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>> I WAS TRYING TO DO IT RIGHT
WITH THE DISTRICT PIECE.
THAT THREW ME OFF AND COLLEAGUE
COUNSELOR FLYNN.

THANK YOU BOTH FOR BEING HERE.
I WOULD LIKE TO REMIND EVERYONE
THIS IS A PUBLIC HEARING AND IS
BEING RECORDED AND WILL BE
REBROADCASTED.

I ASK THAT YOU SILENCE
CELLPHONES AND OTHER DEVICES.
IF YOU WISH TO PUBLICLY TESTIFY
PLEASE CHECK IN AND CHECK THE
BOX SAYING SO.

I WILL ASK YOUR NAME,
AFFILIATION, RESIDENT KENS AND
LIMIT YOUR COMMENTS TO A FEW
MINUTES FOR ALL COMMENTS AND
CONCERNS TO BE HEARD THIS.

IS A HEARING FOR DOCKET 0197
REQUIRING ALL BOSTON PUBLIC
SCHOOLS TO HAVE A FULL TIME
NURSE AND SOCIAL, EMOTIONAL
SUPPORT SPECIALIST.

SINCE MY FIRST YEAR IN OFFICE I
HAVE ADVOCATED WITH AYANNA
PRESSLEY FOR A FULL TIME NURSE
IN EVERY BOSTON PUBLIC SCHOOL.
OUR STUDENTS NEED TO BE
SUPPORTED FOR THEIR WELL BEING.
WE NEED TO ADDRESS ISSUES
AFFECTING STUDENTS SUCH AS
TRAMA, DEPRESSION, ANXIETY AND
BULLYING.

DURING THE LAST BUDGET CYCLE
BOSTON PUBLIC SCHOOLS ALONG SIDE
MAYOR WALSH HAVE INVESTED FOR
NURSES, PSYCHOLOGISTS AND SOCIAL
WORKERS THERE.

WORKERS.

THERE IS A LIMIT AD MOUNT OF
SPECIALISTS.

WE NEED TO PRODUCE AND IMPLEMENT
THE POLICY TO REQUIRE ALL BOSTON
PUBLIC SCHOOLS TO HAVE ONE FULL
TIME NURSE AND SOCIAL EMOTIONAL
SUPPORT SPECIALIST.

I ALSO HAVE A LETTER OF REGRETS

FROM OUR COLLEAGUE REPRESENTING DISTRICT FOUR, ANDREA CAMPBELL. RESPECTFULLY HER LETTER IS DR. COLLEAGUES, RESPECTFULLY I'M UNABLE TO ATTEND TODAY'S HEARING ON DOCKET 0197 REQUIRING ALL BOSTON PUBLIC SCHOOLS TO HAVE A FULL TIME NURSE AND SOCIAL EMOTIONAL SUPPORT SPECIALIST. I THANK COUNSELOR ESSAIBI-GEORGE FORRIER LEADERSHIP. WITH THAT I WELCOME COUNSELOR JANEY FOR OPENING REMARKS. >> THANK YOU, MADAM CHAIR. THANK YOU FOR YOUR LEADERSHIP ON THIS IMPORTANT ISSUE. I LOOK FORWARD TO HAVING A GREAT DISCUSSION ON HOW WE DO MUCH MORE TO INSURE WE IN FACT THAT A NURSE AND SOCIAL WORKER AND GUIDANCE COUNSELOR IN EACH SCHOOL. I KNOW HOW IMPORTANT IT WAS FOR ME AS A YOUNG GIRL. PARTICULARLY MIDDLE SCHOOL YEARS AND HIGH SCHOOL YEARS WITH DIFFERENT THINGS HAPPENING. SOCIALLY, EMOTIONALLY, PHYSICALLY IN TERMS OF MY OWN BODY CHANGING AND HOW MUCH I DEPENDED ON MY SCHOOL NURSE. AS A RESOURCE FOR ME AS A YOUNG GIRL. THEY ARE LITERALLY LIFE SAVERS FOR PARTICULARLY YOUNG GIRLS IN SCHOOL BUT ALL STUDENTS. I REMAIN COMMITTED TO INSURING THAT WE HAVE MORE STAFFING, AND NOT JUST IN TERMS OF NURSES BUT ALL OF THE POSITIONS ARE SO IMPORTANT. I REPRESENT A DISTRICT THAT HAS UNFORTUNATELY SEEN TOO MANY INCIDENTS AND ONE INCIDENT IS ONE TOO MANY OF GUN VIOLENCE IN OUR COMMUNITY. I REMAIN DEEPLY CONCERNED ON THE IMPACT FOR YOUNG PEOPLE AS THEY SHOW UP TO SCHOOL THE NEXT MORNING OR THE FOLLOWING MONDAY. AND WHAT THAT MEANS IN TERMS OF THEIR ABILITY TO LEARN OR NOT TO BE READY TO LEARN AS THEY SHOW UP FOR SCHOOL. I CERTAINLY WANT TO MAKE SURE

OUR SCHOOLS ARE SAFE HAVEN FOR
OUR YOUNG PEOPLE.

THAT THEY ARE RESOURCED
PROPERLY.

SO WE CAN CERTAINLY PROVIDE ALL
OF THE THINGS THAT OUR YOUNG
PEOPLE NEED AND THAT THEY
DESERVE.

LOOKING FORWARD TO HAVING A
DISCUSSION HERE THAT WILL
HOPEFULLY MOVE US IN THE RIGHT
DIRECTION.

THANK YOU, SO MUCH.

>> THANK YOU, COUNSELOR JANEY .
COUNSELOR FLYNN.

>> THANK YOU, MADAM CHAIR AND
THANK YOU FOR YOUR LEADERSHIP ON
THIS IMPORTANT ISSUE.

IT'S A TOPIC ASK SUBJECT WITH A
HUGE IMPACT A CREDITS OUR CITY.
ACROSS OUR PUB LUCK SCHOOL
DISTRICT.

I ALSO WANT TO THANK COUNSELOR
JANEY AS WELL FOR HER LONG TIME
LEADERSHIP ON ISSUES IMPACTING
STUDENTS IN THE BOSTON PUBLIC
SCHOOL SYSTEM.

I ALSO SUPPOSE HAVING A, A NURSE
AND MENTAL HEALTH COUNSELOR IN
ALL SCHOOLS.

I KNOW THAT THE WALSH AD MUN
STATION HAS MADE GREAT PROGRESS
ON THAT ISSUE.

HERE IS A OPPORTUNITY FOR US TO
ADVOCATE FORGETTING MORE NURSES
AND MENTAL HEALTH PROFESSIONALS
IN OUR SCHOOL.

THAT'S THE JOB OF THE BOSTON
CITY COUNCIL.

ALSO ONE ISSUE THAT IS A CONCERN
TO ME AMONG MANY, THIS ONE
PARTICULARLY IS MAKING SURE THAT
WE ALSO HAVE NURSES THAT SPEAK
LANGUAGES OTHER THAN ENGLISH.
FOR EXAMPLE IN DISTRICT TWO I
HAVE A HIGH CONCENTRATION OF
CHINESE SPEAKING STUDENTS.

I WANT TO MAKE SHOWER WE ALSO
HAVE NURSES THAT CAN SPEAK
CANTONESE OR MANDARIN.

I WANT TO MACH SHOWER WE HAVE
NURSE THAT'S ALSO SPEAK SPANISH.

