

; 05/23/17 4:11 AM  
;  
;;;BOSTON CITY COUNCIL  
;;;5/23/2017

WE SEE A 28% INCREASE IN  
WALK-INS IN THAT SAME TIME  
PERIOD.

WE ALSO NOW THAT WE ARE SERVING  
AND PLACING MORE INDIVIDUALS IN  
TREATMENT.

WE PLACED 10 TO 12 INDIVIDUALS  
IN TREATMENT DAILY.

A PERCENTAGE ARE GOING TO DETOX  
SERVICES ANYWHERE IN THE STATE.  
35% ARE GOING TO STEP DOWN  
SERVICES WHICH GIVES DETOX OR  
DON'T NEED DETOX AND COME IN  
NEEDING EXTENDED SERVICED AND  
15% ARE REFERRED TO A MEDICATION  
TREATMENT PROGRAM.

AS PART OF THE MAYOR'S ONGOING  
COMMITMENT TO SERVICES  
ADDITIONAL SERVICES IN THE FY-18  
BUDGET WILL ENABLE IT TO EXPAND  
SERVICES TO NIGHTS AND WEEKENDS.  
THE FY18 INVESTMENT ALLOWS FOR  
THREE ADDITIONAL HEALTH  
ADVOCATES AND ONE CLINICIAN.  
THE PROGRAM WILL REMAIN OPEN  
FROM 7:00 P.M. TO 9:00 A.M. AND  
THAT'S EXPANSION OF THE HOURS  
AND WE FEEL IT WILL ENABLE US TO  
GET MORE PEOPLE THAN WE EVEN HAD  
THIS YEAR INTO TREATMENT.  
EXPANDED OUTREACH AND  
ENGAGEMENT.

THE WALSH ADMINISTRATION HAS A  
TEAM FOR OUTREACH AND PREVENTION  
AND CONNECTS INDIVIDUALS TO CARE  
AND THERE ARE RESOURCES TO  
RESIDENTS AND LOCAL BUSINESSES  
THAT STARTED AUGUST 13 AND THE  
WORKERS ARE ASSIGNED TO THE MASS  
AVE NEIGHBORHOOD AND THREE MALE  
AND ONE FEMALE OUTREACH WORKERS  
SEVEN DAYS A WEEK 7:00 TO 4:00  
INCLUDING HOLIDAYS AND WEEKENDS.  
SOME STATISTICS ON THE OUTREACH  
ENGAGEMENT TEAM SINCE THEY  
STARTED IN AUGUST INCLUDE 12,000  
LESS OVERALL ENGAGEMENTS ON THE  
STREET.  
APPROXIMATELY 800 INDIVIDUALS

BROUGHT TO SERVICES.  
REVERSING OVERDOSES.  
THEY'VE HAD 42 OVERDOSE  
REVERSALS AND WORKING WITH  
PEOPLE ON THE STREET TO GET THEM  
TO CARE AND HOUSING AND ALSO OFF  
THE STREET DURING THE NIGHT.  
THEY WORK WITH THE SHELTERS AND  
THEY'VE DONE THAT AT LEAST 15  
TIMES AND THEY'RE OUT IN THE  
STREET COLLECTING SYRINGES AND  
ENGAGING WITH PROVIDERS AND  
LOCAL BUSINESSES WHICH HAS BEEN  
HUGE ON THE RELATIONSHIP IN THE  
NEIGHBORHOOD TO HAVE THE  
PRESENCE OF THE OUTREACH WORKER  
THERE TO WORK WITH RESIDENTS AND  
BUSINESSES AND CALLS FROM 311.  
THE OUTREACH WORKERS HAVE BEEN  
OUT SINCE AUGUST AND INCREASING  
IN THE COMMUNITY TO IMPROVE THE  
EFFORTS AND STRETCH WHERE WE CAN  
PROVIDE SERVICES IN A LARGE  
GEOGRAPHIC AREA.  
ANOTHER RESULT OF THE  
INVESTMENTS FROM THE OFFICE IS  
JUST CREATING AND STRIKING  
PARTNERSHIPS.  
MANY YOU HEARD FROM THE CHIEF  
EARLIER.  
FROM THAT WE'VE FOCUSSED ON THE  
PAST YEAR HAVE BEEN WITH BOSTON  
POLICE DEPARTMENT.  
THEY'RE WORKING WITH LOW-LEVEL  
DRUG OFFENDERS IN THE AREA AND  
IDENTIFYING THEM AS BEHAVIORAL  
HEALTH NEEDS AND DIVERTING THEM  
TO THE PROGRAM IN THE AREA.  
THE RELATIONSHIP BETWEEN THE  
POLICE DEPARTMENT AND US IS AN  
OUTREACH AND OVERDOSE RESPONSE  
EFFORTS AND COLLABORATION WITH  
STREET STRATEGIES.  
THE PARTNERSHIP WITH THE BOSTON  
FIRE DEPARTMENT IS STRONG AND WE  
HAVE FOLLOWED UP ON OVERDOSE  
RESPONSES IN HOMES.  
SOMETIMES THE HARDEST TO REACH  
FOLKS ARE THOSE THAT OVERDOSE IN  
ISOLATION OR IN THEIR HOME.  
WE'VE PARTNER WITH THE FIRE  
DEPARTMENT TO RESPONSE TO THE  
OVERDOSES AFTER THEY'VE OFFERED  
RESOURCES AND HELP AND TREATMENT

TO FAMILY MEMBERS AND  
INDIVIDUALS THEMSELVES.  
OF COURSE, WITH THE CHIEF POLICE  
PARTNERSHIP AND EMS WITH THE  
DATA TALKED ABOUT BEFORE AND  
TRACK THE DATA AND HOW WE  
RESPOND BETTER AND MORE  
TARGETED.

AND WE LAUNCHED WITH THE  
DEPARTMENT WE LAUNCHED A  
RECOVERY EFFORT THIS YEAR WHICH  
PARTNERS PUBLIC HEALTH  
PROFESSIONALS AND TREATMENT  
PROFESSIONALS TO MEET WITH FOLKS  
INSIDE THE HOMES AND STREET JAIL  
TO IDENTIFY RISK OR DISORDERS OR  
CHRONIC ISSUES TO MEET WITH  
FOLKS TO HEAR ABOUT WHAT  
SERVICES ARE AVAILABLE IN THEIR  
NEIGHBORHOOD TO SEE IF THEY CAN  
PUT A FACE WITH THE NAME AND  
START THE PROCESS BEFORE THEY  
COME OUT.

THAT HAS BEEN VERY WELL RECEIVED  
AND IT'S BEEN THREE MONTHS INTO  
THE LAUNCH OF THAT.

WE'RE LEARNING AS WE GO AND  
BRINGING IN MORE PARTNERS AS WE  
GO AS WELL.

FINALLY LAST BUT NOT LEAST WE  
LAUNCHED THE FIRST CITY WIDE  
PREVENTION STUDY FOCUSING ON  
MIDDLE AND HIGH SCHOOL USE AND  
PARTNERED WITH BLUE CROSS/BLUE  
SHIELD AND WE START IN JANUARY  
AND HOPING TO COMPLETE MOST THE  
WORK THIS SUMMER AND RELEASE IN  
SEPTEMBER.

THE PROCESS IS AIMED TO REFLECT  
THE DIVERSITY OF BOSTON'S YOUTH  
AND PROMOTE EQUITY ACROSS ALL  
BOSTON NEIGHBORHOOD.

A LOT OF ATTENTION HAS BEEN PUT  
INTO WORKING WITH AFTER-SCHOOL  
PROGRAMS, HIGH-RISK YOUTH AND  
BOSTON PUBLIC SCHOOLS AND YOUTH  
AND FAMILIES.

I'LL BE HAPPY TO ANSWER ANY  
QUESTIONS.

>> THANK YOU VERY MUCH.

WE'VE BEEN ALSO JOINED BY  
COUNCILOR ANDREA CAMPBELL.  
OBVIOUSLY, YOU'RE OFFICE HAS  
BEEN INSTRUMENTAL IN ADDRESSING

A PREVALENT PROBLEM THROUGHOUT THE CITY AND COUNTRY RIGHT NOW. WOULD YOU BE ABLE TO BREAK DOWN HOW MANY ARE SUBSTANCE ABUSERS VERSUS HOW MANY FAMILY MEMBERS ARE LOOKING FOR HELP FOR LOVED ONES MAYBE OR OR HOW MANY ARE SUBSTANCE ABUSERS JUST LOOKING FOR TREATMENT.

>> THE WALK-INS ARE FOLKS LOOKING FOR HELP THEMSELVES BUT WE CAN BREAK THE NUMBERS OUT. I DON'T HAVE THE NUMBERS BROKEN OUT OR FOR CALL VOLUME. I CAN GET YOU THAT INFORMATION.

>> I'D BE INTERESTED BECAUSE IT'S A FAMILY PROBLEM. PEOPLE REACH OUT AND I REFER THEM TO OUR OFFICE AND I THINK IT'D BE INTERESTING TO SEE HOW MANY PEOPLE ARE REACHING OUT FOR HELP THAT AREN'T STRUGGLING THEMSELVES FOR SUBSTANCE ABUSE BUT HAVE LOVED ONES WHO ARE.

>> AND THERE ARE MANY THAT ARE. I THINK ONE OF THE PURPOSE OF CREATING THE STRUCTURE OF 3-1-1 WAS TO STREAMLINE FOR RESIDENT OF FOLKS AND NOT JUST FOR FOLKS NEEDING TREATMENT AND THAT STRUCTURE'S IN PLACE BUT FOR PARENTS AND FAMILIES THAT JUST HAVE QUESTIONS.

WE NEED MORE MARKETING ON THE INITIATIVE.

I THINK THAT WILL GET MORE PEOPLE COMFORTABLE THAT I CAN JUST PICK UP THE PHONE AND CALL 3-1-1 FOR ANY RECOVERY-RELATE QUESTIONS I MAY HAVE.

>> GREAT.

AND WHEN PEOPLE HAVE IF THEY'RE READY FOR TREATMENT IF THEY'RE READY TO DEAL WITH THEIR ADDICTION ARE WE ABLE TO PLACE THEM IN DETOXES QUICKLY?

I KNOW I'M PREACHING TO THE CHOIR BUT IF SOMEBODY IS READY TO BATTLE THEIR ADDICTION, SO TO SPEAK AND WANT TO DO IT AT THAT PARTICULAR MOMENT AND IF YOU DON'T CAPTURE THAT MOMENT IT MAY NOT HAPPEN AGAIN FOR A WHILE. SO CAN YOU SPEAK TO THAT A

LITTLE.

>> SO WE HAVE A GOOD RECORD I  
THINK OF GETTING PEOPLE INTO  
DETOX THE DAY OF.

THE PROGRAM IS VERY SKILLED AT  
LOCATING THAT ACROSS THE SYSTEM.  
AND MANY TIMES THIS IS OUTSIDE  
OF BOSTON AND TRANSPORTING THOSE  
FOLKS AND DOING ALL OF THE CARE  
COORDINATION THAT NEEDS TO  
HAPPEN TO MAKE THAT HAPPEN WHICH  
IS QUITE SIGNIFICANT IN OUR  
CLEARANCE AND WHAT NOT.

SO THAT IS HAPPENING.

DETOX HAS BEEN A LITTLE BIT  
EASIER TO GET FOLKS INTO THAN A  
STEP-DOWN PROGRAM AND SOMETIMES  
THAT MAY TAKE LONGER.

IT DEPENDS ON THE INDIVIDUAL OF  
COURSE.

SOME FOLKS HAVE A MORE  
COMPLICATED HISTORY AND NEED  
MORE ATTENTION THAN OTHERS.  
BUT FOR THE MOST PART DETOX HAS  
BECOME A LITTLE BIT EASIER FOR  
US.

STEP DOWN STILL REMAINS A  
CHALLENGE.

STEP DOWN CARE CAN TAKE ANYWHERE  
FROM A DAY TWO DAYS TO A WEEK TO  
GET SOMEONE.

>> AND HAVE YOU BEEN TRACKING IF  
YOU LOSE PEOPLE FROM DETOX TO  
BASICALLY A BED SOMEWHERE FOR A  
30-DAY TREATMENT PROGRAM  
POSSIBLY?

>> IT DEPENDS.

TRACKING THEM ON THE TAIL END?

>> WELL, YOU GET THEM TO DETOX  
AND I THINK THE HOPE IS THERE'S  
SOME KIND OF RESIDENTIAL  
PROGRAM, 30, 60 DAYS IS PROBABLY  
STANDARD NOW.

MAYBE 30 DAYS IS MORE THE  
STANDARD.

IN BETWEEN DO YOU HAVE PEOPLE  
FOLLOWING PEOPLE AFTER DETOX IF  
THEY WANT TO REMAIN IN THAT KIND  
OF TREATMENT RESIDENTIAL  
TREATMENT.

DO WE FOLLOW THEM THROUGH THAT  
PROCESS AS WELL?

>> THE NEW INVESTMENT STAFF WILL  
HELP DO THAT MORE BUT YES, WE DO

THAT WITH SOME PEOPLE AND WE DO THAT WHEN WE CAN. WE'RE TRYING TO WORK WITH THE PATIENT TO CONTINUE THEIR CARE OR TO GET THEM TO AN OUT-PATIENT AFTER THEIR IN-PATIENT STAY IN A COMMUNITY CLOSER TO THEM OR NEAR THEM FOR SUPPORT.

SO WE DO A LOT OF WORK WITH HOSPITALS ON TRANSFERS AND OTHER SERVICE PROVIDERS AND OTHER INSTITUTIONS LIKE COURTS.

WE TRY NOT TO LOSE PEOPLE IN BETWEEN.

>> RIGHT.

>> AND IF YOU HAVE FOLLOW ON THIS DATA I THINK IT WOULD BE HELPFUL TO KNOW.

I WOULD VENTURE TO GUESS IF YOU GET SOMEONE IN DETOX AND CAN'T GET THEM A BED FOR THREE OR FOUR DAYS WE MIGHT LOSE THEM.

I THINK IT'S INTERESTING OR ACTUALLY IMPERATIVE TO KNOW IS THERE A SWEET SPOT.

I WOULD IMAGINE IT'S RIGHT FROM DETOX TO A BED SOMEWHERE LIKE McCLAIN'S OR BORNWOOD OR THE OTHER IN-PATIENT SERVICES AND I WOULD JUST BE CURIOUS BY THE FIFTH DAY YOU LOSE THEM.

THE SUCCESS RATE IS BETTER WHEN THEY GET IN RIGHT AWAY.

I WANT TO RECOGNIZE COUNCILOR FRANK BAKER AND COUNCILOR ANNISSA ESSAIBI GEORGE.

>> THANK YOU.

I WANT TO TALK ABOUT THE 3-1-1 PASS AND I HOPE YOU'LL ALLEVIATE MY CONCERNS THAT THE 3-1-1 OPERATORS AREN'T NECESSARILY PREPARED OR TRAINED TO DEAL WITH THESE SPECIFIC CALLS ABOUT FOLKS IN CRISIS.

>> THEIR INSTRUCTION IS NOT TO DEAL WITH THE CALL IN AS FAR AS IT'S AN AUTOMATIC THREE-WAY CALLING.

SO WHEN THEY ANSWER THE CALL IF IT'S ANYTHING RELATED TO RECOVERY SERVICES WE HAVE A SCRIPT.

THAT CALL IS TRANSFERRED DIRECTLY TO THAT PATH.

THAT'S THE INNOVATION AROUND THE  
3-1-1 SERVICES WITH THE DIRECT  
CONNECT.

>> IS THAT 24 HOURS?

>> THE DIRECT LINE TO PASS IS UP  
TO 8:00 AT NIGHT TO 7:00 A.M. IN  
THE MORNING AND WE HAVE  
PROVIDERS CALLING TO HELP US  
OUT.

>> THERE IS ALWAYS SOMEONE.

>> THERE'S ALWAYS A TREATMENT  
EXPERT.

>> THAT'S GREAT.

WE'VE HAD -- WE'RE SORT OF  
WINDING DOWN ALL THE BUDGET  
HEARINGS WITH THE MAJOR  
DEPARTMENTS IN THE CITY AND  
WE'RE HEARING THROUGH BPD AND  
OTHERS THERE'S A NEED TO PICK UP  
NEEDLES WHERE IT MIGHT BE.  
HOW CAN THE MOBILE TEAM DO THAT  
WORK AND HOW CAN WE LOOK TO  
EXPAND THAT PROGRAM?

>> WE HAVE EXPANDED THE MOBILE  
SHARPS TEAM FROM THE ORIGINAL  
INVESTMENT THAT MAYOR WALSH  
FIRST PUT IN THE 200 INDIVIDUALS  
CANVAS THE CITY DAILY IN  
RESPONSE TO CALLS.

BY ADDING THE OUTREACH TEAM WE  
HAVE ADDITIONAL OUTREACH WORKERS  
AND HAVE A TEAM AT PUBLIC  
MISSION THAT WILL GO OUT WHEN  
NEEDED TO HELP SUPPORT OR WHEN  
THEY'RE OUT THEY PICKING UP  
NEEDLES.

PROJECT PLACE WHICH HAS BEEN  
ADDED SPECIFICALLY IN THE MASS  
AVE AREA HAS BEEN TRAINED AND IS  
HELPING IN THAT AREA AS WELL IN  
THEIR CLEAN-UP EFFORTS.

WE HAD A MEETING ON IMPROPERLY  
DISPOSED SHARPS AND 20,000 IS  
THE NUMBER.

THAT'S AN ENORMOUS NUMBER.

FOR THE MOBILE SHARPS TEAM WHICH  
IS ONLY TWO THAT'S AN INCREDIBLE  
BURDEN.

>> ALSO DURING THAT HEARING WE  
TRY TO GET A BETTER  
UNDERSTANDING OF THE OVERALL  
COST OF THE DISPOSAL OF NEEDLES  
AND I'M WONDERING IF THERE'S AN  
IT OPPORTUNITY TO PARTNER WITH

SOME OF OUR LOCAL HOSPITALS ON THAT WORK.

>> I THINK THERE'S ALWAYS OPPORTUNITY AND WE'D LIKE TO ENGAGE WITH OTHERS WE THINK ARE ESSENTIAL TO HELP ALL THE EFFORTS.

THEY'RE ALL HANDS ON DECK EFFORTS.

>> AND YOU HAVE A TARGET GOAL OF 2,400 FOR THE NUMBER OF INDIVIDUALS PLACED IN RECOVERY SERVICES.

YOU TALKED ABOUT ACHIEVING THE GOAL.

WILL WE CONTINUE TO SET DIFFERENT GOALS?

ALSO ARE WE LOOKING AT THE REPEAT GOING BACK TO THE DETOX BEFORE GOING TO TRANSITIONAL SERVICES.

>> THAT 2400 IS A GOAL FOR CONNECTING INDIVIDUALS WITH RECOVERY SERVICES.

ARE THOSE UNIQUE INDIVIDUALS 2400?

AND ARE WE REACHING THAT GOAL? ALSO ARE WE LOOKING AT ALL THE REPEAT INDIVIDUALS THAT ARE RETURNING TO DETOX?

>> I HAVE TO CHECK THE NUMBERS AROUND THE REPEAT.

I'M NOT SURE IT'S INDIVIDUAL SPECIFIC.

I HAVE TO BACK TO YOU ON THAT. I BELIEVE THE 2400 REPRESENT THE RECOVERY SERVICES THAT WOULD INCLUDE A TRANSITIONS PROGRAM AND THE OUTPATIENT PROGRAMS.

>> SO THAT WAS THE TARGET FOR 2017 AND THE TARGET FOR 2018.

I'D LIKE TO HAVE AN UNDERSTANDING IF WE'RE REACHING THOSE GOALS.

>> ARE YOU REFERRING TO THE --

>> I'M ON PAGE 75 OF THE BOOK. THERE'S A GOAL RESPOND TO CRITICAL PUBLIC HEALTH ISSUES, NUMBER OF INDIVIDUALS FACED IN RECOVERY SERVICES THE TARGET IN 2017 WAS 2400.

THE TARGET FOR 2018 IS 2400 AND I JUST WANT TO UNDERSTAND WHETHER WE'RE REACHING THOSE



GOALS.

>> SO ON THAT FRONT I'LL HAVE TO DOUBLE CHECK.

I IMAGINE THAT WE'VE REACHED THAT GOAL BECAUSE THE WAY THE BUREAU SETS THEIR GOALS IS BASED ON PREVIOUS YEARS BUT WE CAN CONFIRM THAT FOR YOU ON THE FY17 AND FY18.

ON THE SECOND QUESTION IS WHETHER THEY WORKED CLOSELY WITH THE CLIENTS AND WE WORK WITH THEM AS THEY MOVE THROUGHOUT THE CONTINUUM OF CARE JEN DESCRIBED. WE CAN DOUBLE CHECK THAT FOR YOU AS WELL.

>> AS FAR AS THE GOAL, WE ARE PLACING 10 TO 12 PEOPLE A DAY. THOSE ARE FOLKS WALKING IN.

>> ON THAT NUMBER WE'VE EXCEEDED THE GOAL IN THOSE NUMBERS THERE'S REPEAT --

>> I WANT TO UNDERSTAND THE NUMBER SO THAT'S 3600 IF WE'RE DOING 10 A DAY.

I THINK WE NEED TO UNDERSTAND WHETHER WE'RE REACHING THOSE GOALS AND MAKE SURE WE'RE SETTING THE RIGHT TARGET AND THE LAST QUESTION FOR THIS ROUND IS ON THE FOUR OUTREACH WORKERS YOU REFERENCED, ARE THEY FUNDED THROUGH PROJECT HOPE OR PROJECT PLACE?

>> FOR OUTREACH WORKERS FUNDED BY THE CITY OF BOSTON. AND PROJECT PLACE IS A SEPARATE CREW IN THE AREA IS FUNDED BY DND.

>> ARE THOSE FUNDING MECHANISMS PART OF THE OPERATING BUDGET OR GRANTS?

IS THIS SOMETHING WE CAN PLAN FOR GOING FORWARD?

