.

LOTS OF TIMES, SOME OF THE
THINGS WE TRY TO RULE OUT, IS
THERE A HEAD INJURY?

WHY ARE PEOPLE OFF MEDICATION
THAT THEY SHOULD BE ON?

ARE THEY ABUSING SOMEBODY THEY
SHOULDN'T BE ON?

IS THERE ANY IMMEDIATE IT THERE
TO LIFE AND HEALTH?

WE TRY TO ADDRESS THAT, GET THEM
TO AN EMERGENCY ROOM WHERE THEY
CAN DO THAT.

SO WE'RE NOT IN THE FIELD
TRIAGING.

NO, NO, THIS PERSON SHOULD BE
GONE DIRECTLY TO A PLACE WHERE
THEY CAN GET SOME SORT OF MENTAL
HEALTH STABILIZATION.

YOU KNOW, WE'RE ON THE STREET
CORNER IN THE MIDDLE OF THE
AFTERNOON, TRYING TO GET THEM TO
A SAFE PLACE WHERE THOSE
DECISIONS CAN BE MADE.

BUT WE DO HAVE THE ABILITY TO
WORK WITH THESE GROUPS BEHIND
THE SCENES TO LOOK AT HOW
FREQUENTLY WE'RE ENCOUNTERING
SOMEBODY TO CONFIDENTIALLY SHARE
THAT INFORMATION WITH PEOPLE
THAT MAY BE HEADING DOWN THAT
PATH.

>> BECAUSE YOU GUYS WILL HANDLE
THEM MORE THAN ANYBODY ELSE AND
MAY KNOW WHO THEY ARE.

>> RIGHT.

A LOT OF THE MEETINGS WITH THE
MASS AVENUE GROUP A LOT OF US
ARE ENCOUNTERING THE SAY
PATIENTS, CLIENTS, WHATEVER THEY
CALL THEM.

WE GET TOGETHER AND SHARE
INFORMATION, NAMES, WHERE WE
FIND OUT THAT HEY, WE HAVE AN
OPPORTUNITY TO DO SOMETHING FOR
THIS PERSON.

YOU GIVE AN EXAMPLE OF

SECTION --
>> 35.
>> OVER THE YEARS, DIDN'T COME
UP TOO OFTEN BUT IT WASN'T
UNCOMMON.
WE WOULD HEAR FROM HOMELESS
SERVICES.
THEY WOULD SAY HEY, THE NEXT
TIME YOU ENCOUNTER --
>> ME.
>> YEAH.
>> FRANK BAKER IN THE STREET.
EVERYBODY KNOWS FRANK.
YOU KNOW HIM AND STUFF LIKE
THAT.
HEY, CAN YOU PLEASE MAKE SURE
YOU TALK HIM TO TUF'S?
WE'VE BEEN WORKING WITH A
FRIENDLY JUDGE, WORKING WITH A
D.A.
WE'VE GOT HIM ALL SET TO SECTION
HIM BECAUSE OF -- FOR CERTAIN
REASONS AND GET THEM DOWNTOWN.
BRIDGE WATER, WHATEVER.
IN THE PAST, IT WAS DONE AND
DIFFICULT.
TOOK A LOT OF PIECES TO LINE IT
UP.
IN SOME PEOPLE, IT WAS
PARTICULARLY LIFE SAVING.
YOU ENCOUNTERED THEM.
TAKEN THEM THREE TIMES IN THE
WOULDN'TER WITH A TEMPERATURE OF
94 AND THEY WIND UP IN AN ICU
FOR A WEEKEND.
YOU CAN REFRESH THEM ONLY SO
MANY TIMES.
IT'S AN EFFECTIVE TOOL, ONE TO
SAVE THEIR LIFE, BUT AN
EFFECTIVE TOOL TO TRY TO
ENCOURAGE THEM TO STAY IN
TREATMENT.
>> SO YOU WON'T NECESSARILY DO
THE SECTIONS YOURSELF.
YOU'LL HELP TO FACILITATE THOSE.
>> YES.
BY SUPPORTING INFORMATION TO SEE
PEOPLE AT RISK.
THAT'S WHAT WE'RE ABOUT, TRYING
TO MITIGATE THE RISK.
>> THANK YOU.
CAN YOU TALK ABOUT IN THE
QUESTIONING HAPPENING ACROSS THE
ROOM WITH -- I'M JUST GOING TO

MENTION THE TRAINING FACILITY IN
NORTHAMPTON.