I REPRESENT BLACK STONE SCHOOL
AND OTHER SCHOOLS IN THE MIDDLE

OF PUBLIC HOUSING DEVELOPMENTS.
NEXT TO VILLA VICTORIA OR OLD
COLONEL KNOW.
WANT TO MAKE SURE WHEN A STUDENT
DOES GO TO A NURSE OR MENTAL
HEALTH PROFESSIONAL THAT THEY
SPEAK THEIR LANGUAGE AS WELL.
SO, THOSE TYPES OF EQUITY ISSUES
WILL CONTINUE TO BE IMPORTANT
FOR ME.
THAT IS SOMETHING I WILL FOCUS
ON DURING THE UPCOMING BUDGET
SEASON AS WELL FOR, ON THE
BOSTON PUBLIC SCHOOLS.
AGAIN I WANT TO SAY THANK YOU TO
THE BOSTON PUBLIC SCHOOL SYSTEM
FOR WORKING WITH US.
IT'S VERY CRITICAL THAT WE AT
LEAST TRY TO GET INTO EVERY
SCHOOL OR MENTAL HEALTH
COUNSELOR.
THANK YOU MADAM CHAIR EURPLGT
THANK YOU, COUNSELOR FLYNN.
WE HAVE A GREAT PAM HERE
REPRESENTED BOSTON PUBLIC
SCHOOLS.
I WILL START WITH THE LIGHT WILL
GO ON FOR YOU.
>> GOOD AFTERNOON, CHAIR
ESSAIBI-GEORGE AND COUNSELORS
JANEY AND ANYONE.
WE ARE EXCITED TO BE HERE THIS
AFTERNOON TO SHARE WITH YOU THE
WORK WE'RE DOING AROUND HEALTH
AND WELLNESS.
TOWARDS OUR OVER ALL GOAL OF
INSTRUCTIONAL EQUITY FOR
STUDENTS.
I'M CHIEF ACADEMIC OFFICER
CHARGED WITH ACADEMIC
PROGRAMMING, STUDENT SUPPORTS
WHICH INCLUDES BUT NOT LIMITED
TOO SOCIAL AND EMOTIONAL
DEVELOPMENT, BEHAVIOR AND MENTAL
HEALTH, THE HEALTH SERVICES,
PHYSICAL EDUCATION.
THOSE ENTITIES AND DEPARTMENTS
ARE HOUSED IN OUR SOCIAL
EMOTIONAL LEARNING AND WELLNESS.
LEAD BY GIO CARTER AS THE INTERN
SUPERINTENDENT.
WITH THAT I WILL TURN IT OVER TO
JILL.
>> THANK YOU, SO MUCH FOR THIS

OPPORTUNITY.

SO, THE BOSTON PUBLIC SCHOOLS

STRIVE TO BE ONE OF THE

HEALTHIEST IN THE COUNTRY.

WE THOUGH HEALTHY STUDENTS ARE

BETTER LEARNERS.

THANK YOU FOR THE OPPORTUNITY TO

COME AND TALK TO YOU TODAY ABOUT

THROW ROLLS THAT ARE CRITICAL TO

THAT VISION WE'RE ASPIRING TOO.

WE'RE COMMITTED TO ACTIVELY

PROMOTING THE SOCIAL, EMOTIONAL

AND PHYSICAL WELLNESS OF ALL

STUDENTS TO SUPPORT BOTH THEIR

HEALTHY DEVELOPMENT AND

READINESS TO LEARN.

WE KNOW ADDRESSING THE THREE

DIMENSIONS OF WELLNESS ARE KEY

TO CLOSING THE OPPORTUNITY AND

ACHIEVEMENT GAPS.

IN ORDER TO, WE MUST ADDRESS

HEALTH AND EQUITIES THAT MAKE IT

DIFFICULT FOR STUDENTS TO FOCUS

ON LEARNING AND CONTRIBUTE TO

THEM MISSING SCHOOL.

ADDITIONALLY WE MUST INSURE THAT

ALL STUDENTS HAVE AUTHENTIC

LEARNING STUDENTS.

THE DISTRICT'S PLAN PRIORITIZES

THE DEVELOPMENT OF THE WHOLE

CHILD.

CALLING T CALLS FOR RIGOROUS

STANDARDS BASED INSTRUCTION THAT

IS CULTURALLY AND LINGUISTICALLY

SUSTAINING AND IN SERVICE OF THE

WHOLE KHOEUL.

CHILD.

IT'S SATED THAT EDUCATORS WILL

CREATE SAFE, HEALTHY AND

SUSTAINING LEARNING ENTIRE

ROWMENTS FOR THE WHOLE CHILD.

WE KNOW WE MUST ADDRESS THE

WHOLE CHILD FOR ALL STUDENTS TO

BE COLLEGE AND CAREER READY.

SO, FROM OUR PERSPECTIVE HE WE

REALLY HAVE TO THINK ABOUT THE

WHOLE CHILD IN EVERY SINGLE

CLASSROOM.

WE HAVE TO HAVE EVERY CLASSROOM

BE SAFE, HEALTHY AND SUSTAINING.

WE NEED STUDENTS TO EXPERIENCE

RELATIVE CURRICULUM.

ACCESS TO WATER AND HEALTHY

FOOD.

OPPORTUNITIES TO LEARN AND MOVE ABOUT THEIR HEALTH. THEY HAVE TO BUILD HEALTHY TRUSTING RELATIONSHIPS WITH ADULTS, AND DEVELOP SOCIAL AND EMOTIONAL SKILLS AND HAVE ACCESS DURING THEY'RE IN THE CLASSROOMS FOR THESE COMPLETE OPPORTUNITIES.

WE ALSO KNOW THAT -- I HAVE TO GO BACK.

>> SO FOR EVERY CLASS ROOM TO BE SAFE, HEALTHY AND SUSTAINING IT REALLY TAKES A TEAM TO MAKE THIS HAPPEN.

WE NEED NURSES AND PSYCHOLOGISTS AND SOCIAL WORKERS THEY'RE CRITICAL AND IMPORTANT IN WHAT WE'RE HERE TO TALK ABOUT TODAY. AS WELL AS OTHERS YOU HAVE REFERENCED LIKE GUIDE GUIDANCE COUNSELORS AND TEACHERS OF ALL CONTENT.

HEALTH ED AND PHYS ED.

WE HAVE TO CARRY BILLION HEALTH STAFF, CAFETERIA AND CUSTODIAL WORK.

IT TAKES ALL TO INSURE SERVICES FOR STUDENTS ADDRESSING THEIR NEEDS.

ESPECIALLY OUR MOST MARGINALIZED STUDENTS IT TAKES COMMUNITY PARTNERS AND FAMILIES THIS.

WORK GOES TO THE HEART OF THE BPS PROBLEM OF PRACTICE.

IT TRULY TAKES A WHOLE SCHOOL, A WHOLE COMMUNITY APPROACH TO CREATE THESE HEALTHY AND SAFE SUSTAINING ENVIRONMENTS.

THESE THINGS I AM TALKING ABOUT ARE OUTLINED IN OUR WELLNESS POLICY.

WHICH HAS BEEN RECOGNIZED AS ONE OF THE MOST COMPREHENSIVE IN THE COUNTRY.

TODAY I WILL TURN IT OVER TO ANDREA AND MARGARET SO THEY CAN SHARE WITH YOU WHERE WE ARE WITH STAFFING RELATED TO THE NURSES, PSYCHOLOGISTS, SOCIAL WORKERS AND OTHER EMOTIONAL SUPPORT WE KNOW ARE CRITICAL TO US REACHING THESE GOALS.

>> THANK YOU FOR ENJOYING US

HERE TODAY.

I'M ANDREA.

LET ME BEGIN TALKING ABOUT THE BEHAVIORAL HEALTH OF THE STUDENTS IN OUR CITY.

THANKS IN PART TO BOSTON PUBLIC HEALTH COMMISSION AND BOSTON PUBLIC HOSPITAL WE HAVE INFORMATION ABOUT THE EXPERIENCES OF CHILDREN IN BOSTON.

WE KNOW 12.5% HAVE EXPERIENCED TWO OR MORE ADVERSE CHILDHOOD CONDITIONS.

THEY CAN IMPACT THE DEVELOPMENT OF A CHILD.

INCLUDE EXPOSURE TO VIOLENCE.

WE KNOW 9% OF STUDENTS HAVE THREE OR MORE OF THESE EXPERIENCES.

ADDITIONALLY STUDENTS HAVE BEEN EXPOSED TO NEIGHBORHOOD VIOLENCE.

EIGHT PERCENT LIVE IN A HOME IMPACTED BY MENTAL ILLNESS.

4.8 EXPERIENCE PARENTAL INCARCERATION.

FOR BPS STUDENTS SPECIFICALLY WE KNOW 23 PERCENT OF OUR STUDENTS HAVE A DISABILITY.

IF YOU PUT THIS ALL TOGETHER IT'S A LOT OF STUDENTS WITH A LOT OF NEEDS.