>> FOR OUTREACH WORKERS THAT WAS AN FY17 INVESTMENT.

THEY'RE BUILT-IN FOR FY18 TO CONTINUE IN THE OPERATING.

>> THANK YOU.

>> COUNCILOR CAMPBELL.

>> I APOLOGIZE.

THANK YOU FOR BEING HERE AND FOR YOUR PRESENTATION.

CAN YOU REMEMBER ME WHAT YOUR

OVERALL BUDGET IS FOR YOUR OFFICE?  
>> THE OFFICE OF RECOVERY SERVICES?  
>> YES.  
>> 330 -- I'M LOOKING AT FY18. FY17 BUDGET -- IT'S ABOUT \$310,000.  
>> IS THAT UP OR DOWN FROM PREVIOUS YEAR?  
THE OFFICE OF RECOVERY SERVICES IS STAFFED.  
THEN THE NEW INVESTMENTS ARE IN THE BUREAU RECOVERY SERVICES. SO THERE'S NEW INVESTMENT FIGURES BUT JUST THE OFFICE OF RECOVERY SERVICES IS ESSENTIAL IS \$310,000.  
>> IS THAT BEFORE OUTREACH WORKERS OR NEW INVESTMENTS YOU WERE REFERENCING?  
>> NEW INVESTMENTS ARE DISTINCT AND SEPARATE FROM THAT.  
>> SO JUST TO CLARIFY -- THE LINE STAFF JEN MENTIONED IN HER REMARKS, THE FUNDING OF THE NEW INVESTMENT AND THE EXPANSION IS ACTUALLY ON THE PUBLIC HEALTH COMMISSION'S BUDGET.  
IN THE BUREAU OF RECOVERY SERVICE WHERE THE FUNDING SITS. JEN WORKS CLOSELY IN HEMP TO GUIDE THE NEED OF THE WORK WE DO.  
THE OFFICE OF RECOVERY SERVICES BUDGET IS DISTINCT FROM THE SERVICE DELIVERY ACTIVITIES SHE DESCRIBED.  
>> AND FOR THOSE INVESTMENTS DO THEY FALL WITHIN THE WORK THAT JEN DOES?  
>> IT'S UNDER THE HEADING OF RECOVERY SERVICES BUREAU. SO IT'S THE FIRST CATEGORY OR BUCKET OF WORK THERE. IT IS UP IN FY18 COMPARED TO FY17.  
THAT'S WITH THE PATH PROGRAMS AND ALL THE OTHER SERVICES THAT JEN DESCRIBED.  
>> CAN YOU LIST THE TOTAL?  
>> IN FY17 APPROXIMATELY --  
>> VERY HELPFUL.  
>> THANK YOU, KATE.

I'M CURIOUS, IN TERMS OF THE HOT SPOTS WE TALK ABOUT MELNEA CASS AND MASS AVE, WHAT OTHER AREAS ARE GETTING THE TARGETED OUTREACH OR SENDING FOLKS IN. WHAT OTHER AREAS OUTSIDE OF MELNEA CASS AND MASS AVE OR IS THAT THE AREA?

>>

>> IT'S BEEN A FOCUS FOR THE MAYOR AND WE RECEIVED FUNDING FOR TWO ADDITIONAL OUTREACH WORKERS FOR DOWNTOWN.

>> THIS IS FROM THE STATE?

>> STATE DEPARTMENT OF PUBLIC HEALTH WE WERE ABLE TO ADD RESOURCES TO ADD TWO PEOPLE TO THE TEAM TO COVER THE DOWNTOWN AREA AND CROSSING AND COMMON.

>> WHEN DO THEY GET THERE OR HAVE THEY STARTED?

>> THEY HAVE.

THEY'RE ABOUT TWO MONTHS IN.

THEY'RE ON THE GROUND TOO AND BUILDING THE SUPPORT.

THE WE HAVE START TO EXTEND WITH PARTNERS BECAUSE THE DEMAND IS STRETCHING OUT THE WORK.

THE OUTREACH TEAM NOW IS DOING SOME WORK IN DUDLEY.

THEY'RE GOING TO BE DOING SOME MORE WORK IN ANDREWS SQUARE BASED ON RECENT DEMANDS IN THE NEIGHBORHOOD AS WELL.

>> ARE THERE OTHER AREAS?

>> DOWNTOWN, DUDLEY SQUARE?

WHAT ABOUT FIELD CORNER --

>> NO, JUST THOSE WORKERS.

THE TEAM IS A TEAM WHERE THEIR GOAL IS ON REDUCTION AND THE FUNDING IS TARGETED TOWARDS HIV AND INFECTION WITH ACTIVE DRUG USERS.

THEY'RE OUT ON THE STREET A COUPLE DAYS A WEEK DOWNTOWN AND THEY'RE HITTING OTHER AREAS BUT THAT TEAM IS THE TEAM I MENTIONED.

FOUR OUTREACH WORKERS ARE NEW THIS YEAR.

AND THE TWO ROUTE -- OUTREACH WORKERS FOR THE COMMON AND DOWNTOWN CROSSING AND THEY'LL HIT THE WATER FRONT AND OTHER

AREAS DOWNTOWN AND THE TEAM  
ACROSS THE AREA.

>> I IMAGINE UP OTHER AREAS  
WHERE MAY THEE SEE AN UPTICK IN  
DRUG ACTIVITY AND MAY PRESENT IN  
MASS AVE, FOR EXAMPLE, THERE'S  
NO DESIGNATED AREAS FOR THAT  
NOW.

SO WHO GETS PULLED TO ADDRESS  
THE CONCERNS?

AND WHAT'S THE GOAL TO INCREASE  
THE NUMBER OF OUTREACH WORKERS  
WHICH I'M ASSUMING ARE EXTREMELY  
VITAL TO THIS WORK AND THAT  
CONTACT FOR FOLKS WHO NEED THE  
SUPPORT?

>> TWO ANSWERS.

ONE IS THE PARTNERSHIP.

THERE'S OTHER COMMUNITY-BASED  
PARTNERSHIPS THAT DO SOME OF  
THAT WORK AS WELL.

WHENEVER THERE'S AN AGENCY  
ALREADY THERE WE TALK TO THEM AS  
WELL AND PINE STREET INN AND WE  
HAVE A VARIETY OF FOLKS WE  
PARTNER WITH IN THAT RESPECT.  
AND WE HAVE FEDERAL GRANTS IN  
RIGHT NOW TO EXPAND THE WORK  
WE'RE DOING.

THE DOOR KNOCKING.

AND DIVERSIFYING THE FUNDING AND  
LOOKING FOR NEW RESOURCES IS  
WHERE WE'RE AT.

>> IF YOU HAD TO SAY A NUMBER  
IDEALLY GIVEN WHAT'S THE MAGIC  
NUMBER, OBVIOUSLY THAT CAN  
CHANGE IN TERM OF THE OUTREACH  
WORKERS YOU'D IDEALLY LIKE TO  
HAVE TO REACH NOT ONLY THE HOT  
SPOT AREAS BUT ALSO TO RESPOND  
TO OTHER AREAS WHERE THE CALLS  
MAY PICK UP AND MAY DECLINE  
WITHOUT PULLING OUTREACH WORKERS  
FROM THE OTHER AREAS?

>> I DON'T KNOW I HAVE A NUMBER.  
WE COULD THINK ABOUT THAT  
CERTAINLY.

WITH COORDINATION AND OVERSIGHT  
THERE'S ADDITIONAL COST IN THE  
MANAGEMENT OF ALL THAT.

RIGHT NOW WITH THE INVESTMENT  
WE'VE RECEIVED FROM THE MAYOR  
AND CITY COUNCIL WE'RE MANAGING  
THE GROWTH I THINK PRETTY WELL

RIGHT NOW.

AT THE SAME TIME GETTING PULLED  
IN MANY DIRECTIONS.

I THINK THERE IS A NUMBER IF I  
CAN GET BACK BACK TO YOU ON THAT  
AFTER TALKING TO STAFF I'D LIKE  
AFTER TALKING TO STAFF I'D LIKE  
TO DO THAT.

WE'D BE PRESENT THROUGHOUT THE  
CITY IF NOT OTHER  
COMMUNITY-BASED ORGANIZATION.

>> THAT'S HELPFUL.

I'M ALWAYS THINKING THERE'S  
NEVER SOMETIMES ENOUGH FOLKS TO  
DO THE WORK AND THE LENGTH OF  
TIME FOR DETOX AND CAN WE MEET  
THE NEEDS OF SUPPORT RIGHT AWAY  
WITH THE STEP DOWN PROGRAM  
EARLIER.

WHAT'S THE OVERARCHING GOAL  
WE'RE TRYING TO REACH AND HOW DO  
WE WORK TOGETHER TO REACH THOSE  
GOALS THAT REQUIRE FUNDING NOT  
ONLY IN THE CITY OF BOSTON BUT  
FROM THE STATE AS WELL.

THAT'S WHERE THE QUESTION COMES  
FROM.

MY LAST QUESTION IS OBVIOUSLY  
IT'S EASIER TO HELP FOLKS WHO  
EXPRESS AN INTERESTING IN  
GETTING HELP.

IT'S MORE DIFFICULT TO FORCE  
SOMEONE TO GO TO A DETOX AREA  
AND YOU SEE SOME OF THE REGULARS  
WHO HAVE SUBSTANCE ABUSE ISSUES  
AND WHO MAY NOT BE IN THE SPACE  
YET TO WANT HELP OR SEEK OUT  
HELP.

WITH OUR RESPONSE TO THEM AND I  
SAY THAT RIGHT NOW AND I HAD A  
MEETING WITH C11 TO TALK ABOUT  
WHAT WE CAN DO IN THE PARKS WITH  
FOLKS DEALING WITH SUBSTANCE  
ABUSE AND ALCOHOL BECAUSE THEY  
DON'T WANT TO JUST KEEP LOCKING  
THESE FOLKS UP.

HOW CAN WE GET OUTREACH FOR THAT  
AND WE'LL START CONVERSATIONS ON  
THAT.

FOR THOSE FOLKS THAT DON'T WANT  
HELP.

THEY DON'T WANT SUPPORT, HOW DO  
WE REACH THEM AND IS IT JUST  
ALLOWING THEM TO STAY WHERE THEY

ARE?

THAT'S ONE CONCERN WE GET FROM RESIDENTS WHICH IS WHY ARE THESE PEOPLE JUST WONDERING IN OUR PARKS, DRINKING AND OF COURSE THAT COMES WITH SOME JUDGMENT AND STEREOTYPES WE HAVE TO PUSH ASIDE BUT I'M CURIOUS WHAT'S THE STRATEGY TO REACH THOSE FOLKS.

>> IT TIES TO YOUR LAST QUESTION WITH OUR GOAL BECAUSE WHAT I DIDN'T MENTION WAS ONE OF THE MAIN GOALS IS TO WORK WITH AND EDUCATION AS MANY OTHER PARTNERS AS WE CAN.

THE WORK WE'RE DOING WITH THE BOSTON POLICE DEPARTMENT AND WE WANT THEM TO KNOW ABOUT RESOURCES AND REFERRALS.

WE WANT OTHER PARTNERS IN PROGRAMS, ALL THE FOLKS THAT WE'RE CURRENTLY WORKING WITH AND SOME WE STILL HAVE YET WORK TO DO THAT ARE OUT AND ABOUT IN THE COMMUNITY ARE ALL TOUCH POINTS FOR FAMILIES AND INDIVIDUALS IN OUR COMMUNITY.

AS WE EDUCATE AND BUILD RELATIONSHIPS WITH THEM THEY'RE MORE APT TO KNOW WHERE TO TURN AND WHERE TO GO AND THE OTHER FOLKS HAVE RELATIONSHIPS AND THEN IT'S ENGAGEMENT.

AND THE OPPORTUNITY TEST.  
TEST.

AND WE HAVE THE ALL HANDS ON DECK MENTALITY AND PARTNERS THAT MAY NOT HAVE BEEN AT THE TABLE IN THE SAME WAY.

THERE'S A LOT TO BE DONE WITH THAT.

>> THANK YOU AND YOUR TEAM FOR WHAT YOU'RE DOING PARTICULARLY THE FOLKS PICKING UP THE NEEDLES AND DOING OUTREACH.

I CAN'T IMAGINE THAT'S AN EASY JOB BUT IT'S A NECESSARY ONE LIKE STREET WORKERS AND FIRST RESPONDERS WHEN IT COMES TO HOMICIDES AND OTHER TRAGIC EVENT.

CONSIDER US AS PARTNERS IN THIS WORK.

HAVE A WONDERFUL DAY.

>> COUNCILOR O'MALLEY.

>> THANK YOU, MR. CHAIR.

JEN, THANK YOU FOR YOUR LEADERSHIP.

THIS IS INCREDIBLY IMPORTANT WORK.

AND THE COURAGE OF ADDICTION TO ALCOHOL TO DRUGS AFFECTS EVERY BACKGROUND AND FAMILY.

AFTER A LONG I WOULD SAY FOCUS

FINALLY NOW WE ARE TREATING

DICTION -- ADDICTION AS THE

PUBLIC HEALTH EPIDEMIC IT IS.

I KNOW YOU'VE GONE TO CITIES NO

EMULATING THE OFFICE OF RECOVERY

SERVICES AND THANK YOU FOR THIS

VERY IMPORTANT WORK.

WHAT ARE SOME OTHER STRATEGIES

YOU'VE SEEN IN YOUR TRAVELS OR

JUST TALKING AROUND THE COUNTRY,

WHAT ARE OTHER THINGS THAT MAYBE

BOSTON CAN BE LOOKING AT IN

TERMS OF TREATMENT IN TERMS OF

RECOVERY AND OUTREACH?

ARE THERE ANY NEW INITIATIVES

COMING UP

INITIATIVES YOU CAN TALK ABOUT

YOU'RE TRYING TO FLUSH OUT A

LITTLE BIT?

>> SOME OF OUR FOCUS REMAINS ON

THE FRONT END AND BACK END, SO

TO SPEAK.

RECOVERY SUPPORT, SUPPORTIVE

HOUSING AND PLACES FOR PEOPLE TO

GO REMAINS A FOCUS AND

ENGAGEMENT AND REACHING OUT TO

FOLKS AND HAVING A PLACE FOR

THEM TO GO.

WITH THE INCREASE AND THE

DIAGNOSIS WITH FOLKS WITH MENTAL

HEALTH ISSUES AS WELL AND EITHER

SELF-MEDICATING OR EXACERBATING

PARTS OF ADDICTION, IS THERE

ANYTHING ON THE MENTAL HEALTH

DIAGNOSIS OR TREATMENT SIDE

WE'VE BEEN ABLE TO EMPLOY OR

DIFFERENT WAYS OF LOOKING AT

THINGS?

>> WELL, THE MAJORITY OF FOLKS

ARE DIAGNOSED AND OUT-PATIENTS

HAVE MENTAL HEALTH AND SUBSTANCE

ABUSE LICENSE.

AND THE RECOGNITION THAT GROUPS

HAVE THAT AND THEY'RE RESPONDING TO THAT AND CERTAINLY THERE'S MEDICAL A LOT OF MEDICAL FRAILTY AND SUBSTANCE ABUSE AND TRAUMA.

>> WE OFTEN HAVE CONVERSATIONS ABOUT PILOTS AND WITH SOME OF OUR GREAT HOSPITAL AND HEALTH CENTERS, HAVE THEY BEEN WORKING WITH YOU OR OFFERING INSIGHT OR MAN POWER -- THIS MAY BE A QUESTION FOR LATER BUT ARE OPTS AND HELP CENTERS DOING ENOUGH TO SUPPORT THE WORK THE PUBLIC HEALTH COMMISSION AS IT RELATES TO RECOVERY AND ADDICTION AND TREATMENT?

WE RECENTLY MET WITH THE BOSTON CENTERS TO LEARN MORE ABOUT THE SUSTAINED INITIATIVE WHICH THEY'RE DOING IN PARTNERSHIP WITH THEM AND KNOWING MORE ABOUT WHAT THE HEALTH CENTERS ARE DOING TO RAMP UP AND BUILD CAPACITY ACROSS THE CITY IMPORTANT FOR US TO BE AWARE OF. SO THEY KNOW WHAT WE'RE DOING WITH THE GUIDANCE IS TO BE A REFERRAL AND WORK WITH THEM AND BOSTON HOSPITAL'S WORK IN LOCKSTEP WITH THEM AS WELL.

>> THAT'S GREAT TO HEAR. SIMILARLY THERE'S A WONDERFUL ORGANIZATION I GOT TO KNOW CALLED LEARN TO COPE WHICH HELPS FAMILY MEMBERS DEAL WITH ADDICTION.

IT'S A SIMILAR CONCEPT I THINK TO AN AA OR NA WHERE IT'S A MEETING AND A SUPPORT GROUP. HAS THERE BEEN SUPPORT IN THE ORGANIZATION.

WE ALL HEAR IT SOMETIMES DAILY IT'S A FREQUENT CONSTITUENT SERVICE CASE WHERE YOU HAVE A PARENT OR GRANDPARENT SAYING I DON'T KNOW WHAT TO DO AND IT'S HEARTBREAKING.

CAN YOU TALK ABOUT THE OTHER SUPPORTS WE CAN OFFER FAMILIES GOING THROUGH THIS NOW?

>> SURE.

ONE OF THE FIRST THINGS WHEN I CAME ON WAS GO TO A LEARN TO COPE MEETING IN DORCHESTER.



IT'S THE ONLY LEARN TO COPE  
MEETING IN THE CITY OF BOSTON.  
IF THERE WAS A MEETING OR A NEED  
FOR MORE IN OTHER NEIGHBORHOODS  
WE CAN WORK ON THAT.

>> THAT WOULD BE MY LAST  
REQUEST.

I KNOW THERE'S AN ACTIVE ONE AND  
THERE COULD BE A TREMENDOUS  
IMPACT SO ANY WAY I CAN HELP  
COORDINATE SITES OR LOCATIONS OR  
INDIVIDUALS THAT MAY WANT TO  
VOLUNTEER I THINK THAT COULD BE  
TREMENDOUSLY IMPACTFUL GOING  
FORWARD.

THANK YOU ALL.

>> WE'VE BEEN JOINED BY  
COUNCILOR TITO JACKSON.  
COUNCILOR BAKER.

>> THANK YOU, MR. CHAIR.  
GOOD AFTERNOON, EVERYBODY.  
NICE TO SEE YOU AGAIN.

CAN WE TALK A LITTLE BIT ABOUT  
OUR PREVENTION EFFORTS.

I SEE WE GOT A GRANT FROM BLUE  
CROSS/BLUE SHIELD AND WE TALKED  
ABOUT OUR EFFORTS IN THE PUBLIC  
SCHOOLS AND OUR POPULATION IN  
THE CITY OF BOSTON WHAT'S IT  
LOOK LIKE IN THE FUTURE.

MAYBE BLUE CROSS/BLUE SHIELD  
FIRST AND THEN WHAT'S GOING ON  
IN THE SCHOOLS.

>> SURE.

SO THE GRANTS WE RECEIVED THE  
PAST FALL FOR THE BLUE  
CROSS/BLUE SHIELD SUPPORTED THE  
ASSESS MANY THAT CREATED THE  
OFFICE.

WHEN THE OFFICE OPENED IT WAS  
CLEAR THEY FOCUSSED ON YOUTH AND  
FAMILIES AND WE APPLIED FOR THE  
GRANT AND RECEIVED IT AND THAT'S  
HELPING US GET STARTED THROUGH  
TWO FOCUS GROUPS AND OTHERS TO  
GATHER SOME INFORMATION AROUND  
TO THINK ABOUT FOR THE FIRST  
TIME REALLY LOOKING ACROSS THE  
CITY AND SAYING WHAT IS OUT  
THERE NOW AROUND SUBSTANCE ABUSE  
PREVENTION.

AND WHERE DO WE NEED TO GO.  
SO WE'RE IN THE PROCESS OF THAT  
RIGHT NOW.

SO WE WILL BE FINISHING UP THIS SUMMER AND HOPEFULLY THAT WILL PROVIDE RECOMMENDATIONS TO WHEN RESOURCES ARE AVAILABLE TO TARGET RESOURCES TO A PLAN THAT'S BEEN THOUGHTFUL IN THAT WAY.

SO THAT'S WHERE WE'RE AT WITH FOCUS GROUPS AND DOING A YOUTH EVENT TO GET MORE INFORMATION FROM YOU TRUE -- THROUGH PARENT SURVEYS.

>> WHAT IS THE AGE DO YOU THINK -- MY KIDS ARE IN THE FIFTH GRADE AND THEY'RE STARTING TO ASK A LOT OF QUESTIONS. I THINK IT'S AS YOUNG AS SIXTH GRADE.

WHAT'S THE PROFESSIONAL THINKING?

>> I LOOK AT PREVENTION ACROSS THE LIFE SPAN.

THERE'S OPPORTUNITIES ACROSS THE LIFE SPAN TO HAVE PREVENTIVE MESSAGING.

>> WITH YOUNGER KIDS IT WOULD BE SMALLER DOSES?

>> FOR THIS PARTICULAR STUDY WE DECIDE TO FOCUS ON HIGH SCHOOL AGE YOUTH AND CERTAINLY THERE'S A LOT OF WORK TO BE DONE AFTER THE STUDY ON EARLIER AGES. BUT PART OF WHAT THE STUDY IS HELP -- HELPING US DO IS TO WORK ACROSS THE COMMISSION AND HAVE THE CONVERSATION ACROSS THE COMMISSION WHERE OTHER PROGRAMS ARE IN SCHOOLS AND OTHERS AND OTHER CITY DEPARTMENTS AS WELL AS IN BOSTON PUBLIC SCHOOL SYSTEM.

HAVING CONVERSATIONS I DON'T THINK WE HAD THE ABILITY TO HAVE IN THIS WAY IS WHAT WE'RE DOING NOW.