THAT'S IN MY DISTRICT.

I'M TRYING TO KEEP AN EYE ON IT
AND WOULD LIKE TO ADVOCATE YOU
GUYS.

IF IT'S NORTHAMPTON OR MAY BE A
BETTER SPOT, I DON'T REALLY
KNOW, BUT CAN YOU TALK ABOUT THE
SEAPORTS?

WHAT WOULD A TYPICAL NEED BE
FOR -- FOR YOU TO HAVE AN
OPERATION DOWN IN THE SEAPORT?
LIKE IS IT 10,000 SQUARE FEET?
ENOUGH TO FIT TWO AMBULANCES?
WHAT ARE THE FISCAL NEED IN THE
SEAPORT?

>> WE HAVE A THAT CAPITAL PLAN.
THE DRAFT IS COMPLETE.

WE TOLD THEM WE HAD THE MEETING
COMING UP NEXT THING YOU KNOW,
THEY HAVE SEVEN DATES TO TALK
ABOUT THE REVIEW OF THE PLAN.
WE DID LOOK FOR -- WE WERE
HOPING TO GET -- TWO VEHICLES
HOUSED.

WE HAVE MORE AMBULANCES THAN WE
HAVE GARAGE SPACE NOW.
IT'S DIFFICULT FOR THE UNITS
THAT ARE RESERVED AND OUT OF
SERVICE.

ANY GARAGE, ANY SECTION OF THE
CITY, IF YOU BUILD IT, WE WILL
COME.

WE WILL PUT SOMEBODY THERE.
FOR THE SEAPORT DISTRICT, I
THINK PROPERTY MANAGEMENT WAS
TRYING TO LOOK AT WAS SAY --
THEY'RE LOOKING UP -- WE NEED
CREW QUARTERS, LOCKER ROOMS,
SOME FACILITY TO STORE SOME
MEDICAL SUPPLIES ON SITE.

NOT A TON.

BUT ALSO A PLACE WHERE EQUIPMENT
CAN BE SAFELY STORED, PERSONAL
PROTECTIVE EQUIPMENT, WHICH IS
BIG AND BULKY.

ALL OF THE STUFF THAT REQUIRE
PEOPLE TO BE -- FIT IN LIKE A
HOCKEY BAG TYPE OF THING.
NEED TO SECURE THAT WHEN THEY'RE
NOT IN SERVICE.

REPORTS.