MARGARET AND I IN BPS ARE HAPPY TO SUPPORT THE NEEDS OF THE STUDENTS.

ONE WAY IS THROUGH A VARIETY OF SOCIAL AND EMOTIONAL SUPPORT STAFF ACROSS THE DISTRICT.

YOU SEE HERE A LIST OF STAFF CENTRALLY FUNDED AND DEPLOYED OR SCHOOL BASED.

THESE POSITIONS PROVIDE IMPORTANT SUPPORTS AT A SCHOOL LEFT.

SOME ARE LICENSED MENTAL HEALTH STAFF.

OTHERS ARE SOCIAL, EMOTION SUPPORT STAFF.

>> BEHAVIORAL HEALTH SERVICES AS A DEPARTMENT HAS REALIGNED THE ROLL OF SCHOOL PSYCHOLOGISTS.

WE HAVE ROBUST PARTNERSHIPS WITH 20 PLUS COMMUNITY ORGANIZATIONS.

WE ARE A SITE FOR SIX STATE

UNIVERSITY TRAINING PROGRAMS.
WE HAVE DEVELOPED A PREHENSIVE
DEVELOPMENT HEALTH MODEL THROUGH
UMASS BOSTON AND BOSTON
CHILDRENS HOSPITAL.

LEADING THAT IN 70BPS SCHOOLS IN
CLOSE PARTNERSHIP WITH BPS
PRINCIPALS.

IN ADDITION BEHAVIORAL SERVICE
SERVICES PROVIDES CONTINUE HELP
FROM PREVENTION TO AT RISK
SERVICES.

I WILL TELL YOU ABOUT OUR
STAFFING AS COUNSELOR FLYNN
MENTIONED WE'RE DEDICATED TO
INCREASING THE LINGUISTIC AND
RACIAL DIVERSITY OF THE STAFF.
THE FOLD OF SCHOOL PSYCHOLOGY AT
A NATIONAL LEVEL IS NOT DIVERSE.

WE HAVE INTENSIVE EFFORTS IN
RECRUITING BILINGUAL STAFF.
YOU WILL SEE WE HAVE A RANGE OF
LANGUAGES SPOKEN BY THE SCHOOL
PSYCHOLOGISTS IN BPS.

IN ADDITION OUR SOCIAL WORK.
>> TWO TYPES OF EMPLOYEES REPORT
TO SERVICES.

WE HAVE SCHOOL PSYCHOLOGISTS,
SPECIAL EDUCATION ELIGIBILITY.

I AM HONORED TO HAVE ADJUSTMENT
COUNSELORS IN OUR DEPARTMENT.

LICENSED SOCIAL WORKERS.
THEY'RE LICENSED AND PROVIDE
SOCIO LOGICAL ASSESSMENTS.
THEY'RE THE TRAINERS FOR THE
DISTRICT.

TOGETHER THESE POSITIONS PROVIDE
A CONTINUUM OF SUPPORTS FROM
TIER ONE, TIER TWO, TIER THREE.
INCLUDING IEP COUNSELING AND
MORE TO PROFESSIONAL
DEVELOPMENT.

ONLY BEHAVIORAL HEALTH SERVICES
SCHOOL PSYCHOLOGIST CAN COMPLETE
ASSESSMENTS FOR ELIGIBILITY.

ONLY THE BEHAVIORAL HEALTH
SERVICES CAN COMPLETE THIS
SOCIO LOGICAL ASSESSMENT FOR THE
DISTRICT.

NEXT I WILL SHOW YOU A LITTLE
BIT ABOUT THE HARD WORK THOSE
FOLKS DO.

YOU WILL SEE HERE.
YEAR TO DATE REPORT THAT GIVES A

SNAP SHOT OF THE WORK THAT THESE STAFFERS PROVIDE ACROSS BPS SCHOOLS.

RANGING FROM PREVENTION SERVICES TO AT RISK SERVICES LIKE TIER TWO COUNSELING AND THEN INTENSIVE SERVICES SUCH AS SPECIAL EDUCATION ASSESSMENT, IEP COUNSELING, AND CRISIS SUPPORT.

WE ALSO CONDUCT THREAT AND SUICIDE ASSESSMENTS AND ARE THE DISTRICT'S CRISIS TEAM.

SOCIAL WORKERS, MANY ARE THE SCHOOL BASED FOLKS I HONORED BEFORE ALSO SUPPORT THE DISTRICT IN PROVIDING GROUP COUNSELING, INDIVIDUAL COUNSELING, AND FAMILY SUPPORT.

HERE YOU WILL SEE INFORMATION ABOUT THE LEVEL OF STAFFING.

THE BEHAVIORAL HEALTH SERVICES DEPARTMENT OVERTIME.

WE WOULD LIKE TO THANK THE MAYOR FOR HIS SUPPORT OF OUR DEPARTMENT.

LAST YEAR AWES KNOW HE GAVE SEVEN ADDITIONAL SCHOOL PSYCHOLOGY POSITIONS AND THROW ADJUSTMENT COUNSELOR POSITIONS. 4.8 POSITIONS HAVE BEEN ADDED TO BEHAVIORAL HEALTH AS A PART OF PRINCIPAL, INVESTING AND SCHOOL PSYCHOLOGISTS FROM THE SCHOOL BUDGET.

WE HAD 55 SCHOOL PSYCHOLOGISTS IN 2015 AND THE NUMBER HAS GONE UP.

IN ADDITION TO THE SUPPORT TOTAL BPSS IS IMPORTANT TO HONOR THE WIDE RANGE OF COMMUNITY MENTAL HEALTH PARTNERS WE.

HAVE MYSELF AND THE METRO BOSTON OF DMH CO-HOST A BOSTON MENTAL HEALTH COLLABORATIVE MEETING MONTHLY IT BRINGS ALL MENTAL HEALTH PARTNERS TOGETHER THAT WORK DIRECTLY WITH BPS AND PROVIDE SERVICES TO BPS STUDENTS.

YOU WILL SEE IT'S A LARGE RANGE OF MENTAL HEALTH PARTNERS AND ALLIED AND CITY AND STATE AGENCIES.

WE WORK TOGETHER TO BRING
SUPPORT TO ALL STUDENTS.
IN ADDITION TO THE MENTAL HEALTH
PARTNERS WE HAVE UNIVERSITY AND
TRAINING PARTNERSHIP WITH THE
TRAINING PROGRAMS FOR THE STATE.
UMASS BOSTON, NORTHEASTERN AND
WILLIAM JAMES ARE LOCAL.
THOSE UNIVERSITIES PROVIDE
GRADUATE LEVEL STUDENTS THAT WE
SUPERVISE UPWARDS TO 25 GRADUATE
STUDENTS COME INTO THE DISTRICT
TO BOTH LEARN TO BE TRAINED AS
SCHOOL PSYCHOLOGISTS AND HELP
SUPPORT STUDENTS IN BPS.
WITH THAT I WILL PASS IT ONTO
MARGARET.

>> GOOD AFTERNOON I APPRECIATE
THE TIME TO BE HERE TALK WITH
YOU.

THIS IS MY ELEVENTH YEAR IN
BOSTON PUBLIC SCHOOLS.
I'M IN AS DIRECTOR FOR A YEAR,
PREVIOUSLY I WAS A NURSE IN
DORCHESTER AT AN ELEMENTARY
SCHOOL.
I'M PASSIONATE ABOUT SCHOOL
NURSING.
I NEVER EXPECTED TO STAY IN THIS
JOB.

IT'S BEEN AN AMAZING PLACE TO
SUPPORT CHILDREN AND FAMILIES.
WE HAVE AN AMAZING GROUP OF
NURSES IN THE BOSTON PUBLIC
SCHOOLS.
YEARS OF EXPERIENCE, LEVEL OF
EDUCATION, AND JUST EXCEPTIONAL
PRACTICE IS VERY EXCITING AND
IT'S AN EXCITING PLACE FOR ME TO
BE AND TO LEAD.