>> ARE WE ACTUALLY IN SCHOOLS AND TALKING TO KIDS IN SCHOOL LIKE A PHYSICAL PRESENCE WITHIN SCHOOLS AND WHAT'S THAT LOOK LIKE?

>> THANKS FOR THE QUESTION, COUNCILOR AND I'LL JUMP IN. WE ARE WORKING WITH THE SCHOOLS AND ACTUALLY JEN AND A MET

RECENTLY TO TALK ABOUT SOME OF OUR EFFORTS UNDERWAY.

THE WAY IN WHICH WE WORK WITH THE STUDENTS CURRENTLY IS THROUGH OR SCHOOL-BASED HEALTH CENTER AND HEALTH RESOURCE CENTER.

WE HAVE STAFF IN A SUBSET OF SCHOOLS WE'RE IN 16 OUT OF 32 OF THE BOSTON PUBLIC HIGH SCHOOLS USING THOSE TWO WAYS TO REACH OUT TO AND PARTNER WITH BPS AND SERVING STUDENTS.

>> SO WE DO HAVE A PRESENCE IN SCHOOLS.

>> YES.

>> WILL WE BE IN ALL THE SCHOOLS OR ARE WE TARGETING NOW AND FIGURE OUT WHERE WE'LL GO FROM THERE?

>> I IMAGINE WE'LL BE DOING A LOT MORE AROUND PREVENTION AND THE MESSAGES BEYOND THE 16 SCHOOLS I MENTIONED WE'RE IN BUT I CAN FIND OUT SPECIFICALLY IN TERMS OF ELEMENTARY THROUGH HIGH SCHOOL.

HAVE WE DONE ASSESSMENTS. WHAT ARE THEY USING AND DO THEY LOOK LIKE THEY'LL GO DOWN THIS PATH.

WHAT ARE ASSESSMENTS TELLING US IN THE SCHOOLS.

>> WE DO DO AN ASSESSMENT CALLED A RISK BEHAVIORAL STUDY SURVEY AND THAT'S SOMETHING WE CAN SHARE WITH YOU AFTERWARDS. THERE ARE QUESTIONS ABOUT THE WHOLE RANGE OF BEHAVIORALS AND USE OF SUBSTANCES INCLUDING MARIJUANA AND OTHER SUBSTANCE. THAT'S SOMETHING WE CAN SHARE WITH YOU.

>> OKAY.

I NOTICED THE BOSTON LIFE SKILLS TRAINING.

WHAT IS THAT?

>> THROUGH THE STATE DEPARTMENT OF PUBLIC HEALTH FUNDING THAT RUNS THROUGH PATIENTS FOR PREVENTION CURRENTLY THE CURRENT ACTIVITY IS EVIDENCE-BASED FACTORS FOR PREVENTION AND WE GO OVER LIFE SKILLS AND IT'S AN 11

HIGH SCHOOLS RIGHT NOW.  
THAT'S BEEN A ONE BY ONE AND  
MASS GENERAL AS WELL HAS IT IN  
SCHOOLS IN THEIR AREA.  
SO WE'RE PARTNERING WITH THEM  
AND MASS GENERAL IS A BIG PART  
OF THE STUDY AND THEY HAVE  
COMMITTED TO RESOURCING SOME  
OF --  
>> DOES THAT LOOK LIKE GROUPS OR  
IS THAT ONE-ON-ONE?  
THE LIFE SKILLS?  
>> CLASSROOM SETTling.  
>> TO A CLASSROOM AND  
IDENTIFYING GROUPS AND PULLING  
THEM OUT OF CLASS AND SAYING  
LET'S FOCUS ON THIS ACROSS THE  
BOARD.  
OKAY.  
GOOD.  
CAN WE TALK ABOUT THE RECOVERY  
WITH SUFFOLK COUNTY?  
IS IT STILL IN IT'S INFANCY?  
HOW'S IT LOOK.  
>> IT'S NEW BUT SUCCESSFUL.  
WE STARTED WITH THE SUFFOLK  
COUNTY OF CORRECTIONS AND WE  
HAVE ADDED NASHUA STREET AS  
WELL.  
WE'RE DOING MALE, FEMALE AND  
THEN NASHUA WE HAVE A CORE GROUP  
OF COMMUNITY PROVIDERS AND JOB  
SKILL PROGRAMS COMING IN RIGHT  
NOW AND WE'RE JUST GOING TO  
CONTINUE TO STRENGTHEN THAT AND  
EXPAND THAT PARTNERSHIP.  
THERE'S NO -- ANYONE CAN COME IN  
AND JOIN TO GET FOLKS THE  
RESOURCES THAT THEY NEED.  
IT'S BEEN WELL RECEIVED BY THE  
INMATES AS WELL AND THEY'VE HAD  
THE OPPORTUNITY TO SIT DOWN AND  
TALK ABOUT SERVICES.  
>> WHERE THEY'LL GO WHEN THEY  
GET OUT.  
YOU HAD MENTIONED ANDREW SQUARE  
AND THE START OF ANDREW SQUARE  
IS THE START OF MY DISTRICT AND  
IT SEEMS LIKE I'M SEEING A LOT  
MORE GROUPS OF INDIVIDUALS THAT  
ARE FANNING OUT BEYOND THE SOUTH  
HAMPTON/MASS AVE CORRIDOR.  
DO YOU HAVE ANY SENSE OF WHAT'S  
GOING ON?

THERE'S ALWAYS A PRESENCE I  
THINK.  
IT JUST SEEM NOW IT'S SEVEN OR  
EIGHT PEOPLE  
IN ANDREWS SQUARE, FIVE PEOPLE  
OR SEVEN OR EIGHT OR NINE PEOPLE  
AT EVERETT, EVERETT SQUARE AND  
IT SEEMS LIKE IT'S FANNING OUT.  
DO WE HAVE ANY SENSE OF WHAT IS  
GOING ON, WHY IS THAT HAPPENING.  
IS THERE MORE PEOPLE DOWN THERE,  
AND THERE IS A SPACE ISSUE?  
DO YOU HAVE ANY SENSE, AND IF  
YOU DOB, THAT'S OKAY TOO.  
>> I WOULD SAY THAT SINCE THE  
OUTREACH TEAM IS GOING TO FOCUS  
ON EFFORTS DOWN IN DUEDELY AND IN  
ANDREW, WE WOULD MAKE THOSE  
ASSESSMENTS AND THAT IS THE  
PURPOSE OF SORT OF BEING DOWN  
THERE.  
>> AS TO WHY THEY ARE FANNING  
OUT, WHY THE GROUPS ARE FANNING  
OUT.  
>> WHO IT IS, WHO IS OUT THERE  
AND YOU KNOW, START, ARE THESE  
NEW FOLKS, ARE THEY FOLKS WE'RE  
FAMILIAR WITH.  
>> YEAH.  
CAN I GET ONE MORE QUESTION?  
OKAY.  
NOW I FORGOT WHAT THE QUESTION  
WAS, HOLD ON.  
>> OKAY, MOVE ON.  
>> OKAY, THANK YOU.  
>> I'M SORRY.  
>> THANK YOU VERY MUCH,  
MR. CHAIR.  
I TOO HAVE SEEN COUNCILLOR BAKER  
BROUGHTEN UP IN PARTICULAR IN  
THE AREA OF THE ORCHARD GARDEN  
SCHOOL.  
AND WE GOT TO FIGURE THAT OUT  
BECAUSE WE, I WENT INTO THE  
SCHOOL FOR TACO TUESDAY AND  
THERE WAS-- AND THE EDUCATION  
PIECE IS CRITICAL.  
I WANT TO THANK THE NURSE IN  
THAT SCHOOL FOR PUTTING UP A  
POSTER BOARD INFORMING YOUNG  
PEOPLE ABOUT NEEDLES.  
AND I ALSO THINK THAT WE SHOULD  
BE CROSS-TRAINING STAFF TO  
INSURE THAT BPS NURSES AND STAFF

MEMBERS ARE TRAINED.  
BECAUSE INEVITABLY ON A MORNING  
BY MORNING BASIS THEY ARE  
PICKING UP NEEDLES.  
AND SO I GUESS MY QUESTION IS,  
HAS THERE BEEN ANY CHANGE IN THE  
NEEDLE EXCHANGE PROGRAM RELATIVE  
TO-- IN THE PAST TWO YEARS.  
HAS THERE BEEN ANY CHANGE?  
>> WELL, I'M NOT SURE WHAT YOU  
MEAN BY CHANGE.  
BUT I MENTIONED, THAT WE ADDED  
TWO OUTREACH WORKERS TO THEIR  
TEAM FOR THE DOWNTOWN AREA WITH  
STATE RESOURCES.  
>> AND WE STILL TAKE THAT  
NEEDLE.  
>> RIGHT.  
>> THE REASON WHY I'M ASKING IS  
BECAUSE I'M SEEING AND HEARING  
MORE FROM SCHOOLS THAT THERE ARE  
ADDITIONAL NEEDLES.  
THAT COULD BE JUST ADDITIONAL  
PEOPLE.  
BUT WE ARE HEARING MORE, MORE  
AND MORE THAT THERE ARE  
ADDITIONAL NEEDLES.  
I GUESS.  
>> IF I MAY, COUNSEL ILLER, WE  
ACTUALLY HAVE BEEN WORKING, SO  
WITH OUR NEEDLE EXCHANGE PROGRAM  
AND ENVIRONMENTAL HEALTH TEAM  
MEETING WITH COUNTERPART  
COLLEAGUES ABOUT NEEDLES.  
SO THANK YOU.  
WE WORKED WITH THEM ON THEIR  
BROCHURE THAT THEY PLATED FOR  
THE STUDENTS ON WHAT TO DO WHEN  
THEY SPOT THE NEEDLES.  
SO THIS IS ANOTHER EXAMPLE,  
WE'RE WORKING WITH BPS.  
>> SO CAN YOU LET ME KNOW WHAT  
YOUR BUDGET IS?  
>> YES, NOT TO BE CONFUSING.  
THE BUDGET FOR NEW INITIATIVES  
OR THE OFFICE OF RECOVERY  
SERVICES WHICH IS SEPARATE FROM  
THE-- SO THE NEW COMMISSIONS ARE  
IN-- THE LINE THE 309,000.  
THE NEW INITIATIVES WHICH YOU  
ARE LOOKING AT THE POWER POINT,  
WHAT COVERS THAT IS ON-- IT'S IN  
THE BUDGET.  
AND I DON'T KNOW, GRACE, IF YOU

CAN POINT TO WHERE THE NEW INITIATIVES IS FOR THE COUNSELOR.

>> I HAVE THE TOTAL BUDGET.

>> WE DIDN'T SPECIFICALLY BREAK OUT THE NEW INITIATIVES IN THE BUDGET BOOK, FOR 17EE OR 18.

>> I WOULD LIKE BOTH IT LOOK AT ANY CHANGE THAT HAS OCCURRED.

>> THE TOTAL BUDGET FOR THE BUREAU OF-- RESOURCES FOR FY17 AND FOR FY18 IT IS 14.6. THE INCREASE FOR F118 IS BECAUSE THE Y-W MRN HAS TRANSITIONED FROM THE HOMELESS SERVICES BUREAU TO THE RECOVERY SERVICES BUREAU.

IN ADDITION WE'VE ADDED FOR OUTREACH WORKERS INTO THE RECOVERY SERVICES BUREAU. AND THEN LOOKING AT THE EXPANSION FOR F118 IT IS ABOUT 270,000.

CAN I GET YOU THE DETAILS, THE BREAKDOWN.

>> YEAH, I THINK IT'S HELPFUL FOR US TO UNDERSTAND IF YOU JUST AGGREGATE SO WHAT WE WERE LOOKING AT LAST YEAR TO WHAT WE'RE LOOKING AT THIS YEAR. AND THEN IF YOU COULD HELP US WITH THOSE OTHER PROGRAMS. BECAUSE I HAVE FROM DAY ONE, I KNOW THAT GENERAL DOES AMAZING WORK AND I KNOW THAT SHE'S VERY CRAFTY AND HANDY WITH HER BUDGET.

BUT TO SEE A PROBLEM THAT IS MUSHROOMING AT THIS RATE, WE ARE NOT-- WE'RE NOT KEEPING UP WITH THE RATE OF NEED.

AND WITH THE COMPLICATIONS THAT ARE COMPOUNDED BY NOT HAVING LONG ISLAND IT MAKES IT EVEN MORE.

AND IN ADDITION TO THE FACT THAT THE ADDITIONAL PEOPLE WHO ARE ACTUALLY CLOSER POST CLOSURE OF THE COMMISSIONS FACILITY, THOSE FOLKS ARE ACTUALLY BEING SERVED ON RAGLAND STREET.

SO THERE IS A KIND OF, A GRAPH TAITIONAL PULL THAT'S EVEN STRONGER IN A SPECIFIC AREA THAT

WE'VE SEEN.

SO I THINK IT MAKES-- IT'S VERY HELPFUL FOR THE COUNCIL TO UNDERSTAND THE EXACT CHANGES IN THE BUDGET.

SO I REQUEST THROUGH THE CHAIR THAT WE HAVE THAT ACTUAL BREAKDOWN.

HOW MUCH IS THE WYMAN PROGRAM, DO WE KNOW?

>> I DON'T KNOW OFF THE TOP OF MY HEAD BUT I WILL GET YOU THAT.

>> FOR US, IF WE'RE NOT LOOKING AT THE SAME THING, THEN IT DOESN'T HELP US TO UNDERSTAND YEAR OVER YEAR CHANGES AND WHETHER OR NOT, AND AGAIN, WE KNOW THAT THERE ARE LIMITED RESOURCES.

AND I HOPE THAT AT SOME POINT WHEN THE DOLLARS FROM THE RECREATIONAL MARIJUANA COME, I HOPE THAT THEY ARE ACTUALLY DIRECTED AT THIS.

I THINK THAT MAKES A LOT OF SENSE.

I HAVE A QUESTION ON ACA. SO THERE ARE INTERESTING REQUIREMENTS.

AND THAT WE OBVIOUSLY KNOW THIS IS AN INTERESTING TIME TO HAVE THIS CONVERSATION.

BUT THERE IS A REQUIREMENT FOR THE ACA TO HAVE NONPROFIT HOSPITALS PROVE TO THE COMMUNITY, ACTUALLY TO THE IRS, WHAT THEY ACTUALLY DO FOR THAT COMMUNITY.

AND THE GREAT PART, SINCE THE IRS, THEY'RE NOT REALLY INTO PROSE.

THEY'RE MORE INTO NUMBERS.

SO HAS THERE BEEN A CONVERSATION WITH THE BOSTON PUBLIC HEALTH COMMISSION ABOUT MAKING THAT COMMITTEE CONNECTION, WHAT THEIR REQUIREMENTS, AND THE AREAS THAT ARE SERVED IN THAT AREA AROUND THESE SPECIFIC ISSUES RELATIVE TO PREVENTION, OVERDOSES AND HELPING PEOPLE WHO HAVE THE ISSUE.

>> THANKS FOR THAT QUESTION, COUNSEL ILLER.



ARE YOU RIGHT, THE IRS REQUIRES HOSPITALS TO HAVE COMMUNITY SELF-NEED ASSESSMENTS. AND HISTORICALLY WE'VE WORKED WITH THE HOSPITALS. THEY ARE ACTUALLY WORKING WITH THE COLLABORATIVE IN THIS NEXT CYCLE OF REPORTING, TO WORK TOGETHER ON THEIR NEEDS ASSESSMENT. THEY DID THAT RECENTLY BECAUSE, AS YOU KNOW, THEY HAVE OVERSLAPPING-- OVERLAPPING PATIENT POPULATIONS AND OFTEN GO TO THE SAME COMMUNITIES TO ASK ABOUT NEED. WE HAVE OUR OWN SEPARATE PROCESS THAT WE FOLLOW IN PUBLIC HEALTH AS PART OF OUR PUBLIC HEALTH ACCREDITATION ACTIVITIES. WE DEVELOP THE COMMUNITY HEALTH IMPROVEMENT PLAN. SO WE WORK CLOSELY WITH THE HOSPITALS IN TERMS OF UNDERSTANDING WHAT NEEDS THEY'VE IDENTIFIED THROUGH THEIR PROCESS. WHAT COMMUNITY NEEDS WE'VE IDENTIFIED THROUGH OUR CHIP PLANNING PROCESS. AND TRIED TO WHEN POSSIBLE PARTNER WITH THEM TO MEET THOSE NEEDS. AND JEN'S EXAMPLE, I DON'T KNOW IF YOU CAUGHT IT IN THE LAST SLIDE, HER PRESENTATION AROUND THIS PREVENTION STUDY IS ONE WHERE WE'RE ALSO PARTNERING WITH MASSACHUSETTS GENERAL HOSPITAL AS PART OF THEIR NEED PROCESS, THAT'S HELPING TO SUPPORT THE PREVENTION FOCUS ACTIVITIES. >> AND I GUESS ONE OTHER QUESTION ON THAT IS WHEN IT COMES TO PILOT PAYMENTS, ONE OF THE INTERESTING ASPECTS OF PILOT PAYMENTS IS THAT THIS HALF OF THE PILOT PAYMENTS ARE ACTUALLY ALLOWED TO BE DONE IN KIND. SO IN MANY NEIGHBORHOODS AND COMMUNITIES YOU SEE VANS THAT DO MAMMOGRAMS, MAMMOGRAPHY, PROSTATEITD CANCER TESTING, ALL OF THAT STUFF, SO THEY GET ACTUAL FINANCIAL CREDIT FOR THEIR

PILOT, BASED ON THAT.  
ONE OF THE INTERESTING PIECES  
THERE, IF YOU TAKE FOR INSTANCE  
SOMETHING LIKE BREAST CANCER, A  
BLACK A BLACK WOMEN GET  
MAMMOGRAMS AT A HIGHER RATE THAN  
WHITE WOMEN YET THEIR KROWT  
COMES ARE WORSE.

HAVE WE HAD A CONVERSATION WITH  
TEACHING HOSPITALS ABOUT THAT  
COMPONENT?

SO YOU KNOW, WE HAVE SOME  
SHEFTING NEEDS RELATIVE TO THESE  
ISSUES.

AND THEY'RE GETTING MILLIONS OF  
DOLLARS, BY THE WAY, OF CREDIT  
IN THEIR PILOT FOR THE VANS THAT  
THEY'RE PUTTING OUT.

I WOULD HOPE THAT WE CAN HAVE  
SOME CONVERSATIONS WITH THEM  
AROUND POTENTIAL-- POTENTIALLY  
PARTNERING TO MAYBE REDEPLOY OR  
A DEAL WITH SOME OF THE VERY  
URGENT ISSUES LITERALLY THAT ARE  
LIFE OR DEATH.

AND THAT CREDIT THAT THEY'RE  
RECEIVING.

ARE YOU PART OF THAT  
CONVERSATION IN TERMS OF  
THAT-- THE HEALTH ASPECTS?

>> I WOULD NOT SAY THAT I AM  
BELIEVE-- WE WELCOME THE  
OPPORTUNITY AND I CAN CONFIRM AT  
WHICH POINT WE GET PULLED INTO  
THE PILOT PROCESS.

WE WOULD WELCOME THE OPPORTUNITY  
TO THINK CREATIVELY WITH YOU  
ABOUT WAYS TO ENGAGE THE  
HOSPITAL.

>> AND THE REASON WHY I SAY THAT  
IS I THINK AGAIN LITERALLY, IT'S  
LIKE \$18 TO \$20 MILLION A YEAR  
CREDIT THEY ARE RECEIVING FOR IN  
KIND DONATIONS.

BUT THE PIECES, WHAT WE SHOULD  
BE DOING, AND I WOULD LIKE TO  
HEALTH COMMISSION INVOLVED IS,  
IF WE'RE TALKING ABOUT 18 TO \$20  
MILLION BUDGET, WHERE WOULD THAT  
MONEY BE BEST USED.

AND AGAIN, JEN'S DOING IT WITH  
\$300,000.

SO WHEN WE THINK ABOUT WHAT WE  
ARE COULD DO WITH A MILLION OR

TWO MILLION, WITH PARTNERS WHO ARE ALREADY IN THIS MEDICAL AND HEALTH PHASE, I THINK THERE IS A COORDINATION AND HOPE HERE, A COORDINATION OF BENEFITS, I THINK THAT IS AN ALIGNMENT THAT WE SHOULD REALLY BE LOOKING AT. THE ORGANIZATIONS ARE RECEIVING CREDIT.

THE QUESTION IS ARE THEY MEETING THE ACTUAL PUBLIC HEALTH NEEDS THAT ARE OUT THERE.

AND WE KNOW YOU ADDED FOUR PEOPLE, WAS IT TWO BEFORE, AND NOW THERE'S FOUR.

>> OUTREACH.

>> HOW MANY PEOPLE WERE ADDED, NOW THAT THERE IS FOUR INDIVIDUALS WHO ARE PART OF THAT TEAM.

>> THERE ARE FOUR OUT ON THE STREET RIGHT AND WE ALSO HAVE STAFF IN THE PROGRAM.

>> EXACTLY.

SO AGAIN, WE KNOW THAT OBVIOUSLY THE PROBLEM IS LARGER THAN THE RESOURCES THAT WE HAVE.

THE DWE IS HOW CAN WE BE CREATIVE IN THAT SPACE.

AND SINCE THERE ARE DOLLARS THAT ARE ACTUALLY BEING EITHER SPENT OR CREDITED, COULD THOSE DOLLARS BE BETTER COORDINATED WITH YOUR-- YOU, YOUR ORGANIZATION TO GET JEN AND HER OFFICE THE HELP THAT THEY NEED.

AND SO I THINK THERE'S SOMETHING THAT COULD ACTUALLY WORK OUT VERY NICELY THERE.

AND AGAIN, THIS IS ANOTHER ISSUE RELATIVE TO BEDS.

AND I GUESS MY QUESTION IS, ARE THERE, IS THERE ANY ADDITIONAL INVESTMENT AND ADDITIONAL BOSTON-BASED BEDS.