>> YOU DON'T --

>> SMALL KITCHENETTE.
>> IS THERE ANY TALK WITH THE DEVELOPMENT THAT IS HAPPENING DOWN THERE AS FAR AS INCORPORATING YOU IN A BUILDING THAT A DEVELOPER IS BUILD SOMETHING I KNOW THERE IS SOME TALK ABOUT PUBLIC AMENITIES, WHETHER IT'S LIBRARIES OR WHATEVER ELSE?
CAN WE CONNECT THOSE TWO TOGETHER?
YOU KNOW, IS THAT WHERE THE TALK IS GOING OR ARE WE, THE CITY, TALKING ABOUT BUILDING A STAND-ALONE GARAGE OR -- I'M JUST TRYING TO GET A SENSE OF --
>> SURE.
I'VE HEARD OF A COUPLE DIFFERENT THINGS MENTIONED EARLIER ON. THEY WERE TRYING TO COME UP WITH A NEEDS ASSESSMENT AND WHAT WE NEEDED.
LIKE I SAID, SQUARE FOOTAGE AND POWER.
NICE TO HAVE EMERGENCY POWER BACK UP AND A FEW THINGS THAT WEREN'T BUILD INTO FACILITIES FOR US.
THEY'RE ALWAYS AFTER-THOUGHTS.
>> SO ASSESSMENT FIRST --
>> ASSESSMENT FIRST.
THEY DID SPEAK SPECIFICALLY WOULD IT BE ON CITY OR BRA OR PLANNING AND DEVELOPMENT OR -- I HAVE TO GET USED TO THAT.
CITY LAND OR AS PART OF A -- LACK OF A BETTER TERM, LINKAGE PROJECT.
WOULD IT BE A SEPARATE SET-ASIDE FOR US SIMILAR TO WHERE AN AMBULANCE DEPARTMENT IS LIKE ON HIGH STREET.
SOME OF THE FACILITIES LIKE BETH ISRAEL, IN THEIR HOSPITAL, THEY BUILT A TWO-BEIGE GARAGE FOR US AND PROVIDED QUARTERS.
SO I'D SAY I BELIEVE ALL THE OPTIONS ARE ON THE TABLE RIGHT NOW.
I THINK PROPERTY MANAGEMENT IS TRYING TO COME UP WITH SOME RECOMMENDATIONS AS TO WHAT WOULD BE THE BEST APPROACH.

I'M GLAD TO SEE IT IS MOVING
ALONG.
THAT BUILDING A SITE IN THE
SEAPORT.
>> THANK YOU, CHAIRMAN.
SO IN DORCHESTER, ARE YOU HOUSED
IN THE FIREHOUSE?
DO YOU HAVE ANY STAND ALONE IN
DOOR CHESTER?
>> WE'RE AT 40 GIBSON STREET.
>> THAT IS YOUR BUILDING --
>> OUR GARAGE WITH A SMALL
STATION IN THERE.
IN DORCHESTER.
TRYING TO THINK WHERE ELSE.
AND 10 -- YOU KNOW WHERE THE
MAINTENANCE FACILITY IS AT GLEN
WAY?
WE HAVE AMBULANCES THAT COME OUT
OF THERE.
AT CARNEY HOSPITAL, THEY HAVE A
GARAGE THEY BUILT FOR US.
>> YOU GUYS HAVE THAT
EXCLUSIVELY AS WELL?
>> IT'S A SMALL GARAGE THAT
PARAMEDICS OPERATE OUT OF.
AMBULANCE 12 WHICH BACKS OF
DORCHESTER IS -- THEY CHANGE OUT
OF MATTAPAN.
THEY GO UP AND POST AT FRANKLIN
PARK FOR THE DAY.
THEY DON'T REALLY HAVE THEIR OWN
STATION.
JUST A CENTRAL GARAGE THEY COME
OUT OF.
>> SOMETHING AWAY FROM THAT
TOPIC THERE.
WE HEAR A LOT OR WE KNOW WHAT
THE RISKS FOR FIREFIGHTERS AND
THE RISKS FOR POLICE OFFICERS
ARE.
WHAT TYPE OF -- WHAT TYPE OF
INJURIES OR WHAT IS THE DATA
SHOW US -- WHAT IS GOING ON WITH
YOUR STAFF?
LIKE IS IT BACK INJURIES?
IS IT TRAUMA?
WHAT IS -- WHAT DO YOUR
PEOPLE -- HAVING -- WHAT ARE
YOUR INJURIES?
>> SURE.
A LOT OF MUSCULOSKELETAL, A LOT
OF BACKS, SHOULDERS, KNEES,
WRISTS.