>> I WANT TO ASK THROUGH THE
MISSION OF THE SCHOOL SERVICES
DEPARTMENT.
THIS IS MORE OF A LIST OF WHAT
WE'RE DOING AT PRESENT.
SO THE BPS NURSES REMOVE HEALTH
OBSTACLES TO MAKE SURE STUDENTS
ARE PHYSICALLY, EMOTIONAL WELL.
I THINK THIS IS IMPORTANT FOR
ANDREA AND I TO SIT NEXT TO EACH
OTHER OUR WORK IS SO CORRECTED.
WE CAN'T TALK ABOUT THE PHYSICAL
HEALTH OF A CHILD WITHOUT
TALKING ABOUT THEIR EMOTIONAL

HEALTH AND FAMILY'S HEALTH.

THE BASICS OF WHAT NURSES DO IS

EVALUATE THE NEEDS OF ALL

STUDENTS.

IDENTIFY AND MAPPING CHRONIC

CONDITIONS.

MONITORING AND ADMINISTERING

MEDICAL PROCEDURES.

PROVIDING FIRST AID AND

EMERGENCY CARE.

I THINK THIS IS A ISSUE WE HAVE

WITHOUT A SCHOOL NURSE IN EVERY

BUILDING.

IT'S HARD WITH THE EMERGENCY

CARE AND FIRST AID.

I THINK THAT'S ONE OF THE THINGS

THAT THE SCHOOLS GET, THE

ADMINISTRATION GETS NERVOUS

ABOUT.

IDENTIFICATION OF COMMUNITY

DISEASES AND HEALTH SERVICES

THIS.

IS JUST TALKING ABOUT THE NEEDS

OF THE BOSTON PUB HICK SCHOOL

STUDENTS.

ANDREA ELUDED TO THIS.

WE HAVE A HIGH RISK POPULATION

ON MANY LEVELS.

BOTH ON THE BEHAVIORAL HEALTH,

PHYSICAL HEALTH STAND POINT.

ALSO FROM THE CHRONIC DISEASE

STAND POINT.

WE HAVE 1% OF STUDENTS DIAGNOSED

WITH ASTHMA.

1.6 PERCENT OF OUR STUDENTS HAVE

SEIZURE DISORDERS OR

NEUROLOGICAL DISORDERS.

IT DOESN'T SEEM LIKE A LOT.

WHEN YOU TAKE THAT TO A SCHOOL

SYSTEM OF 55,000 STUDENTS THAT'S

A LOT OF STUDENTS.

DO I BOATS WE HAVE 163 STUDENTS

ACROSS THE DISTRICT.

TYPE ONE DIABETES IS A VERY

DIFFICULT DISEASE TO MANAGE IN

THE CHILD AND ADOLESCENT

POPULATION.

PARTICULARLY DIFFICULT IN

SCHOOLS WHEN KIDS DAYS ARE NOT

PREDICTABLE.

SICKLE CELL WE HAVE 90

STUDENTS IN THE DISTRICT WITH

SICKLE-CELL DISEASE.

THAT'S ANOTHER DISEASE THAT

IMPACTS THE LIFE OF A FAMILY AND A CHILD.

IT REQUIRES A LOT OF INTERVENTION FROM NURSES, TEACHERS AND EDUCATION FOR THE ADMINISTRATION AND TEACHERS. LIFE THREATENING ALLERGIES 6.5 OF STUDENTS ARE AFFECTED BY LIFE THREATENING STUDENTS.

THAT'S OVER 3500 STUDENTS. IT'S A LOT TO MANAGE FROM THE NUTRITIONAL SERVICES THROUGH THE ADMINISTRATION AND TO NURSING, TO PRIMARY SCARE ALLERGY PROVIDERS.

IN THE SCHOOL YEAR THIS SCHOOL YEAR 18-19 AS OF A FEW DAYS AGO WE HAVE HAD OVER 190,000 CYSTS 190,000 CYSTSTO THE HEALTH OFFICES. THEY ARE BUSY OFFICES WE HAVE HERE.

WE HAVE GIVEN OUT ALMOST 160,000 MEDICATION IN TREATMENTS FROM THE BEGINNING OF THE SCHOOL YEAR TO THE END OF MARCH.

LOOKING AT THE NUMBERS WITH 125 NURSES IN THE SCHOOLS, WE'RE BUSY.

ANOTHER PIECE OF WHAT SCHOOL NURSES DO ARE HEALTH SCREENINGS. IS THIS A DIAGRAM SHOWING HOW MANY HAVE BEEN DONE THIS YEAR. OVER 28,000 VISION SCREENING FOR OUR KIDS.

19,000 HEARING SCREENS.

A THOUSAND DENTAL SCREENS AND THE BMI SCREENING IS OVER 16,000.

I WANT TO TALK ABOUT THE CURRENT STAFFING OF HEALTH SERVICES.

AGAIN TO REITERATE WHAT ANDREA SAID WE ARE THANKFUL TO THE EIGHT ADDITIONAL NURSES WE RECEIVED LAST YEAR AS PART OF THE \$2.3 MILLION ADDITIONAL BUDGET, ADDITION TO THE BUDGET LAST YEAR.

THIS CURRENT SCHOOL YEAR WE HAVE 126.2 FULL TIME NURSES.

44 OF OUR SCHOOLS HAVE A HALF TIME NURSE.

22% OF OUR NURSES HAVE LANGUAGE PROFICIENCY IN A LANGUAGE OTHER THAN ENGLISH.

WE DO HAVE SIX FULL TIME
COVERAGE NURSES HOUSED IN THE
CENTRAL OFFICE.

THEY'RE NOT ASSIGNED TO A
SCHOOL.

THEY ARE BEING USED TO BOTH
MENTOR AND SUPPORT NURSES AND
FOR EMERGENCY SUBSTITUTE
COVERAGE SO WE NEVER LEAVE A
SCHOOL WITHOUT A NURSE OR AT
LEAST A PARTIAL DAY THEY'RE
SUPPOSE TO.

HAVE THE CURRENT STAFFING MODEL
WE'RE USING FOR BPS NURSES.

WE ARE FOLLOWING THE STATE
RECOMMENDATION FOR 751 STUDENTS.

WE ALSO RECOGNIZE WE'RE A HIGH
RISK STUDENT POPULATION SO WE
KNOW THAT 1-7 OTHER IN A SCHOOL
DOESN'T REALLY CUT IT THE OTHER
NUMBERS THE STATE OR DISTRICT
RECOGNIZE.

THIS IS WITH HIGH RISK
POPULATIONS.

IT'S ONE NURSE TO 250.

ONE NURSE TO 250 HIGH RISK
POPULATIONS.

OUR CURRENT STAFFING IS ONE
NURSE TO 440 STUDENTS.

THAT'S THE AVERAGE FOR ALL
SCHOOLS.

SOME OF THE SCHOOLS ARE FINE
WITH THE 1-7 OTHER.

THEN OTHERS HAVE EXTREMELY HIGH
NEEDS.

ESPECIALLY THE SCHOOLS WITH THE
STRANDS FOR THE MEDICALLY
COMPLEX AND DEVELOPMENTAL
PROGRAMS THAT WE HAVE THROUGH
THE SPECIAL EDUCATION
DEPARTMENT.

>> THERE HAS BEEN GROWTH.

WE HAVE GONE FROM 114.5 IN
FISCAL YEAR 16.

FISCAL YEAR 19 -- 18 IT WAS 118
UP TO 126.2 FOR THIS SCHOOL
YEAR.

NEXT YEAR IT'S 125.6.

I'M NOT SURE WHAT THAT DECREASE
IS.

IT'S PROBABLY JUST POSITIONS
THAT HAVEN'T BEEN COMPLETELY
FILLED.

THIS IS COMING THROUGH THE

PWUPGT OFFICE.

WE ARE WORKING WITH COMMUNITY PARTNERS KNOWING WE HAVE A NEED TO EXPECT OUR NURSES ARE FROM OVER TEN DIFFERENT NURSING PROGRAMS OVER THE WORST ON AREA. THIS IS ALSO A GREAT RECRUITMENT TOOL.

SO TO ANSWER YOUR QUESTION COUNCILMAN FLYNN IN TERMS OF TRYING RECRUIT MORE LANGUAGES AND MORE CULTURALLY PROFICIENT NURSES WE ARE ABLE THROUGH WORKING WITH STUDENTS AND PRECEPTING THEM TO GET OUR STUDENTS INTERESTED.