WE KNOW THAT THERE ARE PARTS OF THE STATE WHO ARE SAYING THAT WE ARE GOING TO DO STUFF, IN THE CAPE THEY SAID WE'RE JUST GOING TO TAKE PEOPLE.

IS THERE THE OPPORTUNITY TO HAVE BOSTON-BASED BEDS WHERE WE CAN ACTUALLY FIGURE OUT WHERE PEOPLE WHO ARE IN NEED ARE ABLE TO

ACTUALLY GET THE DETOX CARE THAT THEY NEED.

>> BOSTON-BASED BEDS YOU MEAN FOR BOSTON RESIDENTS SPECIFICALLY, NOT THAT I KNOW OF RIGHT NOW.

>> AND IS THERE A WAITING LIST OR DO WE KNOW-- AND I.

>> I MEAN YES, THE TREATMENT SYSTEM IS FEELING THE PRESSURE OF THE EPIDEMIC.

WE HAD DISCUSSED EARLIER, WE ARE PLACING, WITHIN THE PATH PROGRAM WHICH IS THE WALK IN PROGRAM ON ALBANY STREET THAT WE ARE PLACING 10 TO 12 PEOPLE A DAY IN TREATMENT ACROSS THE STATE, MOST OF THE TIME OUTSIDE OF BOSTON BECAUSE THAT IS WHERE A LOT OF THE DETOX BEDS ARE.

BUT SOMETIMES IN BOSTON AS WELL. AND SO SOMETIMES WE HAVE TO WAIT.

SOMETIMES WE CAN'T GET ACCESS ON DEMAND, UNFORTUNATELY.

AND SO WE HAVE PEOPLE COME BACK AND SIT WITH US FOR THE DAY IF THAT'S WHAT IT TAKES, AND KEEP THEM ENGAGED AS BEST AS WE CAN. THAT IS THE.

>> I WOULD HOPE THAT AGAIN, THE COORDINATION THAT WE CAN WORK WITH OUR PARTNERS IN THE ROBUST FIELD THAT WE HAVE HERE IN HEALTH CARE TO CONTINUE TO EXPAND THERE.

THANK YOU FOR THE WORK THAT YOU DO.

I WOULD LOVE TO SEE ADDITIONAL RESOURCES FOR YOU AND YOUR OFFICE.

I THINK THAT YOU DO GREAT WORK. AND I THINK THAT WE, AGAIN, COULD DO EXPONENTIALLY MORE WITH A WITH GREATER RESOURCES.

THANK YOU SO MUCH, MR. CHAIR.

>> THANK YOU.

DO YOU HAVE A FOLLOWUP QUESTION.

>> JUST A QUESTION QUICK ON COUNCILLORE JACKSON'S QUESTIONS ON THE BOSTON RESIDENCY PIECE. HAVE HE WITH LOOKED AT ALL WHERE OUR 311 CALLS ARE COMING FROM FOR SERVICES, GEE GRAPHICALLY

ACROSS THE CITY BUT ALSO I THINK THE DEMOGRAPHICS ARE REALLY IMPORTANT.

BUT ALSO ANY CALLS THAT ARE COMING FROM OUTSIDE THE CITY FOR TREATMENT.

>> SORT OF ANECDOTALLY, OR JUST GENERALLY WHAT YOU CAN SHARE.

IN PARTICULAR, DO WE HAVE FOLKS OUTSIDE THE CITY CALLING 311.

>> NOT 311 FOR THE MOST PART BUT THEY DO CALL THE HOTLINE.

WHICH IS CONNECTED TO THE PATH PROGRAM SO.

>> DO YOU HAVE ANY IDEA WHAT THE BREAKDOWN.

IS I KNOW WITH SORT OF OUR SHELTERS, WHEN WE HAVE DOCUMENTED RESIDENTS WHEN THEY COME IN, THE FIRST POINT OF CONTACT, I THINK THE DATA SHOWS ABOUT 50% ARE NOT ORIGINALLY FROM THE CITY OF BOSTON.

SO I'M WONDERING, IS IT SIMILAR TO THAT?

>> LET ME GET YOU THE EXACT NUMBERS BUT I BELIEVE THE LAST NUMBERS THAT I SAW WERE ABOUT 40%.

FOR THE PROGRAM.

BUT WE CAN GET YOU THOSE NUMBERS WITH THE DATE CORRECTED.

OF COURSE FOLKS ARE VERY TRANSYENT DOWN IN THAT AREA.

>> I WOULD BE INTERESTED IN THAT DATA.

AND ALSO WHAT ARE THE COMMUNITIES THEY ARE COMING FROM.

TO TAKE A LOOK AT THE BIGGER PICTURE AS TO WHY THEY ARE COMING FROM OTHER COMMUNITIES.

AND WHAT WE CAN ENCOURAGE THOSE COMMUNITIES TO DO FOR THEIR RESIDENTS SO THAT WE CAN-- IT IS VERY PAROCHIAL, BUT HOW DO WE BETTER SERVE OUR RESIDENTS.

AND HOW DO WE ENCOURAGE SOUND SURROUNDING TOWNS AND COMMUNITIES TO SERVE THEIR RESIDENTS.

>> THANK YOU VERY MUCH. THAT CONCLUDES THE OFFICE OF RECOVERY HEARING TODAY.

AND WE'LL RECONVENE IN A LITTLE WHILE FOR THE FULL DEPARTMENTAL BUDGET HEARING.

THIS HEARING IS ADJOURNED.

>> I AM JUST SITTING IN FOR OUR NORMAL CHAIR, FOR THIS HEARING, I AM JOINED BY AN ORDER OF THEIR PARYNS COUNCILOR PRESLEY, O'MALLEY, TITO JACK ON AND COUNCILOR TIM McCARTHY.

WILL NOTE OTHERS AS THEY ARRIVE. I WOULD LIKE TO REMIND YOU THIS SAY PUBLIC HEARING AND IT BEING BROADCAST, RECORDED AND BROADCAST ON COMCAST A AND RCN82.

AND IS ALSO STREAMED ONLINE. WE ENCOURAGE PUBLIC TESTIMONY AND WOULD APPRECIATE TO YOU SIGN IN YOU IF WOULD LIKE TO TESTIFY. WE ALSO ENCOURAGE WRITTEN TESTIMONY VIA MAIL OR EMAIL AND FINALLY IF YOU WOULD, PLEASE SILENCE ANY OF YOUR CELL PHONES OR OTHER ELECTRONIC DEVICES AT THIS TIME.

TODAY'S HEARING IS ON THE BOSTON PUBLIC HEALTH COMMISSION DOCK ETS 0536, 630538.

ORDERS FOR FISCAL YEAR 18 OPERATING INCLUDING APPROPRIATIONS FOR DEPARTMENTAL OPERATIONS, ANNUAL APPROPRIATIONS FOR THE SCHOOL DEPARTMENT AND A PROOPERATION FOR OTHER EMPLOYMENT BENEFITS. ALSO DOCK ETS 0539, 0543, CAPITAL BUDGET APPROPRIATIONS INCLUDING LOAN ORDERS AND RECENT PURCHASE AGREEMENTS.

WE HAVE WITH US TODAY EXECUTIVE DIRECTOR OF THE BOSTON PUBLIC HEALTH COMMISSION, DR. MORE CAN VALDEZ LUPE AND JEN TRACY WHO IS THE DIRECTOR OF THE OFFICE OF RECOVERY SERVICES AND GRACE CONELY, THE DIRECT ARE OF ADMINISTRATION AND FINANCE. WELCOME AND WE'RE HAPPY TO HAVE YOU START.

>> GOOD AFTERNOON, COUNSEL ILERS.

FOR FULL DISCLOSURE, I AM NOT A DOCTOR THOUGH MY PARENT WAS BE

VERY PROUD THAT YOU ARE ALL  
REFERRING TO ME BY DOCTOR.  
MY NAME IS MONICA VALDEZ LUPE  
EXECUTIVE DIRECTOR OF THE BOSTON  
BUB HICK HEALTH COMMISSION.  
I LIVE IN 1585 CENTER STREET  
ROXBURY.

I'M JOINED BY OUR DIRECTOR OF  
ADMINISTRATION AND FINANCE AND  
JEN TRACY AND SHE'S THE LIAISON.  
WE WILL BE WRAPPING UP THE PANEL  
PRESENTATIONS THIS AFTERNOON BY  
FOLLOWING UP ON THE EARLIER  
PRESENTATIONS REMARKS MADE BY  
CHIEF-- AND JEN TRACY.

I HOPE THAT THIS FORMAT ALLOWS  
HERE MORE ABOUT THE SELECTIVE  
WORK THAT WE DO ACROSS THE  
COMMISSION.

THIS IS MY SECOND BUDGET HEARING  
AND I'M PLEASED TO SHARE WITH  
YOU THE INCREDIBLY IMPORTANT  
WORK THAT WE'RE DOING IN OUR  
ORGANIZATION.

I'M PROUD OF THE BUDGET THAT IS  
BEFORE YOU TODAY.

THROUGHOUT THIS BUDGET PROCESS  
WE HAVE BEEN ABLE TO IDENTIFY  
OPERATIONAL EFFICIENCIES AS WELL  
AS AREAS WHERE RESOURCES ARE  
NEEDED.

TO EXPAND AND BETTER SERVE THE  
RESIDENTS OF BOSTON.

FOR EXAMPLE WE'RE USING A RAPID  
REHOUSING MODEL TO MAKE MOST  
EFFECTIVE USE OF OUR RESOURCES  
AND PUT OUR CLIENTS ON A PATH  
FOR PERMANENT HOUSING AS PART OF  
THE NATIONAL SHIFT TOWARDS  
COMMUNITY FIRST OR HOUSING  
FIRST.

HUD HAS TRANSITIONED FROM  
FUNDING TRANSITIONAL SHELTER  
BEDS TO PROGRAMS THAT ENABLE  
HOMELESS INDIVIDUALS TO FIND  
PERMANENT HOUSING ALONG WITH THE  
SERVICES THAT THEY NEED TO  
REMAIN STABLE IN THAT HOUSING.  
THE IT BECAME UNDER PRESIDENT  
OBAMA IN 2009.

IN FY17 THE COMMISSION RECEIVED  
ADDITIONAL FUNDING IN ITS CITY  
BUDGET TO DO BY IMPLEMENTING  
TRIAGE PROGRAMS AT MULTIPLE SITES 112

SOUTHAMPTON STREET, OUR TWO  
EMERGENCY SHELTERS.

THIS PROGRAM CONNECTS CLIENTS  
ENTERING THE SHELTER SYSTEM TO  
VITAL CASE MANAGEMENT SERVICES,  
MEETING CLIENTS WHERE THEY ARE  
AND TAILORING OUR RESPONSES TO  
THEIR NEEDS.

BY BETWEEN APRIL 2016 AND MARCH  
2017, OUR COORDINATED EFFORTS  
HAVE ALLOWED US TO TRIAGE OVER  
2,000 NEW SHELTER GUESTS.

THE MAYOR ALSO ADDED AN  
INVESTMENT OF 900,000 TO SUPPORT  
RAPID REHOUSING EFFORTS WHICH  
ALLOWS TO PROVIDE WRAP AROUND  
SERVICES TO ALL OUR GUESTS AT  
OUR TWO SHELTERS WHICH INCLUDE  
HOUSING SEARCHES, PHYSICAL AND  
MENTAL HEALTH CHECKS AND LIFE  
AND EMPLOYMENT SKILLS.

MAYOR WALSH HAS CONTINUED TO  
DEDICATE SIGNIFICANT SUPPORT TO  
THE COMMISSION THROUGH DIRECT  
INVESTMENTS AND PERSONNEL  
FUNDING.

IN AN UNCERTAIN FEDERAL CLIMATE  
FUNDING WILL HELP MITIGATE SOME  
OF THE ANTICIPATED LOSSES IN  
GRANTS.

EXTERNAL FUNDING IN FY18 ARE BE  
7.3 MILLION WHICH REPRESENTS A  
MIX OF FEDERAL, STATE  
AND-- GRANTS.

FOR FY18 THE CITY WILL SUPPORT  
5.09FTE.

FROM THE BUREAU OF RECOVER  
SERVICES AND DIVISION OF VIOLENT  
PREVENTION AND 3.5FT'S IN OUR  
HOMELESS SERVICES BUREAU THAT  
WERE AT RISK.

PRESERVING THESE SERVICES AT  
HOMELESS SERVICES WILL ACTUALLY  
ALLOW THE SHELTER TO REMAIN OPEN  
AT THE 24/7 OPERATION.

ADDITIONALLY SINCE FY14  
INVESTMENTS IN OUR PUBLIC HEALTH  
INFRASTRUCTURE UNDER THE WELSH  
ADMINISTRATION HAVE GROWN BY  
OVER 55FTE'S WHICH HAVE ALLOWED  
US TO REMAIN RESPONSIVE TO THE  
PRESSING NEEDS BASED ON OUR  
CLIENTS.

I WOULD LIKE TO AK NJ SOME OF



OUR KEY SUCCESSES DURING MY  
FIRST YEAR BACK AT THE  
COMMISSION.

OUR BUREAUS AND PROGRAMS HAVE  
EXCELLED IN THEIR DAY TO DAY  
WORK WHILE FURTHERING GOALS,  
ACTIVITIES AND STRATEGIES AROUND  
MY THREE STRATEGIC PRIORITIES  
WHICH INCLUDED HEALTH EQUITIES,  
STRENGTHENING PARTNERSHIPS  
BETWEEN PUBLIC HEALTH AND HEALTH  
CARE TO IMPROVE POPULATION  
HEALTH AND PREVENTING AND  
TREATING SUBSTANCE USE  
DISORDERS.

WE TAKE GREAT PRIDE IN REMAINING  
AT THE FOREFRONT OF PUBLIC  
HEALTH INNOVATION BOTH LOCALLY  
AND NATIONALLY.

OUR WORK TO ADVANCE HEALTH  
EQUITY EQUITY IS CORE TO OUR  
MISSION, OUR CLASS ORGANIZATION  
AND WE CAN ACCELERATE THESE BY  
IMPLEMENTING SHARED STRATEGIES.  
I WAS AT THE HEALTH DEPARTMENT  
WHEN WE FIRST BEGAN THIS WORK IN  
2003 AS THE BOSTON HEALTH  
DISPARITIES PROJECT SO IT REALLY  
IS EXCITING TO BE BACK WORKING  
WITH OUR STAFF AND STAKEHOLDERS  
TO MOVE OUR EFFORTS TOWARDS  
USING A HEALTH EQUITY FRAMEWORK.  
IN FY17 WE REDESIGNED BY  
RELAUNCHING THE OFFICE OF HEALTH  
EQUITY WHICH IS NOW LEAD BY  
MARGARET REED.

WORKING WITH HER TEAM WE  
DEVELOPED A HEALTH EQUITIES  
STRATEGIC PLAN, FILLED OUT A  
COMMUNITY ENGAGEMENT PLAN AND  
HAVE SUPPORTED RECENT WORK TO  
EDUCATE OUR STAFF AND CLIENTS ON  
THE CHANGING IMMIGRATION POLICY  
LANDSCAPE.

OUR INFECTIOUS DISEASE BUREAU IS  
USING EDUCATION STRATEGIES TO  
EMPOWER RESIDENTS TO PREVENT  
INFECTIOUS DISEASES.

AS YOU KNOW OUR CITY IS A MAJOR  
TRAVEL HUB WHERE MANY RESIDENTS  
TRAVEL TO ZIKA ZONES FOR WORK OR  
PLAY AN OVER A QUARTER OF OUR  
POPULATION IS MADE UP OF  
IMMIGRANTS WHOM WE PROUDLY

SERVE.

LAST SUMMER OUR EDUCATION, OUTREACH AND PREVENTION EFFORTS FOCUSED ON WOMEN AND THEIR PARTNERS WHO WOULD BE TRAVELING TO HOT SPOT COUNTRIES AND MIGHT BE CONSIDERING PREGNANCY. THE CREATIVE APPROACHES LIKE VISITING SMALL BUSINESSES, TRAVEL AGENCIES, BACKERRIES, CHECK CASHING STORES SHALL DNTAL OFFICE AND FAITH BASED ORGANIZATIONS.

THE CRISIS OF SUBSTANCE USE DISORDERS IN OUR CITY IS ANOTHER CHALLENGE THAT REQUIRES CREATIVE THINKING AND NEW PARTNERSHIPS. AND WE HEARD ABOUT SOME OF THE WORK HIGHLIGHTED IN BOTH OF THE REMARKS EARLIER THIS MORNING. I SHARE MAYOR WALSH'S DEEP COMMITMENT TO ADDRESSING THIS AND MY SECOND STRATEGIC PRIORITY.

OUR FY17 INVESTMENTS EXPAND THE PROGRAM THROUGH INTE FRAITION WITH 311.

THIS DOUBLED THE NUMBER OF WEAKLY PASS CONTACTS AND INCREASED OUR ABILITY TO MAKE CONNECTIONS TO VITAL RECOVERY SERVICES.

AS JEN MENTIONED WE NOW SEE 130 TO 150 PATIENT VISITS EACH WEEK AND ARE STILL AVERAGING FOUR TO FIVE NEW CLIENTS EACH DAY. MAYOR WALSH ALSO INVESTED IN A NEW NEIGHBORHOOD ENGAGEMENT TEAM, JEN SPOKE ABOUT THIS, THAT INCLUDES FOUR FTE'S, THESE FOUR FTE' ARE OUT IN OUR NEIGHBORHOODS DOING STREET OUTREACH, OVERDOSE PREVENTION EDUCATION AND CONNECTING INDIVIDUALS TO RECOVERY SERVICES AND SHELTERS.

THEY WORK AGAIN FROM 8 TO 4, SEVEN DAYS A WEEK, ON HOLIDAYS AND DURING BAD WEATHER. THIS IS A PROGRAM STARTED LAST AUGUST THE TEAM HAS COMPLETED OVER 12,000 ENGAGEMENT ACTIVITIES WHICH INCLUDES THE NUMBER OF HOURS SPENT ON STREET

OUTREACH, NUMBER OF PEOPLE ENGAGED WITH AND NUMBER OF PEOPLE OFFERED SERVICES INCLUDING 800 REFERRALS TO SHELTERS AND TREATMENT PROGRAMS. WE ALSO DELIVERED OVER 600 OPIOID OVERDOSE PREVENTION TRAININGS AND COLLECTED 13,000 NALOXONE RINGS TO PUBLIC SPACE.

OUR FOSTERING AND LEVERAGING OUR RELATIONSHIP TO THE CITY'S MANY HEALTH CARE INSTITUTIONS TO IMPROVE OUR COMMUNITY'S HEALTH. OUR CITY IS LUCKY TO BE IN THE CENTER OF SUCH QUALITY AND INNOVATION IN HEALTH CARE AND WORKING CLOSELY WITH OUR NETWORK OF COMMUNITY HEALTH SERVICES AND WORLD-CLASS TEACHING HOSPITALS IS CRITICAL FOR IMPROVING POPULATION HEALTH.

AND I KNOW THIS NOW MORE THAN EVER, GIVEN WHAT WE ARE GOING TO BE CONFRONTING ON THE FEDERAL FUNDING FRONT.

AS PART OF THE MAYORAL INITIATIVE TO ENHANCE TRAUMA RESPONSE AND RECOVERY EFFORTS, WE LAUNCH FIVE NEW NEIGHBORHOOD TRAUMA TEAMS.

EACH TEAM IS BEING COLEAD BY A COMMUNITY HEALTH CENTRE AND COMMUNITY PARTNER TO INSURE EFFORTS BETWEEN RESPONSE AND RECOVERY ACTIVITIES.

THIS NEW INITIATIVE IS A GREAT EXAMPLE OF A PUBLIC PRIVATE RELATIONSHIP WHERE ADDITIONAL RESOURCES FROM CHILDREN'S HOSPITAL BOSTON AND PARTNERS HEALTH-CARE SYSTEM HAVE MADE IT POSSIBLE TO BUILD ON PREVIOUS EFFORTS FUNDED BY THE CITY.

WE'RE NOW WORKING IN THIS PARTNERSHIP WITH OTHER CITY DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY HEALTH SERVICES.

TO INSURE THE CONTINUE IDENTITY-- CONTINUITY OF CARE OF RESIDENTS IMPACTED BY VIOLENCE.

AS THE COMMISSION CONTINUES TO EVOLVE, THERE ARE SEVERAL KEY ADVISORY GROUPS AND COMMITTEES

AS THIS LANDSCAPE IS CHANGING IN TERMS OF REIMBURSEMENT MODELS. SO WE ANTICIPATED PARTICIPATED IN AN ADVISORY GROUP WITH THE STATE DEPARTMENT OF PUBLIC HEALTH ON THE CHANGES TO THEIR DETERMINATION OF NEED RULES AND NOW SIT ON AN ADVISORY GROUP WITH THE ATTORNEY GENERAL'S OFFICE AROUND THEIR COMMUNITY BENEFITS RULES.

IT REALLY IS AGAIN AN EXCITING TIME TO BE BACK GIVEN ALL OF THE EFFORTS THAT ARE UNDER WAY TO IMPROVE POPULATION HEALTH.

AND I KNOW CHIEF EARLIER HAD A COUPLE OF SPORTS QUOTES AND WANTED TO SHARE THIS FROM WAYNE GRETZKY THAT EVERY GOOD HOCKEY PLAYER PLAYS WHERE THE PUCK IS. AND A GREAT HOCKEY PLAYER PLAYS WHERE THE PUCK IS GOING TO BEMENT AND I FEEL LIKE AS AN ORGANIZATION, WE REALLY ARE TRYING TO ANTICIPATE WHERE THAT PUCK IS GOING TO BE, AND TO POSITION THE HEALTH DEPARTMENT TO BE THE MOST INNOVATIVE HEALTH DEPARTMENT OF THE FUTURE.

I WOULD LIKE TO HIGHLIGHT SOME OF THE NOTABLE ACCOMPLISHMENTS FROM FY17.

THE COMMISSION CONTINUES TO MAKE IMPROVEMENTS AT THE WOODS MUL ENSHELTER STARTING WITH FACILITY IMPROVEMENTS.