WE HAVE -- YOU SAW THE NUMBERS
ON THE CALLS WE DO.
MOST OF THE PATIENTS WIND UP ON
STRETCHERS.
A LOT OF PEOPLE GET CARRIED DOWN
THREE FLIGHTS OF STAIRS.
UP FROM SUBWAYS OR BUS STATIONS.
IT'S DIFFICULT.
AT TIMES SOME PATIENTS ARE ALSO
A BIT UNRULY.
THEY'RE UNDER THE INFLUENCE.
SO ASSAULTS AREN'T UNCOMMON, I'M
SORRY TO SAY.
THAT DOES HAPPEN AS WELL.
EXPOSURE TO INFECTIOUS DISEASE
WITH BITES, SPITTING.
A LOT OF PEOPLE DO WIND UP ON
SOME CHEMO PROPHYLAXIS UNTIL WE
CAN GET A PERSON.
WE ALSO HAVE PEOPLE THAT, YOU
KNOW, CAN DEVELOP OTHER PROBLEMS
WITH CHRONIC EXPOSURE AND WORK.
>> IN MY LAST QUESTION WOULD BE,
WHAT IS YOUR -- YOU GUYS HAVE A
COMPREHENSIVE WELLNESS PROGRAM.
DO YOU HAVE ACCESS TO GYMS OR
GYM MEMBERSHIPS?
YOU KNOW, AGAIN, WE DO IT A LOT
FOR THE POLICE AND THE FIRE.
WHAT ABOUT YOUR PEOPLE?
ANY ACCESS TO GYM MEMBERSHIPS?
DO YOU HAVE TREAD MILLS WHERE
YOUR PEOPLE ARE OR ANYTHING LIKE
THAT?
>> UNFORTUNATELY, I WOULD SAY
THAT IS PRETTY LIMITED IN THE
WORKPLACE.
THAT'S ONE OF THE THINGS THAT --
WE DO HAVE ACCESS TO THE HEALTH
AND FITNESS CENTER.
WE TAKE ADVANTAGE OF THAT FOR
THE CREW CLASSES.
WE DO SOME OF THE TRAINING.
BUT FOR 24 HOUR SERVICE, IT'S
DIFFICULT TO HAVE ONE CENTRAL
PLACE TO GO FOR THAT.
AND THEN THERE'S WORK UP IN
POLICE HEADQUARTERS.
THEY HAVE ACCESS TO THE GYM
THERE FOR A NOMINAL FEE.
WE HAVE OUR CITY-PROVIDED HEALTH
PLANS, TO GET REIMBURSEMENTS FOR
JOINING THE Y OR WHATEVER.
>> THE SAME REIMBURSEMENT THAT

WOULD BE AVAILABLE --
>> RIGHT, RIGHT.
IT WOULD BE -- WE'VE LOOK AT
TRYING TO DO HEALTH AND WELLNESS
DAYS AND TRAININGS.
WE'VE LOOKED AT SOME OF THE
PROVIDERS THAT DO SOME OF THE
TRAINING.
FOR EXAMPLE, THIS ONE COMPANY,
THERE'S AN EXTENSIVE -- WE WORK
WITH THE FIRE DEPARTMENT.
WE SEND PEOPLE TO PILOT PROGRAMS
FOR THAT.
IT'S VERY EXPENSIVE.
IT'S ABOUT \$2,000 FOR A WEEK TO
SEND SOMEBODY OUT.
THEN YOU HAVE TO REPLACE THEM
WHEN THEY'RE OUT.
WE ARE LOOKING FOR BETTER WAYS
TO INTERNALIZE THAT.
>> THANK YOU, CHIEF.
>> THANK YOU.
>> COUNCILLOR LaMATTINA.
>> GOOD AFTERNOON, CHIEF.
>> THANK YOU FOR YOUR STAFF.
TODAY I NEED TO BE PAROCHIAL IN
MY DISTRICT.
I DON'T KNOW IF YOU REALIZE THE
LAST TWO WEEKS HAS OPINION A
TRAFFIC NIGHTMARE IN MY
NEIGHBORHOOD.
YOU CANNOT MOVE.
THEY TOOK ON THE TOLL PLAZA AND
ONE TRAFFIC NIGHTMARE.
SO PEOPLE HAVE BEEN CALLING ME
UP, VERY CONCERNED ABOUT
EMERGENCIES.