NURSING STUDENTS INTO SCHOOL NURSING.

WE HAVE BEEN SUCCESSFUL RECRUITING TO BOSTON PUBLIC SCHOOL NURSES.

WE WORK WITH VISION PARTNERS FOR SCREENINGS AND PROVIDE FREE AYE EXAMS AND GLASSES.

THIS IS MOSTLY HAPPENING ON THE HIGH SCHOOL AND MIDDLE SCHOOL LEVEL WAOEFRPLT AGGRESSIVELY WORKING WITH PROGRAMS TO GET MORE VISION PROGRAMS IN THE SCHOOLS TO PROVIDE THIS.

IT'S SUCH AN ESSENTIAL PROGRAM.

WE DO SCREENINGS BUT DON'T ALWAYS HAVE TIME TO DO THE FOLLOW-UP AND BRING PROGRAMS IN HELPS TO MAKE SURE STUDENTS WHO NEED THEM GET THEIR GLASSES.

THEN DENTAL PARTNERS WE HAVE A LARGE NUMBER OF DENTAL PARTNERS WORKING IN THE SCHOOLS FOR DENTAL SCREENINGS AND PREVENTATIVE DENTISTRY AND DO MILD TREATMENT FOR MILD CAVITIES AND DENTAL PROBLEMS.

WE ALSO WORK WITH SCHOOL BASED HEALTH CENTERS.

WE ARE FORTUNATE TO HAVE SIX BOSTON PUBLIC HEALTH COMMISSION SCHOOL BASED HEALTH CENTERS IN OUR SCHOOLS.

WE HAVE ANOTHER THAT ALSO WORKS IN ONE OF OUR SCHOOLS THAT IS MENTAL HEALTHCARE ONLY.

THEN WE HAVE PARTNERSHIPS WITH SIX DIFFERENT COMMUNITY HEALTH

CENTERS TO PROVIDE SERVICE IN ANY NUMBER OF THE SCHOOLS FROM HIGH SCHOOL THROUGH K- 8 SCHOOLS.

THAT'S THE NOTED OF MY PRESENTATION.

>> THANK YOU, MARGARET.

WE HAVE BEEN JOINED BY DISTRICT SIX COLLEAGUE, MATT O'MALLEY.

WE WILL DO A QUICK ROUND OF QUESTIONS FOR THIS PANEL BEFORE THE NEXT PANEL THIS.

IS FOR MYSELF AND MY COLLEAGUES I WILL SET TIMER FOR MYSELF AS WELL FOR QUESTIONS.

ON THE LAST SLIDE, MARGARET, THAT YOU SHARED WITH US.

FIRST, THANK YOU ALL FOR THE THOROUGH PRESENTATION THIS. IS VERY HELPFUL TO GUIDE US IN QUESTIONS TO DAY.

IN THE FINAL PANEL ARE WE COUNTING THE NURSES THAT ARE MADE AVAILABLE OR BEHAVIORAL HEALTH SPECIALISTS, ANDREA, AVAILABLE THROUGH THE COMMUNITY HEALTH SENTER'S IN OUR SCHOOLS?

>> NO.

THESE FOR ME ARE ALL BOSTON PUBLIC SCHOOL EMPLOYEES.

>> ONLY COUNTING BPS EMPLOYEES NOT HEALTH CENTER EMPLOYEES IN THE SCHOOL.

>> YES.

>> IS IT THE SAME FOR THE MENTAL HEALTH PROFESSIONAL.

>> YES.

>> THANK YOU FOR.

THAT ON THE SOCIAL AND EMOTIONAL SUPPORT PROVIDERS.

THE SCHOOL PSYCHOLOGISTS, GUIDANCE COUNSELORS, ETCETERA, CAN YOU RUN THROUGH WHAT THE PROFESSIONAL CAPACITY IS WITH OUR STUDENTS, ANDREA.

>> I WILL BORROW MARGARET.

MY SLIDE DIDN'T PRINT.

I CAN'T READ WHAT IT PRINTED.

SO IT LIFTS 75 SCHOOL PSYCHOLOGIST, TWO CAPACITY BUILDERS.

THEY'RE TWO FOLKS PAID FOR BY BOSTON CHILDRENS HOSPITAL PROVIDING SUPPORT FOR THE

BEHAVIORAL SCHOOLS.
THE REMAINDER SCHOOL
PSYCHOLOGISTS IN SCHOOLS ARE
LICENSED AND PROVIDE THE
PREVENTION, INTERVENTION FOR AT
RISK SERVICES.
>> THEY'RE ACTIVELY GIVING
SERVICES TO CHILDREN.
>> 73.4.
>> 73.
>> THIS ARE 8 PUPIL ADJUSTMENT
COUNSELORS IN MY DEPARTMENT THAT
ARE WILLSES SOCIAL WORKERS.
DIRECT SERVICES TO STUDENTS IN
THAT CONTINUUM FROM PREVENTION
TO CRISIS AND COUNSELING
SUPPORT.
>> THEY'RE IN OUR SCHOOLS AS
WELL.
>> CORRECT.
>> ALL OF THESE, THESE FOLKS ARE
IN SCHOOLS.
SOME ARE CENTRALLY DEPLOYED.
MOST OF THE SCHOOL PSYCHOLOGISTS
REPORT TO ME.
ALL OF THE ADJUST COUNSELORS
REPORT.
THEY'RE IN SCHOOLS AND CENTRALLY
DEPLOYED.
THE OTHERS ARE SCHOOL BASED.
THE CLINICAL COORDINATORS
SUPPORT STUDENTS WHO REQUIRE
SIGNIFICANT MENTAL HEALTH
SUPPORT AS PART OF THE IEP.
GUIDANCE ADVISORS AND GUIDANCE
COUNSELORS, GUIDANCE COUNSELORS
HAVE ADDITIONAL OBLIGATIONS TO
SUPPORT ASSIGNMENTS AND
TRANSCRIPT WORK.
THE SOCIAL WORKERS ARE SCHOOL
BASED SOCIAL WORKERS OUT IN BPS
SCHOOLS.
THEN THE STUDENT DEVELOPMENT
COUNSELORS AND STUDENT SERVICE
COORDINATORS PROVIDE A VARIETY
OF SUPPORT AT THE DIRECTION OF
THE PRINCIPLE.
>> SO SCHOOL BASED, SCHOOL BASED
FOLKS.
AND DO WE KNOW GENERALLY
ESPECIALLY FOR THOSE THAT ARE
NOT THE GUIDANCE COUNSELORS.
I SORT OF HAVE A BETTER
UNDERSTANDING OF WHAT A GUIDANCE

COUNSELOR IS RESPONSIBLE FOR.
DO WE HAVE A UNDERSTANDING HOW
THEY'RE BREAKING UP THEIR TIME
WHETHER IT'S DIRECT SERVICES TO
OUR STUDENTS OR IS IT DOING THE
EVALUATION FOR AN IEP OR
EVALUATING A STUDENT BUT NOT
PROVIDING DIRECT SERVICES.

>> SO, I THINK THE, THE QUESTION
ABOUT THE ONLY STAFF THAT CAN DO
THE ASSESSMENT FOR IEPs ARE
THE PSYCHOLOGISTS.

THEN IN TERMS OF WHO MIGHT BE
PROVIDING ADDITIONAL SUPPORT
AROUND WORK THAT IS CALLED FOR
ON THE IEP.

WE KNOW FOR SURE THE
PSYCHOLOGIST AND PUPIL
ADJUSTMENT COUNSELORS THEY
PROVIDE SUPPORTS ON THE IEP.
THAT IS TRUE FOR THE CLINICAL
COORDINATORS AS WELL.

>> DO WE HAVE AN IDEA THEY SPEND
ON DIRECT EFRBSS IS COMPARED TOY
SRAOULATION?

A KPHRAEUBT I HEAR IS THEY SPEND
A LOT OF TIME EVALUATING.
THAT'S IMPORTANT WORK.
THERE ISN'T ENOUGH TIME LEFT
OVER FOR THEM TO PROVIDE THE
SERVICES THAT THE KIDS THEN
REQUIRE.