WE HAVE BEEN ABLE TO PURCHASE NEW FURNITURE, PEANTED AND IMPROVED LIGHTING IN THE THIRD FLOOR DORM AREA AND FINALIZING PLANS TO RENOVATE THE SECONDED FLOOR.

ON THE SECOND FLOOR WE'LL HAVE MORE OPEN SPACE, BETTER SPACE FOR OUR GUESTS.

AND HAVE STAFF OFFICES TO HELP FACILITATE THE IMPLEMENTATION OF FRONT DOOR TRIAGE.

HOUSING WORKERS AND A NEW MENTAL HEALTH CLINIC AREA.

WITH OUR CLIENTS WE HAVE CREATED A WOMEN'S ADVISORY COMMITTEE AND OPEN OFFICE HOURS FOR WOMEN TO DISCUSS AND RESOLVE THEIR

CONCERNS.

AND BECAUSE OF THESE EFFORTS WE HAVE SEEN A 50% REDUCTION IN GRIEVANCES AND COMPLAINTS. WE'VE COORDINATED WITH CHIEF DYLAN AND HER DND TEAM TO END CHRONIC AND VETERAN HOMELESSNESS BY 2018.

AS OF MARCH OF THIS YEAR, THE COMMISSION HAS MOVED 188 HOMELESS CLIENTS INTO HOUSING, 150 CLIENTS INTO PERMANENT HOUSING AND 38 INTO TRANSITIONAL SUBSTANCE ABUSE HALFWAY HOUSES. AND WE ANTICIPATE MOVING AN ADDITIONAL 50 CLIENTS INTO PERMANENT HOUSING BY JUNE 30th.

IN LIGHT OF PROPOSED CHANGES AT THE FEDERAL LEVEL, WE'RE JUST FINDING OUT ABOUT SOME OF THOSE IN THE NEWS TODAY, IT'S REALLY ESSENTIAL FOR US TO HELP OUR RESIDENTS UNDERSTAND INSURANCE.

THROUGH THE MAYOR'S HEALTH LINE, PROVIDE INFORMATION TO NEARLY 15,00003 RESIDENTS BY PHONE ON SITE AT THE COMMISSION AND IN THE COMMUNITY AT 83 DIFFERENT EVENTS.

STAFF HAS PROVIDED TRAINING ON HEALTH STEPS TO 400 COMMUNITY MEMBERS AND THIS IS A FREE WEB-BASED PORTAL, THAT WE DEVELOPED AT CHILDREN HOSPITAL BOSTON TO CONNECT PEOPLE WITH HEALTH AND HUMAN SERVICES. ADDITIONALLY THE MAYOR'S HEALTH LINE WAS RECERTIFIED TO SERVE AS NAVIGATOR ORGANIZATION, THIS YEAR ALONE NAVIGATOR HAS BEEN HELPING OUR 917 RESIDENTS COMPLETE HEALTH INSURANCE APPLICATIONS.

AS WE KNOW IN THE ROOM, SECONDHAND SMOKE IS DANGEROUS TO EVERYONE'S HEALTH.

THE COMMISSION HAS BEEN COMMITTED TO INCREASING SMOKE FREE HOUSING THROUGH OUR SMOKE FREE HOUSING CAMPAIGN, WE'VE DONE THIS IN PARTNERSHIP WITH THE TEAM AT THE VBA.

THE CAMPAIGN WAS FEATURED ON 68 BILLBOARD, NEWSPAPER ADS, WITH ALMOST 12 MILLION IMPRESSIONS ACROSS ALL MEDIA PLACEMENTS. WE CREATED VIDEOS TO INCREASE DEMAND FOR AND PROMOTE SMOKE-FREE HOUSING AND DISTRIBUTED OVER 15,000 PACKETS OF MATERIALS TO VARIOUS HOUSING AGENCIES, PRIVATE, SUBJECT AND SECTION EIGHT LANDLORDS. AS A RESULT 11,500 HOUSING UNITS HAVE BEEN TRANSITIONED TO BECOME SMOKE BASED WHICH IMPACTS APPROXIMATELY 29,000 BOSTON RESIDENTS.

BECAUSE OF THIS GREAT SUCCESS, WITH YOUR PARTNERSHIP FOUR OTHER U.S. CITIES ARE INTERESTED IN REPLICATING OUR SMOKE FREE HOUSING MODEL, WE'VE BEEN ABLE TO PROVIDE THEM WITH TECHNICAL ASSISTANCE.

FINALLY I WANTED TO NOTE THAT WE CONTINUE TO DO ALL THE IMPORTANT WORK THAT YOU WOULD EXPECT YOUR HEALTH DEPARTMENT TO DO.

WE'VE CONTINUED TO WORK ON FOOD BORNE ILLNESSES AND ENSURING THAT WOULD TRACK ALL NEW CASE AND COMPLETE THESE INVESTIGATIONS IN A TIMELY MANNER.

PROVIDED NUMEROUS HOME VISITING SERVICE TO RESIDENTS ACROSS THE LIFE SPAN, TO ENSURE THAT RESIDENTS YOUNG AND OLD ARE LIVING IN SAFE, HEALTHY HOMES AND THAT VULNERABLE RESIDENTS ARE CONNECTED TO SERVICE, WE CONTINUE TO WORK WITH OTHER CITY DEPARTMENTS TO ACHIEVE OUR GOALS OF MAKING BOSTON THE HEALTHIEST CITY IN THE NATION.

THESE PARTNERSHIPS ARE CRITICAL TO OUR SUCCESS MOVING FORWARD I JUST WANTED TO TAKE A MOMENT TO HIGHLIGHT SOME OF THE WORK THAT WE'VE DONE WITH OTHERS.

WITH BOSTON PUBLIC SCHOOLS OUR SCHOOL BASE HEALTH CENTER, EVIDENCE-BASED PILOT PROJECT TO INCREASE HPV VACCINATION RATES. WE NOW HAVE 25 YOUNG PEOPLE FROM

EIGHT BOSTON PUBLIC SCHOOLS RECRUITED BY BOSTON AREA HEALTH EDUCATION CENTER, THESE HPV AMBASSADORS RECEIVED 12 WEEKS OF TRAINING ON SEXUAL HEALTH AND HPV FROM THE COMMISSION AND DANA FARBER CANCER CENTER STAFF BEFORE DOING WEEKLY OUTREACH BACK AT THEIR SCHOOLS.

ALSO PARTNERED WITH BPS BY SUPPORTING 30 SCHOOLS TO IMPLEMENT SAFE ROUTES TO SCHOOLS PROGRAM AND EVENTS.

AS I MENTIONED WE CONTINUE TO WORK CLOSELY WITH THE BOSTON HOUSING AUTHORITY AND WORKING WITH THEM NOW ON HEALTHY START IN A PROJECT.

OUR WORK TOGETHER HAS MOVED FORWARD WITH PLANS FOR SMALL PILOT THAT WILL PRIORITIZE HOUSING FOR FATHERS OF YOUNG CHILDREN WHOSE CUSTODY RIGHTS ARE DEPENDENT ON THEIR ABILITY TO PROVIDE STABLE HOUSING.

LIKE MOMS ENROLLED IN THE PROGRAM, FATHERS WILL BE OFFERED CASE MANAGEMENT INCLUDING PROBLEM SOLVING EDUCATION AND PARENTING GROUPS.

WE COLLABORATED WITH THE MAYOR'S OFFICE OF FOOD INITIATIVES TO FUND, DEVELOPMENT, TO PROMOTE NEIGHBORHOOD FARMERS MARKETS AND THE BOSTON BOUNTY BUCKS PROGRAM. WE'LL DO IT AGAIN THIS SUMMER, WEAVER WORKED WITH PARKS AND REC AND ON SUMMER FITNESS SERIES, WHICH INVOLVES 21 WEEKLY FITNESS CLASSES ACROSS OUR 18 PARKS AND 11 NEIGHBORHOODS.

I WANT TO THANK THE CITY COUNCIL FOR YOUR SUPPORT FOR VISION ZERO BOSTON, THE COMMISSION AND THE BOSTON TRANSPORTATION DEPARTMENT AND EMS'S EFFORTS TO REDUCE BOSTON'S TO 25 MILES PER HOUR, PASSAGE OF THIS ORDINANCE THE COMMISSION WORKED TO PROVIDE MULTI-LINGUAL OUTREACH REGARDING SPEED LIMIT CHANGES.

PARTNERSHIP WITH THE CHIEF AND THE COMMISSIONER HAVE RESULTED IN THE REDESIGN OF VARIOUS

CENTERS TEST, SAFER CROSSWALKS AND PLACEMENT OF RADAR SIGNS TO MAKE IT SAFER FOR ALL THOSE USERS.

LASTLY ON BEHALF OF MY TEAM AT THE COMMISSION, WE'RE PLEASED THAT MAYOR WALSH PROVIDED SUPPORT FOR US IN OUR FY18 BUDGET WITH NEW INITIATIVES. COST SAVINGS AND MORE EFFICIENT USE OF OUR EXISTING RESOURCE WILL ALLOW US IN FY18 TO MAKE TARGETED ADJUSTMENTS.

THE CHIEF SPOKE EARLIER THIS MORNING ABOUT OUR COORDINATION WITH THE CITY DEPARTMENT OF INNOVATION AND TECHNOLOGY ANALYTICS TEAM ON THE NEW COMMUNITY ACTION TEAM PROGRAM WHERE WE PARTNERED WITH THEM IN IDENTIFYING TWO GEOGRAPHIC LOCATIONS OR HOT SPOTS WITHIN THE CITY OF BOSTON THAT HAVE HIGH NUMBER OF AMBULANCE RESPONSES.

WITH THE ADDITIONAL FOUR FTEs WE'LL BE ABLE TO LOOK AT ALTERNATIVE SOLUTIONS TO RESPONDING TO UNKNOWN INVESTIGATIONS WHICH TIE UP AMBULANCES BUT AGAIN RARELY RESULT IN TRANSPORT.

SECONDLY WE'RE COMMITTED TO ROLLING OUT NEW RESOURCES TO STRENGTHEN OUR RECOVERY SERVICES.

DESCRIBED THE PAST EXPANSION EARLIER WE'RE EXCITED TO BE ABLE TO OFFER EXTENDED HOURS FOR THIS PROGRAM.

WE'RE DOING THIS BECAUSE WE KNOW WE RECEIVE A HIGH VOLUME INCREASE IN THE CALLS THAT WE'RE FACING, NOW WE'LL BE ABLE TO EXTEND THE HOURS OF OPERATION TO 7 P.M. ON WEEK NIGHTS AND 9:00 A.M. TO 4:00 ON WEEKEND.

INCREASING OUR HOURS OF OPERATION WILL STRENGTHEN OUR WORK, AS HE'S ABLE TO NAVIGATE FAR KNOWS WHO NEED IT THE MOST.

IN CLOSING I WANT TO THANK MAYOR WALSH AND THE OFFICE OF BUDGET MANAGEMENT TEAM FOR THEIR



SUPPORT AND SERVICE TO US.  
I WANT TO THANK ALL OF YOU CITY  
COLORS FOR YOUR ONGOING I'D  
GUIDANCE AS I HAVE ORIENTED  
MYSELF BACK TO THE CITY.  
THANK OUR BOARD OF HEALTH FOR  
THEIR CONTINUING GUIDANCE AND  
LEADERSHIP DURING OUR BUDGET  
PROCESS.  
WE WORKED CLOSELY WITH THE BOARD  
MEMBERS IN PREPARATION FOR FY18  
BUDGET AND ARE GRATEFUL FOR  
THEIR COMMITMENT TO ENSURING  
THAT THE HEALTH DEPARTMENT IS  
CONTINUING TO BUILD ON AND  
IMPROVE OUR PUBLIC HEALTH  
SERVICES.  
WITH ALL OF YOU AS WE MOVE  
THROUGH THIS FISCAL YEAR I'LL  
TURN IT NOW OVER TO OUR DIRECTOR  
OF ADMINISTRATION AND FINANCE,  
GRACE CONNELLY, TO TALK ABOUT  
OUR BUDGET NUMBERS.  
>> THANK YOU, MONICA.  
GOOD AFTERNOON.  
FY18 IS APPROXIMATELY \$150  
MILLION, THAT INCLUDES AN  
APPROPRIATION REQUEST FOR \$79.6  
MILLION.  
ANTICIPATED EXTERNAL FUNDS  
TOTALING \$41 MILLION, REVENUE  
FROM THE DARTY BILLING IS  
APPROXIMATELY \$40 MILLION.  
THE TOTAL CITY OF BOSTON FUNDING  
HAS INCREASED BY 1.8 MILLION,  
WHERE RELATED TO FIXED COSTS.  
300 TOWARDS NEW INITIATIVES,  
THREE AND HALF FTEs AND STAY  
OPEN 24-7.  
OF NOTE THE FY18 BUDGET DOES NOT  
INCLUDE ANY COLLECTIVE  
BARGAINING RAISES SINCE ALL OUR  
CONTACTS ARE OPEN, EMS WILL  
ACTUALLY EXPIRE ON JUNE 30th.  
AS PROPOSED FTE TOTAL FOR FY18  
IS IS IS 1,212 WHICH IS  
INCREASE OF 12 FTEs WHEN  
COMPARED TO TO FY17 THAT IS  
RELATED TO THE FEDERAL FUNDING  
REDUCTION.  
THE FTE SUPPORTED ARE INCREASE  
OF 17.85 OVER FY17.  
IN ADDITION TO THE OPERATING  
BUDGET WE HAVE CAPITAL BUDGET

WHICH HAS ADDITIONAL FUNDING IS,  
THAT IS 347,000.

FITNESS CENTER FUNDING FOR 379.  
THE EMS CAPITAL PROJECT CHIEF  
MENTIONED EARLIER, THOSE TOTAL  
90,000.

THEN UPGRADE OF 200,000.

ALL THESE FUNDS WILL BE USED TO  
SUPPORT FOUR PUBLIC HEALTH  
FUNCTIONS, HEALTH AND SAFETY OF  
RESIDENTS, WORKERS AND VISITORS  
IN BOSTON ARE GUIDED BY OUR  
OPERATING OF ENGAGING THE  
COMMUNITY USING DATA AND  
EVIDENCE AND BUILDING PARTNERS.  
WHATEVER QUESTIONS YOU HAVE  
WE'RE HAPPY TO ANSWER.

>> GREAT, THANK YOU VERY MUCH.

HAVE QUESTION I CHAIR THE  
COMMITTEE ON HOME GOESNESS,  
MENTAL HEALTH AND RECOVERY THE  
CONVERSATION CONTINUES ABOUT  
FUTURE OF LONG ISLAND.

I SEE FISCAL YEAR 17 WE BUDGETED  
1.6 MILLION, UPCOMING '18 WE'VE  
BUDGETED 1.5 MILLION.

FOR MAINTENANCE.

ARE THESE COSTS JUSTIFIABLE IF  
WE'RE NOT EVEN SURE OF THE  
FUTURE OF LONG ISLAND AND WHAT  
ARE KNOWS DOLLARS BEING USED  
FOR?

>> THE NUMBERS ABOUT THE BUDGET  
RIGHT NOW.

BEING VERY DILIGENT, HAVING  
COSTS RELATED TO LONG ISLAND, WE  
SEND COUPLE OF PEOPLE OUT EACH  
WEEK THEY DO GRASS CUTTING,  
HEDGE TRIMMING, CHECK THE BOILER  
SYSTEM, LOOK AT THE PLUMBING  
ISSUES, ENSURE THE FIRE ALARMS  
ARE WORKING.

WE'VE REDUCED OUR PRESENCE  
DRAMATICALLY, DURING THE SUMMER  
WE USED TO -- WE'RE NOT  
INCURRING EXPENSES.

HEATING OIL HAS TO BE BARGED OUT  
THAT'S AN EX MEMBERS.

IF WE DON'T MAINTAIN THE  
BUILDINGS THEY WILL COLLAPSE AND  
WON'T BE ANY USE TO ANYONE  
WHATSOEVER, WE'RE WORKING  
DILIGENTLY TO MINIMIZE OUR --  
DOING EVERYTHING POSSIBLE TO

ENSURE THAT SHOULD THE ISLAND REOPEN IT WILL BE IN A STATE THAT IT'S NOT DECREPIT.

>> FISCAL YEAR '17 OF THAT 1.6 MILLION ARE WE PROJECTED TO SPEND ALL THAT HAVE?

>> I DON'T HAVE THE FIGURE BEFORE ME BUT I BELIEVE IT'S A LITTLE LESS, I CAN GET THAT TOTAL TO YOU.

>> I AM CURIOUS, IT'S FAIRLY LARGE DOLLAR AMOUNT, PERHAPS CALCULATING HOW EXPENSIVE TO SORT OF KEEP LONG ISLAND MOTHBALLED.

>> IT IS.

THE HEATING OIL, BARGING COSTS, CAN BE VERY EXPENSIVE BECAUSE WE HAVE TO BARGE OUT AB AN ENTIRE TRUCK IT'S NOT JUST GALLONS, IT'S ACTUALLY WHOLE OIL TANKERS.

>> THAT WOULD BE GREAT.

THEN ON HOMELESS SERVICE BUREAU, WHERE WE'RE MOVING A THIRD OF THE EXTERNAL STAFF TO 120 FROM FISCAL YEAR '17 TO 78 IN FISCAL YEAR '18.

WHY IS THAT AND WHAT'S THE IMPACT ON SERVICES?

>> AGAIN, I'LL HAVE GRACE WALK YOU THROUGH THE FTE IN THE BUDGET BECAUSE THERE IS AN EXPLANATION TO ANOTHER BUREAU INFERNALLY.

>> THANK YOU.

AS MENTIONED PREVIOUSLY DURING JEN'S TESTIMONY THE WYMAN PROGRAM TRANSITIONED OVER TO RECOVERY SERVICES.

AND WHEN WE GET THE FINANCIAL INFORMATION WE'LL INCLUDE THE ACTUAL FTE AS WELL.

THAT IS PART OF IT.

WE HAVE HAD SOME LOSSES RELATED TO THE FEDERAL FUNDING, THE PROGRAM HAS WORKED VERY HARD TO MAINTAIN AS MANY POSITIONS AS POSSIBLE, BUT THERE ARE DEFINITELY SOME STAFF RE REDUCTIONS.

>> OF THE 42 POSITIONS THAT ARE SHIFTING HOW MANY OF THOSE DO WE EXPECT TO HAVE?

>> I WILL HAVE TO GET THAT

NUMBER TO YOU DIRECTLY ONCE I'VE CHECKED.

>> VERY GOOD.

I'LL SAVE THE REST OF MY QUESTIONS FOR LATER.

COUNCILOR PRESSLEY?

>> THANK YOU VERY MUCH.

THANK YOU ALL FOR BEING HERE, BEFORE I GET INTO QUESTIONS I JUST WANT TO SAY HOW ENCOURAGED ABOUT THE HPV AMBASSADORS, THAT IS GOING TO A LONG WAY IN PREVENTING CANCER AND SO SOMETHING THAT WE'VE WANTED TO SEE MORE OF A CONCERT EFFORT AND EDUCATION CAMPAIGN AROUND.

CAN YOU JUST REALLY QUICKLY BECAUSE I WASN'T WRITING MY COPIOUS NOTES QUICKLY ENOUGH, HOW MANY YOUNG PEOPLE AND WHAT WILL THEIR REACH BE?

ARE THEY BEING STIPEND OR ANYTHING?

>> GOOD QUESTION ON THE STIPEND I'LL HAVE TO CLARIFY.

IT'S 25 YOUNG PEOPLE, STUDENTS FROM EIGHT OF OUR SCHOOLS AND THEY HAVE RECEIVED TRAINING THEY HAVE GONE THROUGH 1 WEEKS OF TRAINING THAT WE'VE -- 12 WEEKS OF TRAINING THAT WE'VE OFFERED IN PARTNERSHIP WITH DANA FARBER AND DOING WEEKLY OUTREACH.

I IMAGINE THEY ARE STIPEND BUT WE CAN FOLLOW UP.

>> WE CERTAINLY HAVE HAD MANY CONVERSATIONS ABOUT PREVENTING TRAUMA, MITIGATING THE IMPACTS OF TRAUMA, THANK YOU AND YOUR TEAM FOR PARTNER SHIP IN THAT IN DOMESTIC VIOLENCE AS WE TRY TO DO THE WORK TO GET US TO THE POINT OF A CITY WIDE TRAUMA RESPONSE AND RECOVERY PHONE CALL.

CERTAINLY ENJOYED THE REVIEW MEETINGS THAT COUNCILOR CAMPBELL AND I HAVE BEEN GOING WITH CATHERINE.

SO IN THAT VEIN, IT'S MY UNDERSTANDING THAT THE CITY HAS HIRED SOMEONE TO HEAD TRAUMA RESPONSE AND RECOVERY.

I WAS WONDERING IF YOU COULD

WALK US THROUGH WHAT THAT  
SELECTION HIRING PROCESS WAS?  
>> SURE.

O, THANK YOU, I WANT TO  
THANK YOU AND COUNCILOR CAMPBELL  
AS WELL FOR ATTENDING THE  
LISTENING SESSIONS WE DID LAST  
SUMMER AND FOR BRINGING ME UP TO  
SPEED ON THE EFFORTS.

I FEEL LIKE YOU HAVE REALLY  
HELPED US REFORM THE WAY IN  
WHICH WE DESIGN OUR WORK, SO THE  
PERSON WHO WILL BE JOINING US,  
IS REVEREND MARK SCOTT.  
AND THE SELECTION -- HE WILL BE  
LEADING OUR WORK, THE PROGRAM  
DIRECTOR FOR OUR NEIGHBORHOOD  
INITIATIVE.

AND THE SELECTION PROCESS  
INCLUDED -- FOLLOW THE USUAL  
PROCESS FOR IMPROVEMENT --

>> HOW LONG WAS THAT?

I'LL HAVE TO GET BACK.

THERE IS MINIMAL AMOUNT OF TIME.  
I KNOW THAT WE --

>> I'D BE VERY INTERESTED IN HOW  
MANY APPLICANTS.

>> THE POSITION WAS POSTED, WE  
WENT THROUGH THE WAY THAT WE  
COMPOSE THE INTERVIEW TEAMS,  
ACTUALLY INCLUDE NOT ONLY  
MEMBERS FROM -- THIS IS A PROS  
WE USE FOR MOST IF NOT ALL OF  
OUR POSITIONS.

THERE'S A PROGRAMMATIC TEAM OF  
STAFF THAT ARE INVOLVED IN THE  
FIRST AND SECOND INTERVIEW  
PROCESS, WE ALSO HAVE INCLUDED  
CHIEF AROYO'S STAFF IN KEY  
POSITIONS THAT WE'RE FEELING.

>> PEOPLE ARE CURRENTLY WORKING  
WITHIN THE CITY ARE THEY BARRED  
FROM OR ENCOURAGED TO APPLY?

>> INTERNALLY?

YES.

WE ACTUALLY DO THAT POSITION I  
WASN'T INVOLVED IN THE FIRST  
ROUND INTERVIEWS BUT WE DID HAVE  
SOME INTERNAL CANDIDATES THAT  
SUBMITTED APPLICATIONS.

>> WAS COURTNEY GREY ONE OF  
THEM?

>> I CAN'T SAY IF IT WAS  
COURTNEY OR OTHERS BUT I DO KNOW

WE HAD INTERNAL CANDIDATES.  
COURTNEY MASS BEEN PROMOTED  
WITHIN OUR OFFICE OF PUBLIC  
HEALTH PREPAREDNESS LEADING  
THEIR TRAINING AND WORK ON  
PSYCHOLOGICAL FIRST AID.  
>> WHETHER MARK SCOTT IS THE NEW  
PROGRAM DIRECTOR FOR TRAUMA  
RESPONSE AND RECOVERY, THIS IS  
NEW POSITION SO WE'VE NEVER HAD  
THAT THIS.  
HE'LL BE THE PROGRAM DIRECTOR  
FOR NRD IF THAT IS THE RIGHT WAY  
TO REFER TO IT.  
>> MAYBE NEIGHBORHOOD TRAUMA  
TEAM.  
NTT.  
>> NTT.  
IS THE TOTAL BUDGET SIMPLY HIS  
SALARY OR WILL HE HAVE A STAFF  
OR A BUDGET OR -- JUST WANT TO  
UNDERSTAND HIS RESPONSIBILITIES  
THEN WHAT RESOURCE HE WILL BE  
PROVIDED WITH.  
>> IN TERMS OF THE FULL SCOPE,  
THIS IS A NEW PROJECT DIRECTOR  
POSITION AND HE WILL HAVE A TEAM  
OF STAFF, I CAN GET YOU THE  
EXACT NUMBER OF STAFF THAT WILL  
FALL UNDER BECAUSE THEY HAVE  
BEEN WORKING TO SUPPORT THE  
ORIENTATION OF THE NEIGHBORHOOD  
TRAUMA TEAM.  
THERE'S ALSO A COMPONENT RELATED  
TO RENT MANAGEMENT, AS BUDGET  
DIRECTOR HE'LL BE RESPONSIBLE  
FOR OVERSEEING THE WORK OF OUR  
FIVE NEIGHBORHOOD TRAUMA TEAMS  
AND WORK THAT WE'RE DOING WITH  
THE COMMUNITY-BASED  
ORGANIZATION.  
>> MORE OF A MANAGEMENT AND LESS  
OF A DIRECT SERVICE DELIVERY  
ROLE?  
>> I WOULD SAY IT'S COMBINED  
BECAUSE THERE'S ADMINISTRATIVE  
PIECE IN TERMS OF RENT  
MANAGEMENT BUT HELPING US TO  
WITH THE CITY COUNCIL AND OTHER  
PARTNERS IN TERMS OF RESPONSE  
AND RECOVERY EFFORTS.  
THEN I WAS SAYING COUPLE  
SUBCONTRACTORS AS WELL THAT FALL  
UNDER THE SCOPE OF THE DIRECTOR

SO WE HAVE SUBCONTRACT TO THE SMART TEAM TO HELP US WITH THE SURGE CAPACITY BECAUSE WE'RE DOWN TO FIVE IN THE COMMUNITY, THEY HAVE BEEN HELPING SHORE UP THE WORK OF THE COMMUNITY-BASED ORGANIZATION.

>> SINCE GIVEN THE FEDERAL CLIMATE, I'M PLEASED THIS WAS AN ISSUE HERE WHEN THERE WAS 3% CUT TO OUR COMMUNITY HEALTH CENTER, SO THAT HAS BEEN RESTORED AND I HOPE IT WILL STAY THAT WAY GIVEN WHAT'S HAPPENING ON THE FEDERAL LEVEL SO MUCH OF THEIR MONEY COMES FROM THE FEDERAL LEVEL, I DON'T KNOW WHAT THE STATUS OF OUR COMMUNITY CENTERS WILL BE SO BEARING THAT IN MIND WITH THE ROLE THESE FOLKS, GREATER IMPORT.

I WOULD BE VERY -- THIS IS NEW POSITION ONE THAT WE'VE BEEN ADVOCATING FOR A LONG TIME, AGAIN JUST UNDERSTAND HOW LONG THE RFP WAS LIVE FOR, HOW MANY APPLICANTS, IF THERE WERE ANY INTERNAL CANDIDATES AND PASTOR SCOTT'S SALARY THEN WHATEVER THE BUDGET MIGHT BE IN TOTALITY FOR THE OFFICE.

THEN JUST, AS YOU SAID THE TWO SUBS.

>> WE CAN FOLLOW UP AND PROVIDE YOU WITH THAT.

>> GREAT.

I'M SORRY TO HAVE MISSED THE LAUNCH OF THE COMMUNITY-BASED TRAUMA RESPONSE TEAM, GIVEN MY CONCERNS AROUND SORT OF THE -- GIVEN THE CLIMATE OF WHAT IS HAPPENING ON THE FEDERAL LEVEL COULD YOU SPEAK ABOUT FUNDING MECHANISMS FOR THAT?

>> THE FIVE GRANTS WE HAVE? HOW WILL THEY ENGAGE AND IMPACT THE COMMUNITIES.

>> THEY WERE SELECTED THROUGH COMPETITIVE RFP PROCESS. THE GRANTEES INCLUDE, I'LL LIST BY NEIGHBORHOOD THEN THE ORGANIZATIONS, DORCHESTER WE HAVE THE STREET HEALTH CENTER. PARTNERING WITH GREATER FOUR

CORNERS ACTION COALITION.  
SECOND IS IN JAMAICA PLAIN,  
WOMEN'S HOSPITAL HEALTH CENTER  
AND SOUTHERN JP HEALTH CENTER.  
AND THEIR COMMUNITY PARTNER IS  
THE JAMAICA PLAIN COALITION TREE  
OF LIFE.

THE THIRD TEAM IS IN ROXBURY,  
WHITTIER STREET HEALTH CENTER.  
THE FOURTH TEAM WILL BE EAST  
BOSTON AT EAST BOSTON  
NEIGHBORHOOD HEALTH CENTER,  
THEIR PARTNER IS NORTH SUFFOLK  
MENTAL HEALTH ASSOCIATION.

THE FIFTH TEAM IS WITH MADAPAN  
COMMUNITY CENTER, WE'RE WORKING  
WITH THEM NOW TO WORK ON THEIR  
PLAN FOR COMMUNITY PARTNER.

>> I JUST WOULDN'T UNDERSTAND --  
WHAT IS THEIR FUNDING MECHANISM  
BECAUSE IF IT'S TIED TO OUR  
HEALTH CENTERS AND GIVEN THE  
CLIMATE IN WASHINGTON WE'RE  
ALREADY CONCERNED ABOUT.

>> THE HEALTH CENTERS, SO IN THE  
RFP THE HEALTH CENTERS WERE THE  
ELIGIBLE ORGANIZATION, THEY HAD  
TO APPLY.

THE HEALTH CENTERS WORKED ON THE  
APPLICATION WITH THE COMMUNITY  
PARTNERS THAT I MENTIONED, THEY  
SUBMITTED IT.

WE PROVIDE GRANTS TO THE HEALTH  
CENTER THEY IN TURN PROVIDE THE  
GRANTS AND CONTRACTS WITH THEIR  
COMMUNITY PARTNER.

WE ALSO TO ADDRESS SOME OF THE  
THINGS THAT WE HEARD FROM OUR  
LISTENING SESSIONS ABOUT  
INDIVIDUALS AND OTHER  
COMMUNITY-BASED GROUPS THAT WERE  
DOING INDEPENDENTLY RESPONDING  
TO TRAUMA IN THE COMMUNITY, WE  
ACTUALLY DID DESIGNATE SOME  
FUNDING IN THE PROGRAM BUDGET  
FOR PIPE ENDS FOR INDIVIDUALS.  
THAT AMOUNT THAT STAFF RELATED  
TO ME IS \$1500 PER INCIDENT.

I CAN FOLLOW UP IF YOU'RE  
INTERESTED IN HOW THEY CAME UP  
WITH THAT BECAUSE THERE WAS A  
METHODOLOGY FOR COMING UP WITH  
THAT.

>> PER INCIDENT?



YES.

PRIMARILY THE CITY FUNDING THAT WE RECEIVED IS THE NEIGHBORHOOD.

>> WHAT IS THAT LINE ITEM?

WHAT IS THAT AMOUNT?

>> FOR THE CITY FUNDING IN FY17 IT WAS \$820,000.

>> FROM THE CHAIR, HOW DO YOU DETERMINE THE CHARACTERIZATION OF INCIDENT, WHAT CONSTITUTES AN INCIDENT.

>> THERE'S A WHOLE METHODOLOGY THAT THE STAFF HAS BEEN WORKING ON WITH OUR COMMUNITY PARTNERS IN DETERMINING WHAT SORT OF CATALYST FROM MOBILIZING THE TEAM, WE'VE DONE A LOT OF WORK WITH OUR COLLEAGUES AT DCYF, BECAUSING QUALITY IMPROVEMENT TO MAP OUT HOW EACH OF OUR RESPECTIVE ORGANIZATIONS ARE RESPONDING.

IT COULD BE WE'VE MOBILIZED A TEAM FOR THE RECENT HOMICIDE JUST IN THE CALENDAR YEAR, THEY WERE -- I'M TRYING TO THINK I HAVE THAT INFORMATION.

BETWEEN JANUARY OF THIS YEAR AND MAY 15th, RESPONDED TO TEN HOMICIDE.

AND THE RESPONSES COULD INVOLVE PROVIDING IMMEDIATE SUPPORT TO TO FAMILY AND FRIEND OF THE VICTIM, ANY COMMUNITY SUPPORT SERVICES AND THEN A REFERRAL TO THE COMMUNITY HEALTH CENTER THAT PROVIDE ONGOING BEHAVIORAL HEALTH SERVICES THAT CLIENT OR HIS OR HER FAMILY MIGHT NEED.

>> ALL RIGHT.

IN THE INTEREST OF TIME, THANK YOU FOR THAT.

I NOTICED -- SO OFFICE OF HEALTH EQUITY THAT IS AN OLD OFFICE THAT WAS RES RICK OR IS A NEW OFFICE?

>> NEW NAME, DIFFERENT OFFICE STRUCTURE.

BEFORE I GOT THERE IT WAS THE OFFICE OF RACIAL EQUITY AND HEALTH IMPROVEMENT.

>> SO JUST GOING THROUGH THE REPORT, SORT OF -- AUDIT OF THE PREVIOUS YEAR, WE BETTER

UNDERSTAND THE TRENDS SORT OF DISPARITIES, BUT IN ALL OF YOUR DATA INDICATES THAT AFRICAN AMERICANS AND LATINOS ARE STILL IN THE BOTTOM OF EVERY HEALTH OUTCOME CATEGORY.

JUST WANTED TO UNDERSTAND WHY THERE IS A CUT OF \$100,000 FOR RACIAL EQUITY AND -- BETTER UNDERSTAND WHAT INFORMED THAT CUT AND WHAT WILL THAT IMPACT BE IN EFFORTS TO ELIMINATE HEALTH DISPARITIES.

>> ZEROING IN ON THAT LINE ITEM IN THE BUDGET SHE'LL TAKE YOUR QUESTION.

>> AS THE RELAUNCH OF THE OFFERS OF HEALTH EQUITY WHAT HAPPENED IS WE SPLIT OUT, IT WAS MERGED WITH ACCREDITATION QUALITY IMPROVEMENT WE'VE ACTUALLY JUST SPLIT THOSE.

THAT'S ACTUALLY TWO BUDGET LINES NOW.

ON PAGE 55 UNDER PUBLIC HEALTH SERVICE, THERE'S A LINE FOR CREDIT DAYS OF QUALITY IMPROVEMENT OF 235,000. THEN RACIAL EQUITY AND HEALTH IMPROVEMENT IS 881,000. THE TOTAL OF THAT IS 1.1 MILLION WHERE AS LAST YEAR THOSE WERE COMBINED IN THE TOTAL WAS \$981,000.

THIS WAS JUST BETTER IDENTIFY THE ACCREDITATION AND QUALITY IMPROVEMENT.

WE JUST SUBMITTED OUR ACCREDITATION APPLICATION COUPLE OF WEEKS AGO.

IT'S RELATED -- EVERYTHING'S RELATED TO HEALTH EQUITY BY ACCREDITATION IN PARTICULAR, WE THOUGHT IT WOULD BE BEST TO PUT THAT OUT.

>> HEALTHY BABY HEALTHY CHILD THAT LINE ITEM IS BEING CUT BY \$30,000 THIS IS ALREADY A PROGRAM THAT'S BEEN OPERATING ON SHOESTRING BUDGET, I'M JUST GLAD, IT'S A VERY UNIQUE PROGRAM THAT DOES HOME VISITS AND PROVIDES ACCESS TO FRESH AND HEALTHY FOOD, PRENATAL EDUCATION

AND SUPPORT, I WAS CONCERNED ABOUT THE CUT AND IMPACT ON FAMILIES AND CHILDREN MOST IN NEED.

>> LET ME GET BACK TO YOU ON THOSE DETAILS.

SOMETIMES BUREAUS MOVE ITEMS BETWEEN PROGRAMS, LET ME GO BACK MAKE SURE THAT IS AN ACTUAL CUT NOT JUST MOVED.

>> THAT WILL BE GREAT.

EN SINCE I'VE BEEN ON THE COUNCIL NOW ALMOST EIGHT YEARS THERE WAS SOME COMMITMENTS THAT WERE MADE UNDER COMMISSIONER BURR AND THE MAYOR AROUND SCHOOL-BASED HEALTH CENTERS AND HEALTH RESOURCE CENTER AGAIN ALL DATA SUPPORTS THAT THE TWO TWO REASONS THAT STUDENTS ARE CROSSING THE THRESHOLDS WITH MENTAL HEALTH CALLINGS OR SEXUAL HEALTH QUESTIONS I'M HAPPY TO SEE WE'RE SEEING DECLINE IN CHLAMYDIA RATES AND SIEVE LESS AND OTHER STIs, VERY HAPPY TO HEAR ABOUT HPV AMBASSADORS, I JUST WANTED TO BETTER UNDERSTAND IF THERE WILL EVER BE A FULL REALIZATION OF THE COMMITMENT THAT THAT WAS MADE TO EXPAND HEALTH RESOURCE CENTERS. WHICH ALSO INCLUDES ACCESS.

>> THANK YOU FOR THAT QUESTION. WE HAVE BEEN WORKING UNDER THE WELLNESS POLICIES WITH BOSTON PUBLIC SCHOOLS, I MENTIONED EARLIER THAT RECENTLY WITH OTHERS FROM BPS AND DEFINITELY SEE THE SCHOOL-BASED HEALTH CENTER THEN THE HEALTH RESOURCE CENTERS AS RESOURCE AND OUR CONTRIBUTION TO ENSURING COMPREHENSIVE HEALTH.

>> THIS IS WHAT I'LL NEED.

I JUST JUST NEED TO KNOW HOW MANY ARE FULLY OPERATIONAL, IN WHAT SCHOOLS ARE THEY IN, WHAT ARE THEIR HOURS.

HOW ARE THEY FUNDED, WHAT KIND OF TRAINING IS REQUIRED AND THEN I JUST WANT A COMMITMENT, IF YOU SAID WE'RE GOING TO SCALE UP IN THE NEXT FIVE YEARS, WE'RE IN

SIX SCHOOLS NOW WE'RE GOING TO EACH YEAR GROW ADDITIONAL FIVE, I'M JUST TRYING TO GET A PROJECTED VIEW.

WE KNOW THAT HEALTHY STUDENTS ARE BETTER LEARNERS, OUR STUDENTS HAVE COMBINATION OF SEXUAL HEALTH QUESTIONS AND MENTAL HEALTH CHALLENGES JUST MAKE SURE THAT ACCESS TO THESE SERVICES IS NOT ARBITRARY OR AD HOC BUT THAT IT'S EQUITY BEING DISTRIBUTED, JUST APPRECIATE UNDERSTANDING THE LONG-TERM PL PLAN.

>> I CAN DEFINITELY RUN THROUGH SOME OF THIS.

>> YOU CAN PROVIDE IT LATER, JUST IN THE INTEREST OF TIME. YOU CAN TELL ME THE SCHOOLS IF YOU HAVE THAT.

>> FOR THE SCHOOL-BASED HEALTH CENTERS IT'S QUESTION AROUND FUNDING, THEY RECEIVE \$3.5 MILLION IN FUNDING AND IT'S COMBINED.

MAJORITY IS CITY FUNDING FOR THE SCHOOL-BASED HEALTH CENTERS OF \$3 MILLION.

ALSO RECEIVE \$250,000 FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

AND THEN \$30,000 FROM ADCD. SCHOOL-BASED HEALTH CENTERS ACTUALLY CAN GENERATE REVENUE AS WELL SO THEY CAN BUILD WHEN WE'RE ABLE TO GET INFORMATION FROM OUR STUDENTS, THAT VARIES. MORE OR LESS A \$3.5 MILLION.

>> HOW MANY DO WE HAVE?

THERE ARE EIGHT.

HOW MANY HEALTH RESOURCE CENTERS?

>> IN TERMS OF THE HEALTH RESOURCE CENTERS WHICH I THINK MUST BE EXPLICIT CITY FUNDING. MY LAST COUNT WAS SIX WE MAY HAVE BEEN SITTING AT THAT FOR THE LAST TWO TO FOUR YEARS.

>> WE HAVE NINE.

HEALTH RESOURCE CENTERS SPREAD THROUGHOUT THE CITY.

>> YOU SAID SCHOOL-BASED HEALTH CENTERS CAN GENERATE REVENUE IS

THAT BECAUSE ALSO THERE'S -- DO FAMILY MEMBERS GO THERE AS WELL NOT JUST STUDENTS?

>> I THINK WITH THE EXCEPTION OF SOME THAT MIGHT BE AFFILIATED WITH A COMMUNITY HEALTH CENTER. OUR SCHOOL-BASED ARE THE STUDENTS, THEY OPERATE -- THE SCHOOL BASE HEALTH CENTERS OPERATE UNDER BNC LICENSE, THE MODEL IS IN THE SCHOOL-BASED HEALTH CENTERS, WE HAVE A NURSE PRACTITIONER, MENTAL HEALTH CLINICIAN, HEALTH EDUCATORS WHO DO THE WORK THAT YOU MENTIONED. THEN ADMINISTRATIVE SUPPORT STAFF WHERE AS HEALTH RESOURCE CENTER IS NOT A CLINICAL MODEL.

>> SO THERE'S NEVER -- THIS IS THE LAST THING I THANK MY COLLEAGUES FOR THEIR PATIENCE. IS THE GOAL TO CONTINUE TO HAVE BOTH SCHOOL-BASED HEALTH CENTERS AND TO EXPAND CAPACITY OF HEALTH RESOURCE CENTERS OR IS THE GOAL TO HOLY TRANSITION FROM ONE MODEL TO THE OTHER?

>> YOU'RE ASKING A GOOD QUESTION.

I THINK RIGHT NOW I CAN SHARE WITH YOU, I CAN'T ANSWER THAT QUESTION.

AT THIS MOMENT BUT I CAN TELL THAT YOU YOU'RE ASKING THE RIGHT QUESTION BECAUSE WE'RE HAVING INTERNAL DISCUSSIONS NOW BECAUSE IDEALLY WHAT WE TRY TO DO IS THE SCHOOL-BASE HEALTH CENTERS TO LINK THOSE STUDENTS WITH COMMUNITY HEALTH CENTER, IT COULD BE A HOSPITAL, WHEREVER THEY AND THEIR FAMILY MEMBERS RECEIVE CARE.

SO WE'RE HAVING DISCUSSIONS INTERNALLY AND WITH EXTERNAL PARTNERS ABOUT --

>> WHERE TO GO.

THE WAY WHICH WE DO OURZ YOU COULDN'T SAY THAT IT IS PRIORITY TO EXPAND HEALTH RESOURCE CENTERS.

>> I WOULDN'T BE ABLE TO SAY AT THIS MOMENT.

>> VERY GOOD.

THANK YOU SO MUCH.

>> SOUL O'MALLEY.

THANK YOU, MADAM CHAIR.

I THINK I MAY HAVE BEEN THE ONE THAT STARTED YOUR PROMOTION TO DOCTOR OR PhD, BUT YOU DO GREAT WORK.

SORRY FOR THAT.

THERE ARE NUMBER OF QUESTIONS

I'LL BE HOPEFULLY BRIEF.

FIRST I KNOW THAT IN YEARS PAST THERE WAS PARTNERSHIP OF THE BOSTON HOUSING AUTHORITY ON SMOKING CESSATION PROGRAMS.

I REPRESENT PERHAPS THE HIGHEST NUMBER OF ALL THE COUNCIL DISTRICT SENIOR CITIZENS, CERTAINLY ONE OF THE HIGHEST LOT OF BHA HOUSING AND I ASSUME SENIORS HAVE HIGHER PERCENTAGE OF SMOKING THAN NON-SENIORS.