WHETHER IT'S PART OF AN IEP OR
PART OF A CHILD'S NEED FOR ANY
SORT OF EMOTIONAL, MENTAL
SUPPORT.

>> YOU WANT TO COMMENT ON THE
PSYCHOLOGIST.

>> I CAN TALK ABOUT THE FOLKS IN
BEHAVIOR HEALTH SERVICES.

WE GO BACK TO AN EARLIER SLIDE.
THE CLICK CERTAIN WORKING.

I WILL GO BACK.

YOU CAN SEE THE WORK THAT THE
DEPARTMENT IS DOING.

I KNOW IT'S HARD TO SEE.

IT MAYBE EASIER ON THE
POWERPOINT.

THIS IS THE YEAR TO DATE DATA
FOR THE SCHOOL PSYCHOLOGIST
THAT'S REPORT TO ME AND THE
ADJUSTMENT COUNSELORS THAT
REPORT TO ME.

I THINK IT'S A SENSE TO YOUR

QUESTION HOW THESE FOLKS ARE SPENDING THEIR TIME.

THE STUDENT SUPPORT SERVICES BUCKET THAT IS AT THE TOP IN YELLOW ARE THE SPECIAL EDUCATION REQUIRE SERVICES.

THEY HAVE CONDUCTED THE EVALUATIONS AS OF THE -- MARCH FIRST.

THEY HAVE CONDUCTED 533 533 533 COUNCIL COUNSELING SESSIONS FOR STUDENTS ON IEPs AND THEY ATTEND THE IEP MEETINGS.

YOU WILL SEE ON THE RIGHT YEAR TO DATE THEY PROVIDE 7964 CONSULTATIONS.

THAT CAN BE TO PARENTS, TEACHERS I PRINCIPALS, COMMUNITY PARTNERS FOR ALL STUDENTS REGULAR AND SPECIAL ED STUDENTS.

THE BOTTOM LEFT BOX IN RED IS THE WORK THAT THE GREAT GROUP OF PEOPLE HAVE DONE FOR CRISIS SUPPORT.

CRISIS SUPPORT IS FOR ALL STUDENTS.

WE HAVE RESPONDED TO 919 SCHOOL BASE CRISIS.

AS YOU HEARD LAST WEEK'S HEARING SCHOOL BASE CRISIS IS WHEN A INDIVIDUAL OR SMALL GROUP OF KIDS ARE IN MENTAL HEALTH CRISIS AND REQUIRE SUPPORT.

THE SCHOOL PSYCHOLOGIST RESPONDS.

TO DATE THE DISTRICTS HAVE 37 DISTRICT CRISIS EVENTS.

LARGE SCALY VENTS WHERE THE CRISIS EXCEEDS THE CAPACITY OF THE SCHOOL AND THE DISTRICT TEAM IS CALLED IN.

WE WORK CLOSELY WITH THE SAFETY SERVICES DEPARTMENT AND RESPOND TO THOSE LARGE SCALY VENTS.

OFTEN IT'S THE DEATH OF A STAFF MEMBER, STUDENT, OR EXTREME VIOLENCE IN THE COMMUNITY IMPACTING THE SCHOOLS.

THESE FOLKS HAVE DONE 302 SUICIDE ASSESSMENTS AND 73 THREAT ASSESSMENTS.

THOSE ARE ALL DIRECT SERVICES TO STUDENTS.

THE PREVENTION BOX ON THE GREEN

SHOWS THE GROAN WE ARE DOING THE
WORK WITH THE SCHOOL BASED TEAMS
OF TEACHERS AND PROFESSIONALS OF
PROFESSIONAL DEVELOPMENT.
WE HAVE OFFERED 137 PROFESSIONAL
DEVELOPMENT SESSIONS.
MOSTLY TO TEACHERS.
PARTICIPATING IN TIER ONE
PREVENTION TEAMS.
SST TEAMS.
IIL TEAMS.
THAT HELPS THE SCHOOLS CREATE A
SAFE AND SUPPORTIVE SCHOOL
CLIMATE.
HAVING STRUCTURES TO SUPPORT
KIDS IN NEED.
WILL YOU SEE THE MAJORITY OF
SERVICES PROVIDED A DIRECT
SERVICES TO STUDENTS.
THESE ARE FOR THE FOLKS THAT
REPORT TO ME.
I WANT TO HONOR THEY'RE SCHOOL
BASED STAFF THAT JILL IS
SPEAKING TOO.
I DON'T COLLECT DATA ON THEIR
WORK.
>> THANK YOU, ANDREA.
I WOULD LIKE TO INVITE COUNSELOR
JANEY FOR HER QUESTIONS.
>> THANK YOU SO MUCH MADAM
CHAIR.
THANK YOU ALL FOR THE WORK ARE
YOU DOING AND FOR THIS
PRESENTATION.
I WANT TO UNDERSTAND MORE THE
FUNDING STREAM.
HOW MANY OF THESE POSITIONS ARE
FUNDED THROUGH THE CENTRAL
BUDGET VERSUS A SCHOOL BASED
POSITION?
DO WE HAVE A SENSE.
>> THE CURRENT, THE CURRENT
POSITIONS IN, IN -- DO YOU WANT
TO ANSWER ANDREA.
>> I CAN SPEAK FOR BEHAVIORAL
HEALTH SERVICES.
WE HAVE 4.8 POSITIONS FUNDED BY
PRINCIPLE BUDGETS.
A PRINCIPLE HAS PUT IN HIS OR
HER SCHOOL BUDGET TO INCREASE
THE AMOUNT OF SERVICE THEY.
HAVE 4.8 OF THOSE 75.4 POSITIONS
ARE FUNDED BY PRINCIPLE FUNDING.
TWO OF THE POSITIONS ARE FUNDED

BY CHILDRENS HOSPITAL.
SIX OF THE POSITIONS ARE A
HUNDRED PERCENT FUNDED BY A
SCHOOL BUDGET.

SO 4.8 WE SHARE THE FUNDING.
6.0 ARE FUNDED BY THE COMPLETELY
BY A PRINCIPAL BUDGET AND THEY
REPORT TO THE PRINCIPAL.

THEN THAT LEAVES THE REMAINDER
OF THE POSITIONS TO BE CENTRALLY
FUNDED AND DEPLOYED.

I WANT TO BE CLEAR THEY'RE
DEPLOYED OUT IN SCHOOLS.

>> RIGHT.

WHEN WE TALK ABOUT THE NEED OR
THE RECOMMENDED RATIO.

SO I THINK CURRENTLY AT ONE FOR
440 STEWED SENTS WHERE WE ARE IS
IT.

>> THAT'S CORRECT FOR NURSES.

>> FOR NURSES.

THE RECOMMENDATION IS FOR 452
STUDENTS.

YOU HAVE A SENSE HOW MUCH MONEY
THAT REQUIRES OR THE POSITIONS
WE'RE TALKING ABOUT TO GET TO
THE 250?

>> I HAVE, WHAT I HAVE WORKED
OUT IS ONE NURSE FOR EVERY
SCHOOL REQUIRES 22 NEW NURSE
POSITIONS.

WE HAVE 4 HAD SCHOOLS WITH HALF
TIME NURSES.

I DIDN'T LOOK AT WHAT THAT DOES
TO THE RATIO OF THE STUDENTS.

I SUSPECT IT WOULD BRING IT DOWN
QUITE A BIT.

>> THAT'S HELPFUL TO UNDERSTAND
THAT.

I KNOW THE CLOCK IS TICKING.

I AM ON PAGE SIX.

IN THE PRESENTATION, FOR
BEHAVIORAL HEALTH.

WAS LOOKING AT THE FIGURES.

HOW ARE WE DEFINING THE AGE.

WHEN YOU SAY ADVERSE CHILDHOOD
EXPERIENCE.

I AM LOOKING AT THE SECOND
BULLET POINT.

THE EXPOSURE TO NEIGHBORHOOD
VIOLENCE.

HOW DO YOU DEFINE THAT TO GET
SUCH A LOW NUMBER IT SEEMS LOW
TO ME.