DO WE STILL PROVIDE ACCESS TO GUM OR THE PATCHES OR LOZENGE TO HELP QUIT SMOKING THAT CAN BE COST PROHIBITIVE AT TIME?

>> I CAN FOLLOW UP WITH THE STAFF, WILL DOUBLE CHECK ON THE INFORMATION RELATED TO THAT.

BH HA SITES OR GENERALLY?

>> GENERALLY WOULD BE GREAT.

IT IS AN EXPENSIVE WAY BUT EFFECTIVE WAY TO QUIT SMOKING. ONE WOULD NOW ARGUE THAT PRICE OF CIGARETTES IS EVEN MORE COST PROHIBITIVE, ANY WAY THAT WE CANgldz

LEVERAGE EITHER BULK BUYING OR ACCESS TO CERTAIN GRANTS THAT IS SOMETHING THAT I'D LOVE TO SEE BROUGHT BACK AND REALLY USE THE COUNCIL TO HELP ADVERTISE THAT BECAUSE I THINK IT'S A GREAT WAY TO OFFER SOME PREVENTIVE CARE, PARTICULARLY TO OUR SENIORS.

WE CAN FOLLOW UP ON THAT.

SECONDLY, COUNCILOR PRESSLEY'S POINT, VERY GLAD TO HEAR ABOUT THE HPV AMBASSADORS, ARE THESE BOYS AND GIRLS OR JUST GIRLS?

>> I CAN DOUBLE CHECK BUT I'M PRETTY SURE THEY ARE PROBABLY BOYS AND GIRLS.

BUT HOW MANY I CAN FOLLOW UP.

>> I THINK THAT'S IMPORTANT TO NOTE THAT BOYS CAN GET -- CAN

GET -- SHOULD GET THE  
VACCINATION IN MY OPINION.  
WE HEAR OF ANTI-VACCINES FOR  
WHOLE HOST OF REGIONS I THINK IS  
DANGEROUS BOTH AS PUBLIC HEALTH  
AND SOCIETAL POSITION TO TAKE  
NOT TO USE VACCINES OR ENCOURAGE  
OTHERS TO USE, BUT WITH HPV WHAT  
IS THE PERCENTAGE, DO ANY OF YOU  
OFF THE TOP OF YOUR HAND OF  
PEOPLE WHO HAVE HPV?

>> IT'S HUGE.

A SHOCKING LEHIGH NUMBER.

>> I DON'T KNOW IT OFF THE TOP  
OF MY HEAD.

>> MEN, WOMEN AND BEING THE MOM  
OF AN 8th GRADE BOY, 5th  
GRADE GIRL I'M A HUGE FAN OF THE  
HPV VACCINE.

>> BECAUSE IT CAN ABSOLUTELY  
LEAD TO CERVICAL CANCER THAT CAN  
LEAD TO DEATH AND IT'S  
PREVENTABLE.

WHOLE MULTITUDE OF LANGUAGE AND  
ACCESS TO GET THE VACCINE WE  
NEED TO BE TALKING ABOUT THAT,  
THAT'S GOOD WORK.

CLIMATE CHANGE AND HEALTH.

THIS IS SOMETHING THAT IS OF  
PARTICULAR CONCERN TO ME, WAYS  
THAT CHANGES IN REAL CLIMATE  
CHANGE CAN HAPPEN.

CAN WREAK HAVOC ON -- CAN YOU  
TALK A LITTLE BIT ABOUT THE  
TRENDS THAT YOU'VE SEEN IN WAYS  
TO SORT OF GET OUT AHEAD OF IT?  
I KNOW IT WAS ALLUDED TO, I  
APPRECIATE YOUR WORK ON THAT.

>> SO I THINK ONE EXAMPLE WHERE  
WE'RE STILL WAITING TO HEAR, IS  
WORK IN AN APPLICATION TO THE  
NATIONAL INSTITUTES FOR HEALTH,  
WE'RE NOT SURE IF THEY WILL BE  
FULLY FUNDED, BUT THIS WAS  
SOMETHING THAT WE DID LOOKING AT  
EXACERBATION OF ASTHMA INCIDENTS  
IN THIS CITY BASED ON A WHOLE  
HOST OF ISSUES.

SO THINGS LIKE WEATHER, CLIMATE  
CHANGE WERE BUILT INTO THAT  
PROPOSAL.

I DON'T KNOW IF YOU HAD THE  
OPPORTUNITY TO PARTICIPATE IN A  
GLOBAL HEALTH CONVENING.

>> I DIDN'T.

BUT I'M AWARE.

>> HE SPOKE VERY ELOQUENTLY ABOUT THE IMPACT OF CLIMATE ON EBOLA AND THAT WAS ACTUALLY SOMETHING THAT I HADN'T FULLY APPRECIATED IN TERMS OF CLIMATE AND HOW CLIMATE CHANGE AND DEFORESTATION CONTRIBUTED TO THE EBOLA EPIDEMIC.

INTERNALLY AT THE COMMISSION, CLIMATE IS SOMETHING THAT WE PAY ATTENTION TO ACROSS OUR DIFFERENT PROGRAMS AND THAT WORK, I CAN FOLLOW UP WITH OUR ENVIRONMENTAL HEALTH TEAM TO SEE WHAT SPECIFICALLY THEY'RE DOING AROUND CLIMATE CHANGE IN PARTICULAR.

>> I DEFINITELY VALUE THAT, I APPRECIATE THAT, WOULD BE HELPFUL.

YOU ALLUDED TO THIS, AND TWO PRIOR SPEAKER, WAYS TO RACE AGAINST UNCERTAINTY IN FEDERAL FUNDING AND NIH GRANTS AND HOW WE CAN SORT OF AS BEST AS POSSIBLE PROTECT BOSTONIANS FROM A VERY, IN MY OPINION, POTENTIALLY DEVASTATING NATIONAL BUDGET, AS TO PUBLIC HEALTH FUNDING AND RESEARCH.

I GUESS -- LONG WAY, WHAT ARE WE DOING TO SORT OF ANTICIPATE THE UNCERTAINTY FROM MANY OF OUR FUNDING STREAMS FROM THE NATIONAL LEVEL AND FEDERAL LEVEL?

>> I THINK I'LL ANSWER THAT IN A COUPLE OF DIFFERENT WAYS.

INTERNALLY AND OTHER CITY DEPARTMENTS ARE DOING THIS AS WELL, WE HAVE BEEN SPENDING THE LAST YEAR REVIEWING OUR FEDERAL GRANTS AND OUR BUDGETS TO DO CONTINGENCY PLANNING.

WITH THE PRESIDENT'S ANNOUNCEMENT, SOMETHING THAT I HAVE WORRIED ABOUT IN ADDITION TO THE BOARD IS THE FACT THAT ALL OF THE DISCUSSIONS AND DEBATES AROUND AFFORDABLE CARE ACT NOW AFFORDABLE HEALTH CARE ACT IN THE SENATE HATS ONLY



FOCUSED ON ACCESS TO CARE AND HEALTH INSURANCE ASPECT. AND WHAT MOST PEOPLE, MANY PEOPLE DON'T KNOW IS THAT UNDER THE CURRENT LANGUAGE, 12% ON CDC BUDGET WOULD BE NEGATIVELY IMPACTED.

WE RECEIVE THE MAJORITY OF OUR FEDERAL RESOURCES FROM THE CDC SO THINGS LIKE IMMUNIZATION, THINGS LIKE LEAD POISONING PREVENTION, OTHER ENVIRONMENTAL HEALTH ACTIVITIES.

ALL OF THOSE WORK THAT THE CITY HAS BEEN RECOGNIZED FOR IN THE HEALTH DEPARTMENT HAS BEEN RECOGNIZED FOR IN TERMS OF CHRONIC DISEASE CONTROL AND PHYSICAL ACTIVITY.

THOSE THINGS THAT ADDRESS THE SOCIAL AND PHYSICAL CHANGES IN OUR ENVIRONMENT, IN OUR COMMUNITIES THAT ARE NECESSARY TO IMPACT CHRONIC DISEASES AND OBESITY, THOSE ARE THE THINGS THAT WOULD BE NEGATIVELY IMPACTED BY SOME OF THE POLICIES THAT WE'RE SEEING AT THE FEDERAL GOVERNMENT.

EMS DRAWS MAJORITY OF OUR THIRD PARTY REVENUE THAT COMES THROUGH EMS AND THEIR ABILITY TO BILL MEDICAID AND MEDICARE.

SO WE'RE IN A HOLDING PATTERN AND WATCHING, WAITING TO SEE WHAT MIGHTY MERGE FROM THOSE POLICY DEBATES THAT ARE HAPPENING THAT YOU SEE AROUND MEDICAID.

IN THE BUDGET THAT THE PRESIDENT RELEASED TODAY, I QUICKLY LOOKED BEFORE COMING BACK, IT LOOKED LIKE RIGHT NOW WE KNOW THAT THIS IS THE BEGINNING OF THE PROS, RIGHT?

BUT I THINK IT SAYS A LOT IN TERMS OF WHAT THE PRESIDENT HAS PRIORITIZED AND WHAT HE HASN'T. SO CONSISTENT WITH WHAT WE HAVE BEEN SEEING WITH WHAT HE SAYS AND WITH THE AFFORDABLE HEALTH CARE ACT, CDC IS SLATED UNDER THE PRESIDENT'S BUDGET TO EXPERIENCE A 17% DECREASE IN

THEIR FUNDING.

SO \$6.3 BILLION CUT.

17% DECREASE IN TERMS OF FUNDING THAT SUPPORTS NOT ONLY LOCAL HEALTH DEPARTMENTS BUT STATE HEALTH DEPARTMENTS AND TRIBES AND TERRITORIES RELATED TO HIV-AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED, STDs THAT IS 17% REDUCTION.

18% REDUCTION ON GLOBAL HEALTH AND INFECTIOUS DISEASE OUTBREAK RELATED TO GLOBAL HEALTH AROUND THE WORLD.

AND 28% REDUCTION IN ENVIRONMENTAL HEALTH PROGRAMS AT THE CDC.

WE'RE DOING OUR DUE DILIGENCE AND WE'RE TRYING TO BE CREATIVE AND AGGRESSIVELY PURSUING DIFFERENT GRANT OPPORTUNITIES. CERTAINLY THERE MAY BE OPPORTUNITIES IN THE STATE WITH THE NEW DETERMINATION OF NEED RULES AND COMMUNITY BENEFITS REQUIREMENTS.

BUT WE'LL NEED SUPPORT AND GUIDANCE TO HELP US GET THROUGH THIS TIME.

>> UNCHARTERED WATER FOR SURE.

FINALLY, ONE THING THAT MY OFFICE HAS BEEN WORKING ON WE MAY HAVE SOME IDEAS COMING AROUND ACCESS TO DENTAL CARE. ONE OUT OF EVERY FOUR EMERGENCY ROOM VISITS EVERY WEEKEND ARE TOOTH ACHE RELATED.

DENTIST ARE IN EMERGENCY ROOMS, I'M PREACHING TO THE CHOIR, IT'S A HUGE ISSUE.

IT'S ALSO ANOTHER PREVENTIVE WAY WE CAN ADDRESS IT.

I GUESS IN THAT SPACE THERE ARE THINGS THAT YOU'VE BEEN WORKING ON?

>> I BELIEVE I CAN DOUBLE CHECK ON THIS, I THINK ONLY DEDICATED FUNDING WE RECEIVED NOW IS FEDERAL FUNDING TO SUPPORT HIV DENTAL PROGRAM THAT FITS WITHIN OUR INFECTIOUS DISEASE.

CLEARLY RESEARCH SHOWS THAT DENTAL HEALTH CONTRIBUTE TO HEART DISEASE AND OTHER CLINICAL

CONDITIONS.

I CAN DOUBLE CHECK TO SEE IF  
THERE ARE OTHER RESOURCES WE  
MIGHT RECEIVE THAT'S ONLY ONE I  
CAN THINK OF.

BUT WOULD WELCOME A CHANCE TO --  
>> WE'LL FLUSH THEM OUT, AN  
ISSUE.

THANK YOU AGAIN DIRECTOR AND  
TERRIFIC WORK ON YOUR TEAM,  
THANK YOU, MADAM CHAIR.

>> THANK YOU, COUNCILOR JACKSON.  
VERY MUCH, MADAM

CHAIR.

I ALSO CONCUR WITH COUNCILOR  
PRESSLEY AROUND NEIGHBORHOOD  
TRAUMA TEAMS I WANT TO THANK HER  
FOR HER ADVOCACY LAST YEAR  
AROUND THESE TEAMS.

MY DISAPPOINTMENT IS THAT THEY  
WERE CUT LAST YEAR, NOW WE'RE  
COMING BACK TO THEM.

I HOPE THERE IS A LONG-TERM  
COMMITMENT TO THESE TEAMS.  
THE REASON WHY THIS IS PERSONAL  
TO ME ON THESE -- THERE WAS A  
MURDER IS TWO STREETS OVER FROM  
MY STREET.

ONE NIGHT, I WENT DOWN AND I  
SPOKE TO A GROUP OF YOUNG MEN  
WHO WERE VERY UPSET, BECAUSE  
THEIR FRIEND HAD BEEN KILLED.  
I SPOKE TO A YOUNG MAN IN  
PARTICULAR WHO WAS REALLY UPSET  
AND JUST HAD THE AFFECT OF  
SOMEONE IN ACUTE TRAUMA, THERE  
WAS NO TRAUMA TEAM THERE AT ALL.  
I USED A BREATHING TECHNIQUE  
THAT I WAS TAUGHT BY COURTNEY  
GREY, WAS ABLE TO CALM HIM DOWN,  
I SPOKE TO HIM ABOUT 35-40  
MINUTES.

THREE WEEKS LATER I WAS GOING TO  
GET MY DRY CLEANING, THERE WAS  
ANOTHER SHOOTING.

AND ANOTHER FATALITY.

WHEN THEY CAUGHT THE INDIVIDUAL,  
I WAS REALLY DISAPPOINTED THAT  
IT WAS THE YOUNG MAN THAT I  
SPOKE TO.

THAT'S ON US.

WE DROPPED THE BALL.

THERE ARE SEVERAL FAMILIES'  
LIVES AND A COMMUNITY AND A

STREET THAT HAS BEEN AFFECTED BY THAT, WE DROPPED THAT BALL. IT IS MY HOPE AND DEMAND HERE THAT THIS IS NOT SOMETHING, I HEAR THERE'S NOT THE COMMITMENT FROM THE FEDERAL GOVERNMENT, THIS IS OUR CITY, WE (KOOV THAT TRAUMA HAS OCCURRED AND IT CONTINUES TO OCCUR, COUNCILOR PRESSLEY FOR THE WHOLE TIME SHE'S BEEN HERE THAT'S WHAT COMPREHENSIVE TRAUMA RESPONSE. WE CUT HIT YEAR, WE DON'T GET A PAT ON THE BACK FOR REIMPLEMENTING SOMETHING THAT WE CUT LAST YEAR.

IN ADDITION I DON'T KNOW WHAT HAPPENED TO THE PEOPLE WHO WERE IN THE HEALTH CLINICS, BUT THEY PROBABLY GOT FIRED.

SO WE'RE STARTING A NEW AND CUTTING RELATIONSHIPS.

I AM HAPPY TO HEAR THAT IT'S THERE, BUT VERY DISAPPOINTED THAT OVER THE COURSE OF THAT TIME THAT THERE ARE INDIVIDUALS WHO WE SHOULD HAVE BEEN ABLE TO TOUCH.

I DON'T KNOW, I UNDERSTAND AND THINK THAT PEOPLE SHOULD TAKE PERSONAL RESPONSIBILITY BUT AS A GOVERNMENT AGENCY WE SHOULD TAKE PERSONAL AND STRUCTURAL RESPONSIBILITY FOR MAKING SURE THAT THE RESOURCES ARE ALLOCATED TO THE RIGHT PEOPLE AT THE RIGHT TIME.

I THINK THAT IS A CRITICAL PIECE.

I, TOO, WOULD LIKE TO KNOW HOW THE NATIONWIDE SEARCH FOR THIS TRAUMA RESPONSE POSITION ENDED UP, I WANT TO KNOW HOW MUCH THAT INDIVIDUAL IS GOING TO MAKE AND BUDGET FOR THAT OFFICE.

FIRST I WOULD LIKE TO DIG INTO THE BIO LAB.

WHERE IS THE COMMISSION RELATIVE TO DETERMINATION WHETHER OR NOT IF THE BIO LAB IS GOING TO GET YOUR APPROVAL OR NOT.

>> THANK YOU FOR YOUR COMMENTS AND YOUR FEEDBACK.

I WANTED TO SAY I'M SORRY ON THE

FIRST POINT.

I'M SORRY THAT WE WEREN'T IMMEDIATELY THERE AS YOU DESCRIBE THE TRAGIC EVENTS OF THAT YOUNG MAN THAT YOU SPOKE W. FOR ME WHAT I WANTED TO SHARE WITH YOU IS THAT HAVING GONE THROUGH THE LISTENING SESSION LAST SUMMER I KNOW YOUR STAFF MIGHT HAVE PARTICIPATED IN THOSE, THAT THE WORK PROBABLY DIDN'T BECOME REAL FOR ME UNTIL I DID A RIDE ALONG WHERE EMS AND THE POLICE TEAM.

I WAS THERE AT A DUDLEY STREET SHOOTING, WHAT WAS ABLE TO FOLLOW FROM THE RESPONSE ON SCENES TO BMC THEN BACK TO THE STAFF AND WORKING WITH OTHER PARTNERS AT DCYF.

I'M SORRY ABOUT THAT, I THINK YOU'RE RIGHT, WE CAN DO BETTER AND IT IS OUR RESPONSIBILITY AS HEALTH DEPARTMENT TO WORK WITH YOU AND OTHER CITY COUNCILORS, COMMISSIONER EVANS AND OTHERS TO DO BETTER BY OUR COMMUNITY THAT RELATE TO COMMUNITY VIOLENCE. THE SECOND QUESTION IN TERMS OF WHERE WE'RE AT WITH THE KNEELED APPLICATION, I WANTED TO THANK YOU BECAUSE AFTER YOUR HEARING WE ACTUALLY DID TAKE STEPS TO GO BACK TO THE COMMUNITY AND ACTUALLY ADD TWO NEW SEATS, COMMUNITY SEATS AND I APPRECIATE YOU HOSTING THE HEARING FOR US, THAT WAS EXACTLY WHAT WE NEEDED IN TERMS OF REINVIGORATING THE WORK OF THE COMMITTEE WITH MORE COMMUNITY VOICES SO THANK YOU. WE HAVE TWO NEW COMMUNITY MEMBERS.

TODD ESERG, I MIGHT PRONOUNCE WRONG AND RAPHAEL MEDINA. THERE WAS APPLICATION PROCESS. THOSE WERE THE TWO.

ONES THAT WE RECEIVED -- THERE WAS APPLICATION THEN INTERVIEW PROCESS.

THEY WERE WITH US WHEN YOU JOINED US AT OUR BOSTON BIO SAFETY COMMITTEE MEETING EARLIER THIS YEAR.

IN TERMS OF THE STATUS OF THE APPLICATION, I CAN SHARE WITH YOU THAT THE PROCESS IS ONGOING. WE HAVE BEEN RESPONDING TO A NUMBER OF DIFFERENT PUBLIC COMMENTS AND RECORDS REQUESTS AND THIS EXCHANGE WITH REQUESTERS HAS MADE US BEING VERY DILIGENT ABOUT OUR EFFORTS IN MAKING SURE THAT THE APPLICATION ADEQUATELY ADDRESSES ALL THE CONCERNS THAT WE'RE HEARING AND THAT'S THE UPDATE THAT I CAN SHARE WITH YOU AT THIS POINT THAT WE'RE STILL REVIEWING EVERYTHING.

>> IT IS STILL MY CONTENTION THAT LEVEL FOUR BIO LAB DOES NOT BELONG IN AN AREA THAT HAS POPULATION DENSITY IN ADDITION TO ALL OF THE OTHER ASPECTS THAT I HAVE MENTIONED BEFORE. I HOPE SOME DAY THE CITY OF BOSTON THAT THAT TESTING WILL FALL IN LINE WITH CAMBRIDGE, SUMMERVILLE AND BROOKLINE WHERE IT'S NOT ALLOWED.

I THINK THAT IS AN ISSUE. THE PROJECTS AND SAFE HARBOR PROGRAMS I WANT TO GIVE YOU AN UPDATE.

OF THE 40 INDIVIDUALS WHO WERE IN THAT PROGRAM, SEVEN HAVE RELAPSED, THREE PEOPLE HAVE BEEN REINCARCERATED SINCE THE ANNOUNCEMENT.

THAT'S 25% RATE OF INDIVIDUALS WHO WERE STABLE.

AND ARE NOW NOT STABLE.

ONE OF THE INDIVIDUALS, I THINK HE SAT IN THE SEAT THAT YOU ARE SITTING IN AND HE SAID TO US, I NEED TO BE ABLE TO SLEEP, BECAUSE I DRIVE, THAT'S MY JOB. I DRIVE.

IF YOU SWITCH US OVER TO EMERGENCY STATUS I WON'T BE ABLE TO GET REST.

TWO WEEKS AFTER HE SAT THERE HE GOT IN A CAR ACCIDENT ON THE MASS PIKE AND HE LOST HIS JOB. NO HARM, WE THINK ABOUT THE GAPS THAT WE HAVE IN THE EDUCATION WE TALK ABOUT OPPORTUNITY AND

ACHIEVEMENT GAP THIS IS A POWER GAP.

WE IN THIS BUDGET ARE TURNING OUR BACKS ON THE MOST VULNERABLE POPULATION OF INDIVIDUALS WHO TOLD US, WHO SAT THERE AND TOLD US THE HELP THAT THEY NEEDED AND THEY ARE NOW NOT RECEIVING THAT HELP MID APRIL, THE PROGRAM CHANGED OVER AND WE'VE HAD -- I WANT TO UNDERSTAND WHAT HAPPENED.