>> SO THE DATA, THE DEFINITION ADVERSE, CHILDHOOD CONDITIONS IS A NATIONAL DEFINITION USED ACROSS PUBLIC HEALTH AND MENTAL HEALTH ORGANIZATIONS. THIS REPORT FROM THE BOSTON PUBLIC HEALTH COMMISSION AND BOSTON PUBLIC CHILDREN HOSPITAL LOOKING AT CHILDREN OF BOSTON WAS DONE BY INTERVIEWING PARENTS AND HAVING PARENTS DESCRIBE EXPERIENCES OF CHILDREN.

>> SO GIVEN THAT IT RELIES ON FEEDBACK FROM PARENTS OR OTHER FACTORS I HAVE TO ASSUME ALL OF THESE NUMBERS ARE VERY LOW. SO 8% LIVE IN HOUSEHOLDS OF -- WE KNOW THIS UNDER COUNTED. NEIGHBORHOOD VIOLENCE. I DON'T KNOW HOW THEY'RE COUNTING IT.

I MAKE THE ARGUMENT THERE ARE SEVERAL CHILDREN AT ANY GIVEN TIME IN OUR CITY WHO ARE TRAUMATIZED AND EXPERIENCING VIOLENCE ON A REGULAR BASIS WHO SHOW UP TO SCHOOLS THAT MAY OR MAY NOT BE PREPARED TO RESPOND WITH THAT CHILD'S NEEDS. FOR EXAMPLE, SOMETHING LIKE THIS UNFORTUNATE HAPPENS. THAT CHILD WHO MAYBE DIRECTLY CONNECTED BECAUSE PERHAPS IT WAS A RELATIVE INVOLVED, PERHAPS THAT CHILD IS RECEIVING THE SUPPORT THEY NEED.

ALL OF THE OTHER CHILDREN THAT LIVE ON THAT SAME STREET OR WITHIN THE BLOCK OR EARSHOT OF WHAT HAS TRANSPIRED ARE SHOWING UP AT GOD KNOWS HOW MANY DIFFERENT SCHOOLS GIVEN OUR ASSIGNMENT SYSTEM. THEY'RE SHOWING UP NOT READY TO LEARN AND UNFORTUNATELY TO SCHOOL COMMUNITIES NOT PREPARED OR NOT EVEN AWARE THAT SOMETHING HAS HAPPENED IN THIS CHILD'S, YOU KNOW ON THIS CHILD'S STREET. I WOULD LOVE FOR US TO GET TO A PLACE WHERE WERE ABLE TO UNDERSTAND THROUGH BETTER COORDINATION, PUBLIC SAFETY,

SCHOOLS AND PUBLIC HEALTH, ALL OF THAT.

REGARDLESS WHERE SOMETHING HAPPENS.

WE UNDERSTAND IF SOMETHING HAPPENED ON MAIN STREET, YOU KNOW, IN THE CITY THAT EVERY CHILD WHO LIVES ON MAIN STREET OR WITHIN THAT BLOCK WHAT WE CAN DETERMINE WHAT THE DISTANCE IS.

A QUARTER MILE OR WHAT HAVE YOU. THAT WE KNOW WHERE THE CHILDREN ARE GOING TO SCHOOL.

THAT THOSE SCHOOLS ARE READY TO RESPOND.

I HAVE SEVERAL OTHER QUESTIONS AND I HEAR THE BUZZER IS --

>> A QUICK ONE?

>> SO I AM WONDERING ABOUT THAT. I ALSO WONDER, QUICKLY THANK YOU FOR YOUR FLEXIBILITY, MADAM CHAIR.

I DIDN'T HEAR ANYONE MENTION MEDICATION THAT CHILDREN TAKE. YOU KNOW AS PRESCRIBED THROUGH AN IEP, RITALIN OR SOMETHING.

THEN I WONDER WHAT SUPPORTS ARE HAPPENING FOR SUPPORTING YOUNG PEOPLE, I AM GRINT CHILDREN, MAY OR MAY NOT BE DOCUMENTED AND FAILING SOME KIND EVER WAY BECAUSE WHAT HAD IS HAPPENING IN WASHINGTON DC.

I THINK WE LOCALLY ARE TRYING TO DO WHAT WE CAN.

I WONDER ABOUT THAT.

I WONDER ABOUT THE SUPPORTS AROUND LGBTQ.

I HOPE SOMEONE CAN RESPOND TO THOSE SPECIFIC STUDENT POPULATIONS AND OBVIOUSLY THERE IS OVERLAP AND INTERSECTIONS THAT THOSE CHILDREN MAYBE IMMIGRANTS OR BLACK OR LATINO OR WHAT HAVE YOU, NEED LANGUAGE REQUIREMENTS.

I'M INTERESTED AND UNDERSTAND ONE WHAT WE'RE DOING AND TWO WHAT THE NEED IS TO MAKE SURE WE'RE DOING ALL WE CAN FOR THE POPULATIONS.

THANK YOU.

I WILL SAVE THE REST.

>> I CAN EXPLAIN A LITTLE BIT

ABOUT THE CRISIS SUPPORT.
THEN MAYBE MARGARET CAN TALK
ABOUT THE MEDICATION ISSUES.
WE WORK VERY CLOSELY WITH BOSTON
PUBLIC HEALTH COMMISSION AND THE
TRAUMA TEAMS AND BOSTON POLICE
TO SUPPORT STUDENTS AND FAMILY
WHO ARE EXPOSED TO COMMUNITY
VIOLENCE.
AS A EXAMPLE WHEN SOMEONE
HAPPENS IN THE COMMUNITY THE
BOSTON POLICE AND THE TRAUMA
TEAMS WORK TOGETHER TO INDICATE
WHO ARE THE POTENTIAL VICTIMS IN
THAT AREA.
THEN WE RECEIVE NOTIFICATION
FORMALLY THROUGH BPD AND
INFORMALLY THROUGH THE NETWORKS
OF PARTNERSHIPS INCLUDING THE
NEIGHBORHOOD TRAUMA TEAMS TO SAY
A INCIDENT OCCURRED IN THIS
LOCATION.
THEY WILL LET US KNOW IF THE
VICTIM WAS A STUDENT OR THE
STUDENTS WERE PRESENT.
WE SET ABOUT TRYING TO FIGURE
OUT WHERE THE STUDENTS GO TO
SCHOOL.
TO HONOR YOUR POINT WHEN WE HAVE
A CRISIS EVENT IT'S ALMOST EVERY
CRISIS EVENT IMPACTING MORE THAN
ONE SCHOOL.
WHY, MANY OF THE KIDS IN A
TPHAEUB HOOD GO TO ONE SCHOOL.
THE LOSS OF A COMMUNITY MEMBER
IN ONE NEIGHBORHOOD LIKELY
IMPACTS MANY SCHOOLS.
THE TEAM IS EXPERIENCED IN
GETTING INFORMATION FROM
COMMUNITY PARTNERS AND
RESPONDING BUT RESPONDING TO A
VARIETY OF SCHOOLS BECAUSE
STUDENTS -- THE IMPACT IS
WIDESPREAD.
WE PROVIDE THE SUPPORT WITH BPS
CENTRAL CRISIS TEAM.
THE BUILDING BASE SUPPORTS.
THE PEOPLE WHO WORK AT THE
SCHOOL AND KNOW THE STUDENTS.
ALSO THE COMMUNITY PARTNERSHIPS
FROM THE WITNESS TO VIOLENCE
PROGRAMS.
THE NEIGHBORHOOD VIOLENCE TEAMS.
WE HAVE A SYSTEM TO DO THAT WHEN

WE'RE INFORMED THAT AN INCIDENT HAS OCCURRED.

AGAIN WE FIND THAT OUT FROM A VARIETY OF SOURCES.

OFTEN OUR CHILDREN AND FAMILIES LET US KNOW SOMETHING HAPPENED AS WELL.

>> SO, TO ANSWER YOUR QUESTION ABOUT MEDICATIONS AND THE SCHOOL NURSES ARE GIVING ANY NUMBER OF DIFFERENT TYPE OF MEDICATIONS. SO WE HAVE THE SCHEDULED MEDICATIONS SOMETHING LIKE RITALIN OR SOMETHING TO TREAT ADHD.

MOST OF THOSE STUDENTS HAVE A 504 PLAN IT MAYBE PART OF THEIR IEP IF THEY HAVE AN IEP.