I WILL TELL YOU RAPID REHOUSING FOR INDIVIDUALS WHO ARE SOME NOW WHO ARE NOT SOBER IS A DIFFICULTY, ALSO RAPID REHOUSING PROGRAM GIVES SOMEONE 36 0 FOR SECURITY TO GO INTO ONE OF THE HOTTEST HOUSING MARKETS IN THE UNITED STATES OF AMERICA, HOW ARE THEY GOING TO SURVIVE AND WHERE DO THEY GO.

I WANT TO UNDERSTAND HOW, AS COUNCILOR ESSAIBI GEORGE BROUGHT UP WAS SPENDING \$1.2 MILLION ON PLACE THAT THERE'S NOBODY THERE. WE HAVE INDIVIDUALS WHO NOW ARE RELAPSING AND BEING REINCARCERATED.

THAT'S COMING OUT OF A BUDGET THAT COULD BE COMING BACK TO US. WHERE DO YOU STAND ON THESE TRANSITIONAL -- AND AGAIN, WHY DID YOUR AGENCIES' CRISIS TURN INTO A CRISIS FOR INDIVIDUALS YOU WHO KNEW YEAR BEFORE HOW COME THEY ONLY KNEW TWO MONTHS IN ADVANCE?

>> I TALKED ABOUT RAPID REHOUSING, THIS WAS THE COMMISSION'S WE HAD TO RESPOND I THINK AT THE VERY HEARING THAT YOU HELD OUR COLLEAGUES HAD SHARED THAT THE REST OF THE COMMUNITY HAD ALREADY MOVED TOWARDS RAPID REHOUSING AND HOUSING FIRST BECAUSE THE FEDS WERE NOT PAYING.

THIS WAS A MAJOR POLICY SHIFT. WHAT WE HAVE BEEN DOING IS WORKING AGGRESSIVELY TO DEVELOP INDIVIDUAL PLANS FOR EACH OF OUR CLIENTS.

SINCE THE HEARING THAT YOU

HOSTED I'VE ACTUALLY ASKED MY STAFF TO GIVE ME WEEKLY REPORTS ON WHERE WE'RE AT IN TERMS OF EACH INDIVIDUAL CLIENT'S PLANS, ATTEMPTS TO CONNECT THEM WITH DIFFERENT HOUSING OPTIONS WHAT I CAN SHARE WITH YOU SOME DATA THAT WE HAVE.

WHEN WE MADE THE ANNOUNCEMENT AT THE BEGINNING OF MARCH WE HAD 67 CLIENTS ON THE SECOND FLOOR, 24 HAVE LEFT.

THE INDIVIDUALS THAT YOU HAD MENTIONED WHO WERE DISCHARGED FROM THE PROGRAM, BUT I ALSO WANT TO SHARE THAT OF THOSE 24, 17 HAVE BEEN PLACED INTO PERMANENT HOUSING, SIX RECEIVED HOUSING SUBSIDIES, ONE HOUSING WITHOUT A SUBSIDY, ONE WAS MOVED INTO SOBER HOUSE, ANOTHER ONE WAS MOVED INTO A RECOVERY HOME AND SIX INTO -- MOVED BACK HOME WITH FAMILY.

YOU'RE CORRECT, WE DID RETURN TO JAIL IN TERMS OF THE CORRECTIONS FACILITY.

TWO REFUSED OUR SERVICES AND LEFT AGAINST STAFF ADVICE. AND TWO WERE MOVED INTO DEVELOPMENTAL CARE WITH MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDER.

SO RIGHT NOW WE HAVE 43 CLIENTS WHO ARE RECEIVING SERVICES FROM INDIVIDUAL SERVICES AND CASE MANAGERS.

14 OF THEM ARE ACTIVELY INVOLVED IN PERMANENT HOUSING SEARCH SERVICES WITH HOME START.

16 ARE INVOLVED IN RAPID REHOUSING.

13 ARE BEING WORKED WITH AROUND ACCESSING OTHER TYPES OF HOUSING SERVICES.

I WANTED TO SHARE WITH YOU THAT WE'VE BEEN HOLDING WEEKLY TOWN MEETINGS.

WHAT YOU SHARED WITH ME ABOUT THE GENTLEMAN, OUR CLIENT WHO WAS HERE WHO WAS IN THE CAR ACCIDENT THAT YOU MENTIONED. RIGHT NOW WE'VE BEEN WORKING WITH HIM, THIS PARTICULAR



GENTLEMAN TO MEET WITH THE HOME  
START PROGRAM AND HE'S CURRENTLY  
WORKING ON SUBMITTING AN  
APPLICATION FOR ANjF APARTMENT  
OUTSIDE OF THE CITY.m

WE HAVE HOUSING WORKSHOP THAT  
WE'RE GOING TO BE DOING WITH THE  
CLIENTS THIS WEEKEND, WE'LL  
CONTINUE TO WORK WITH EACH OF  
THEM AGGRESSIVELY IN THE  
UPCOMING WEEKS.

ALSO MADE CHANGES IN TERMS BASED  
ON WHAT WE WERE HEARING FROM THE  
CLIENTS, ALLOW THEM ADDITIONAL  
FLEXIBILITY IN TERMS OF STAYING  
ON THE SECOND FLOOR SO THEY CAN  
STAY THERE UNTIL 11:00 IN THE  
MORNING.

THEY'RE ABLE TO KEEP THEIR  
BELONGINGS UPSTAIRS.

THEY ARE ALSO ABLE TO -- WEREN'T  
ABLE TO KEEP THE KITCHEN ON THE  
SECOND FLOOR OPEN BUT WHAT WE  
DID DO FOR THEM WAS ALLOW THEM  
TO GET THEIR FOOD DOWNSTAIRS AND  
BRING IT UP TO THE SECOND FLOOR  
SO THAT THEY CAN EAT BY  
THEMSELVES ON THE SECOND FLOOR.  
WE HAVE DONE OUR BEST TO  
ACCOMMODATE WHAT HAS BEEN A  
REALLY DIFFICULT TRANSITION FOR  
US GIVEN THE CHANGE IN THE  
FEDERAL FUNDING.

>> I WOULD JUST SAY, WE HAVE  
INDIVIDUALS WHO GENERALLY HAVE  
BAD CREDIT NO ABILITY TO PAY  
MARKET RATE RENT.

THE SOLUTION THAT ARE PUT  
FORWARD I DON'T THINK CUT  
MUSTARD RELATIVE TO THAT.

I WOULD CALL ON MAYOR WALSH TO  
STEP UP HERE TO DEAL WITH THIS  
INVESTMENT THAT IS FOR MOST  
VULNERABLE HOMELESS RESIDENTS,  
MANY WHO HAVE HIV AND ARE HIV  
POSITIVE AND ARE IN RECOVERY.

I HEARD YOU NOTE HOW PROUD YOU  
ARE ABOUT THE BUDGET THAT THE  
MAYOR HAS PUT FORWARD, I WOULD  
SAY THAT IT IS ANEMIC RELATIVE  
TO THESE INDIVIDUALS, MOST  
VULNERABLE INDIVIDUALS IN THE  
CITY OF BOSTON AND WE'VE SAT  
HERE AND HAD BILLIONAIRE FOLKS

WANT US TO CHANGE STATE LAWS.  
WE'VE MOVED SOMETHING IN HIGH  
WATER TO ENSURE THAT THAT HAS  
OCCURRED, WE SHOULD BE DOING THE  
SAME THING FOR THE MOST  
VULNERABLE INDIVIDUALS IN THE  
CITY OF BOSTON AND IT'S A  
QUESTION OF WHO WE ARE IN THE  
CITY OF BOSTON RELATIVE TO HOW  
WE TREAT THIS VULNERABLE  
POPULATION.

I THINK TURNING OUR BACK ON THEM  
AND NOT ENSURING THAT THEY ARE  
WELL.

TEN PEOPLE REINCARCERATED AND  
SEVEN WHO ARE NO LONGER SOBER I  
DON'T KNOW HOW WE CAN SLEEP WITH  
OURSELVES WITH THAT, THANK YOU  
SO MUCH, MADAM CHAIR, I  
APPRECIATE THE OPPORTUNITY.

>> COUNCILOR SAY KERP.

I HAVE ONE QUESTION.

WHEN OR HOW WILL YOU BE ABLE TO  
PROVIDE DATA ON CRASHES,  
TRAFFIC, PEDESTRIAN, CYCLING,  
VEHICLE CRASHES.

THE WEBSITE IS USEFUL DOES NOT  
REALLY HAVE MUCH OF THE DETAIL,  
I'VE BEEN REQUESTED FROM MY  
CONSTITUENTS AS WE'RE LOOKING TO  
REDESIGN STREETS

THE

BEACON STREET REDEFINE WITH THE  
BPD AND NEIGHBORHOOD GROUPS,  
LOOK TO GET MORE THAT HAVE DATA,  
I UNDERSTAND IT'S KEPT BY YOUR  
DEPARTMENT AND HOW WE'D BE AIL  
TO GET THAT IN A TIMELY FASHION  
FOR THESE MEETINGS?

>> I'LL FOLLOW UP OFF LINE WITH  
YOU.

I WAS LOOKING HERE AT SOME OF  
THE DATA THAT WE HAVE WITH EMS,  
WE CAN FOLLOW UP TO FIGURE OUT  
WHAT SPECIFICALLY IN TERMS OF  
INCIDENTS OR INJURIES YOU'RE  
LOOKING FOR AND WE CAN GET THAT.

>> WHETHER THROUGH YOUR  
DEPARTMENT OR CONJUNCTION, WOULD  
LOOK FOR OBVIOUSLY THEY DON'T  
CALL 911 WE'RE NOT GOING TO HAVE  
IT.

WHEN THERE ARE CALLS EVEN IF  
THERE'S NO TRANSPORT IF THE

POLICE ARE NOT INVOLVED,  
PLANNING TO REDESIGN BEACON  
STREET, COM AVE. IS ON SOME  
PEOPLE'S AGENDA.

WOULD LIKE ACCESS TO FROM MY  
DISTRICT BUT QUITE FEW  
CONSTITUENTS AND ASSOCIATIONS  
ARE LOOKING FOR THIS, I WANT TO  
APPLAUD BPD, PROGRAM AND WEBSITE  
I'D LOOK FOR MORE GRANULAR AND  
DETAILED DATA.

THANK YOU.

LOOK FORWARD TO FOLLOWING UP  
WITH YOU.

>> COUNCILOR PRESSLEY.

I'M GOING TO BE REAL FAST I  
BOOKED 5:00 IN HID PARK THINKING  
WE STARTED AT 2:00 NOW I'M  
RUNNING BUT I JUST WANT TO  
QUICKLY SAY THANK YOU FOR ALL  
THE WORK YOU DO.

ESPECIALLY BERTY SANCHEZ, HE'S  
GREAT FACE OF YOUR ORGANIZATION,  
NO DOUBT ABOUT IT.

SECONDLY, I HAVE TO MENTION  
BARBARA'S RETIRING, SHE PROBABLY  
WILL NOT BE REPLACED, GOING TO  
BE VERY DIFFICULT SHOES TO FILL  
THAT'S FOR SURE.

BARBARA IS AN AWESOME PERSON I  
JUST WANT TO MAKE SURE THAT SHE  
KNOWS HOW MUCH THE ROSS ENDALE  
COMMUNITY ALL DISTRICT FIVE  
DEPEND ON HER AN HER LEADERSHIP.

I JUST WANT TO  
QUICKLY TALK ABOUT THE COMMUNITY  
HEALTH CENTER LINE.

IT'S 3.7 MILLION EVEN WITH LAST  
YEAR, I APPRECIATE THAT BUT IT'S  
DOWN OVER FIVE MILLION SINCE  
LIKE 2008 OR 200 JUST SOMETHING  
THAT AS WE GO THROUGH BUDGET  
PROCESS I KNOW IT'S VERY TIGHT  
ESPECIALLY WHAT'S GOING ON IN  
WASHINGTON AND NUMBERS THAT YOU  
JUST SPOKE OF COMING FROM  
FEDERAL GOVERNMENT SCARES US ALL  
I THINK ESPECIALLY WITH LOCAL  
HEALTH CENTERS.

IF THERE IS ROOM IN THAT, IT'S  
JUST CRITICAL ESPECIALLY IN MY  
NEIGHBORHOOD WHETHER IT'S HYDE  
PARK OR MADAPAN OR ALL OF THEM  
THIS IS GOING TO BE SOMETHING

THAT ULTIMATELY THE CITY IS  
GOING TO HAVE TO TAKE ON AT SOME  
POINT IN TIME TO MAKE SURE THAT  
PEOPLE WHO NEED IT THE MOST GET  
THE SERVICES.

I'M GLAD THAT IT'S BEEN LEVEL  
FUNDED FOR THIS YEAR I THINK  
THAT BARBARA AND PEOPLE OF HER  
STATURE CAN HANDLE IT BUT  
CERTAINLY I THINK EVERYTHING WHO  
LOVES TO SEE MORE MONEY IN THAT  
BUDGET LINE.

THAT'S IT.

NICE AND EASY.

THANKS.

MADAM CHAIR.

>> COUPLE OF HOPEFULLY QUICK  
QUESTIONS.

THERE'S A NEW LINE ITEM IN THE  
BUDGET CALLED -- PAGE 65,  
ACCREDITATION AND QUALITY  
IMPROVEMENT FOR 235,000.

>> RIGHT.

LAST YEAR THE OFFICE OF RACIAL  
EQUITY AND HEALTH IMPROVEMENT  
LINE INCLUDED ACCREDITATION  
QUALITY IMPROVEMENT.

THIS YEAR WE SEPARATED IT OUT.  
THIS IS ALLOWING US TO TRACK  
ACCREDITATION AS WELL AS QUALITY  
FOOD PROGRAM WHICH ARE NOW --

>> THANK YOU FOR THAT.

THERE'S TARGET FOR TOBACCO  
RETAILERS.

WHY IS THAT?

>> I DON'T KNOW WHETHER THAT'S  
THEY'RE DOING THE -- I DON'T  
WANT TO CALL IT A WAVE BUT  
HAVING YOUNG PEOPLE ATTEMPT TO  
BUY CIGARETTES, THINK THAT IS  
THE PROGRAM.

>> I CAN FOLLOW UP IN TERMS OF  
WHY THAT IS GOOD FOR THAT  
NUMBER.

MIGHT BE LOWER, BUT, YES, THAT  
IS REFERRING TO USE ACCESS  
REGULATIONS, WE DO WORK WITH  
YOUNG PEOPLE TO GO IN HELP US  
ENSURE THAT RETAILERS ARE  
COMPLYING WITH THE REGULATIONS.  
BUT I'LL HAVE TO FOLLOW UP AND  
DOUBLE CHECK.

>> SEEMS WE'RE JUST GETTING AWAY  
FROM THAT WORK.

>> PERHAPS THIS IS IN YOUR ANNUAL REPORT, WE HAVE BEEN SEEING INCREASE IN SHARP -- AROUND HIV NEW INFECTIONS. JUST WAS WONDERING, HAVE HAD GREAT SUCCESS AROUND MORTALITY, CHLAMYDIA, WE'VE BEEN ABLE TO REVERSE A LOT OF TRENDS AND JUST WONDERING IF YOU CAN SUBSTANTIATE THAT IN FACT, WE WERE SEEING INCREASE FOR YOUNG MEN OF COLOR IN NEW INFECTIONS FOR ALL -- HIV SPECIFICALLY, ANY TARGETED EFFORTS SPECIFICALLY AROUND THAT.

>> THANK YOU FOR ASKING THAT QUESTION.

I CAN SHARE WITH YOU THAT IN THIS FISCAL YEAR WE PROVIDED FUNDING FOR 11 COMMUNITY-BASED ORGANIZATIONS.

COMBINATION OF COMMUNITY BASED GROUP TO OFFER EDUCATION AND OUTREACH RELATED TO STIs AND HIV AND HEPATITIS C.

EACH PROGRAM HAS TARGETED OUTREACH EFFORTS TO ONE OF SEVERAL RISK GROUPS THAT WE IDENTIFIED WHICH INCLUDED BOSTON YOUNG PEOPLE OF COLOR AGED 15-24 WHO ARE AT HIGH RISK FOR STIs MEN HAVING SEX WITH MEN OF COLOR.

WE ACTUALLY DO HAVE INFORMATION THAT WE CAN SHARE WITH YOU ABOUT THOSE TARGETED OUTREACH EFFORTS.

>> IT'S ON THE RADAR.

VERY GOOD.

MY OTHER QUESTION REGARDING OUR SHELTER GUESTS AND COMMUNITY, I KNOW RECENTLY WE OPENED SHELTER TO SERVICE THE NEEDS OF MUSLIM WOMEN SPECIFICALLY IN DORCHESTER, HOMELESS WOMEN.

I WAS JUST WONDERING IF THERE ARE ANY CONVERSATIONS SUBGROUP BECAUSE WE HEAR OFTEN FROM YOU, FEEL ESPECIALLY VULNERABLE, LGBT.

ANY THOUGHTS ABOUT HOW WE NEED DIFFERENT CONSTITUENCIES, PROTECTED GROUP NEEDS WITHIN A SHELTER COMMUNITY AROUND SAFETY AND --

>> THAT'S A VERY GOOD QUESTION.  
I THINK IN TERMS OF, I CAN  
FOLLOW UP WITH THE STAFF BUT I  
THINK IN TERMS OF SORT OF  
SPECIAL POPULATIONS, THE ISSUES  
OF SAFETY CONCERNS HAVE BEEN  
RAISED THE BOTH WOMEN'S AND  
MEN'S SHELTER.

WE'VE DONE TRAINING FOR THE  
STAFF AROUND THIS AND WORKED ON  
POLICIES SO I CAN GET BACK TO  
YOU IF THERE ARE OTHER SPECIFIC.

>> BUT YOU'RE NOT AWARE OF ANY  
SUBGROUP PROTECTED SHELTERS IF  
YOU WILL.

>> I WASN'T AWARE OF THIS  
SHELTER.

>> OPENED ABOUT THREE WEEKS AGO  
IN DOOR CHESTER.

>> WHAT IS IT CALLED?

NAME ESCAPES ME RIGHT NOW.

ONE MORE THING.

WITH RECREATIONAL MARIJUANA  
DISPENSARIES COMING ONLINE, ONE  
OF THE THINGS WE LEARNED FROM  
OTHER CITIES HOW IMPORTANT IT  
IS, WE BEGINNING EDUCATION AND  
MARKETING AS EARLY AS POSSIBLE  
AROUND RESPONSIBLE USAGE I WAS  
WONDERING IF THIS WAS ANYTHING  
THAT YOU GUYS ARE THINKING ABOUT  
OR IF I FUND HAVE BEEN  
ALLOCATED?

>> NO FUNDS HAVE BEEN ALLOCATED.  
I THINK YOU'RE SPOT ON I THINK  
IN TALKING WITH OTHER  
JURISDICTIONS AND WASHINGTON  
STATE THAT THE PUBLIC HEALTH  
DEPARTMENTS HAD A KEY ROLE IN  
TERMS OF THE USE, CONSUMPTION.  
THEN ON THE PREVENTION SIDE I  
THINK SOME OF THE ISSUES AROUND  
PREVENTION AND ACCESS ARE  
ACTUALLY COMING UP IN SOME OF  
THE DISCUSSIONS THAT JEN  
SPEARHEADING.

DEFINITELY ON OUR RADAR.

>> I'LL CIRCLE BACK AROUND.

ALSO I SUGGEST CONNECTING  
WITH BOSTON PUBLIC SCHOOLS  
BECAUSE THERE SOME SOME INITIAL  
STEPS HAPPENING WITHIN WELLNESS  
DEPARTMENT.

MAUREEN BROUGHT IT UP AT ONE OF

OUR BPS HEARINGS.  
>> THAT WOULD BE GREAT.  
MAKE SURE WE'RE CONNECTED WITH  
SOME OF THEM.  
AND BPS IS ON ADVISORY.  
I FORGOT TO MENTION, WE HANDED  
THIS OUTRIGHT BEFORE WE STARTED.  
>> WE HAVE IT.  
THIS IS THE EXECUTIVE SUMMARY  
FOR HEALTH AND FOSTER REPORT I  
JUST WANTED TO SHARE WITH YOU  
GOING LIVE ON WEBSITE.  
BY THE END OF THE MONTH, FIRST  
WEEK OF JUNE.  
WHAT I WOULD CALL OUT IN THE  
BEGINNING OF THE REPORT YOU'LL  
SEE SOME ACTUAL TREND SO I THINK  
SOMETIMES WE TALK A LOT ABOUT  
THE HEALTH INEQUITIES AND  
DISPARITIES THAT WE CONTINUE TO  
SEE BUT THERE ARE SOME REALLY  
POSITIVE TRENDS IN THIS REPORT  
ON STI, TOBACCO USE AND TEENS  
AND OTHER INDICATORS OF HEALTH.  
WE JUST HIGHLIGHTED SOME OF THE  
NEW FEATURES.  
THE HEALTH CENTERS, OUR  
HOSPITALS AND OTHER ACADEMIC  
PARTNERS, PROBABLY YOU RELY ON  
SOME OF THE DATA.  
NEW FEATURES LINK THROUGH  
POLICY, PROGRAM AND CONSUMER  
PERSPECTIVE.  
THERE ARE ALSO, WE TOOK A LOOK  
AT THE LANGUAGE ON POINT OF  
ACCESSIBILITY, JUST BECAUSE  
WE'RE PROVIDING DATA DOESN'T  
MEAN THAT IT HAS TO BE DRY AND  
COMPLICATED TO UNDERSTAND.  
WE ACTUALLY DID PAY CLOSER  
ATTENTION TO ACCESSIBILITY AND  
LANGUAGE.  
MORE SIMPLY HEALTH INFORMATION.  
THOSE, HAPPY TO COME BACK  
PRESENT THAT WORK TO YOU.  
MEETING IS ADJOURNED.  
>> THANK YOU.