A LOT IS IN SUPPORT OF FAMILIES. IF THE DAY IS TOO EARLY AND CHAOTIC.

THE NURSES WILL THEN OBTAIN A ORDER TPRER THE PRESCRIBING PHYSICIAN OR NURSE PRACTITIONER TO GIVE THE MEDICATION IN SCHOOL.

WE WORK IN PARTNERSHIP WITH THE PARENTS TO GET THAT TO THEM. I THINK THE LARGER NUMBER OF MEDICATIONS THAT NURSES HAVE TO KEEP TRACK OF ARE THE EMERGENCY MEDICATIONS.

ALL OF THOSE 3000 PLUS CHILDREN WITH FOOD ALLERGIES REQUIRE AN EPI PEN IN SCHOOL.

THE NURSE IS THE PERSON WHO NEEDS TO MAKE SURE WE HAVE THE ORDERS TO KEEP TRACK OF THE MEDICATION.

MAKE SURE THE MEDICATION IS AVAILABLE.

IN SCHOOL WHEN THEURPB ARE ON FIELD TRIPS.

THEY'RE RESPONSIBLE FOR EDUCATING THE STAFF ABOUT THE USE OF EPI PENS.

THE SAME IS TRUE WITH ASTHMA MEDICATIONS.

WE NEED TO MAKE SURE THE CHILDREN CAN SELF ADMINISTER THE MEDICINE.

THE NURSE'S JOB IS TO REALLY TEACH THE STAFF ABOUT ASTHMA. GET THEM TO RECOGNIZE WHEN A

CHILD IS IN DISTRESS AND HOW TO HELP THE CHILD RESPOND.
THAT'S A VERY DIFFERENT THING FROM A KINDERGARTEN TO A 12th GRADER.
WE CONSTANTLY EDUCATION STUDENTS.
THEN AROUND TYPE 1 DIE BOATS.
THE NURSE CONSTANTLY TEACHES AND MONITORS AND GIVES INSULIN.
THERE ARE CYSTS UP TO THREE.
I HAVEN'T TAKEN CARE OF A CHILD WITH DIE BOATS IN A LONG TIME,
MY RECOLLECTION IS IT'S 3-4 TIMES A DAY THAT THE TYPHERS NURSE INTER
A +*PGS ACTS WITH THE STUDENTS.
>> I WOULD LIKE TO COMMENT ON A FEW OTHER POPULATIONS.
>> THE CLOCK IS FOR MY COLLEAGUE.
>> OKAY.
>> FIRST I WANTED TO POINT OUT THAT YOU WERE ASKING ABOUT DATA AND THE DATA THAT WE HAD IN THE SLIDE DECK.
I WANT TO POINT TO THE FACT THAT WE HAVE AVAILABLE ON THE BOSTON PUBLIC SCHOOLS WEBSITE.
OUR SURVEY DATA. OUR SCHOOLS HAVE BEEN DOING IT SINCE 1993.
OUR MIDDLE SCHOOLS HAVE DONE IT A NUMBER OF DIFFERENT YEARS.
THERE IS DATA FOR MID SCHOOL AND HIGH SCHOOL.
THAT WILL GIVE SOME YOU DATA THAT IS REPRESENTING OF THE ENTIRE POPULATION AS IT RELATES TO HIGH SCHOOLS AND MIDDLE SCHOOLS.
YOU, YOU BROUGHT UP THE QUESTION OF WHAT ARE WE SPECIFICALLY DOING FOR LGBTQ STUDENTS.
WE KNOW FROM LOOKING AT THE DATA THAT OUR LGBT STUDENTS ARE OFTEN THOSE AT HIGHEST RISK FOR MANY OF THE DISTRICT RISK BEHAVIORS THAT WE DO TRACK.
WE TAKE THAT VERY SERIOUSLY AND INTENTIONALLY WORKING ON A DIFFERENT INITIATIVES TO ADDRESS THAT.
ONE RELATES TO THE WAY I STARTED THE PRESENTATION.
WE BELIEVE EVERY SINGLE

CLASSROOM KNEES TO BE HEALTHY,
SAEUFT, AND SUSTAINING.
THAT INVOLVES ENVIRONMENTS THAT
ARE INCLUSIVE IN CURRICULUM AND
RELATIONSHIP DEVELOPMENT BETWEEN
ADULTS AND STUDENTS.

THAT'S A KEY PART WHAT THE
OFFICE IS ALL ABOUT. WITH THAT
WE WORK WITH THE EXIT OFFICE.

THE HEALTH AND WELLNESS
DEPARTMENT AND THE SAFE AND
WELCOMING SCHOOLS TEAM TO
DEVELOP DIFFERENT SUPPORTS
AROUND LGBT STUDENTS.

I AM HAPPY TO ELABORATE BUT
WE'RE WORKING WITH ATTENTION TO
THAT GROUP.

AND IMMIGRANT STUDENTS.
AGAIN IT'S A COMPREHENSIVE
APPROACH WE'RE TRYING TO TAKE TO
MAKE SURE THE CURRICULUM AND
CLASSES ARE SUSTAINING AND
HAVING LANGUAGE SUPPORT.

ANDREA, YOU TOOK A LEAD ON THIS
ABOUT A YEAR AGO.

A NUMBER OF SOURCES.

WE HAVE RESOURCES FOR THAT AS
WELL.

>> AS IT RELATES TO HEALTH
IMMIGRANT STUDENTS MAYBE ANXIOUS
AND FEAR FULL.

SAME WITH THE LGBT COMMUNITY.

I WANTED TO UNDERSTAND THE
RESOURCES FROM A HEALTH
PROFESSIONAL.

JUST WANTED TO CLARIFY.

THANK YOU MADAM CHAIR.

>> THANK YOU, COUNSELOR JANEY.
COUNSELOR FLYNN.

>> THANK YOU, MADAM CHAIR.

I WANTED TO FOLLOW-UP ON THE
SOCIAL WORKERS.

ARE THEIR ANY SOCIAL WORKERS
THAT SPEAK LANGUAGES OTHER THAN
SPANISH OR CREOLE?

>> I BELIEVE THOSE ARE SCHOOL
BASED SOCIAL WORKERS.

>> I CAN TELL YOU YOU THE
PERCENTAGE THAT SPEAK ANOTHER
LANGUAGE.

I HAVE TO GET BACK TO YOU FOR
THE SPECIFIC LANGUAGES THAT YOU
WONDERED.

WE HAVE 41% OF SOCIAL WORKERS

THAT SPEAK ANOTHER LANGUAGE
BESIDES ENGLISH.

IN TERMS OF WHICH, YOU WERE
INTERESTED IN --

>> YES, I'M INTERESTED IF ANY
SPEAK CANTONESE OR MANDARIN.

>> WE CAN GET THAT INFORMATION
FOR YOU.

I DON'T HAVE THE LIST OF
LANGUAGES FOR YOU.

>> THE REASON I ASKED IS IN MY
DISTRICT THERE IS A HIGH
CONCENTRATION OF CHINESE
STUDENTS.

IT'S IMPORTANT TO ME THAT THERE
WILL BE A SOCIAL WORKER SPEAKING
CANTONESE OR MANDARIN THERE.

I KNOW YOU SPELT OUT THE DUTIES
OF A NURSE.

THERE IS A LOT OF THEM.

IT SEEMS LIKE THE BPS DOES MEET
THE STATE RECOMMENDATIONS.

BUT WE HAVE A LOST STUDENTS, A
LOST STUDENTS WITH SPECIAL
NEEDS.

20% ASTHMA RATE.

DO WE HAVE ENOUGH NURSES TO
COVER, THAT ARE DOING THE JOB
NOW TO EFFECTIVELY HELP OUR
STUDENTS?

IT SEEMS THE NURSES ARE
OVERWORKED NOW AND DOING SO
MANY, SO MANY DUTIES.

YOU KNOW, I WAS IMPRESSED WITH
THE DUTIES THEY DO.

ON THE OTHER HAND THAT'S A LOT
OF THEM.

YOU KNOW WE PROBABLY NEED TO
HIRE MORE NURSES.

>> YOU WANT TO CHIME IN HERE.

>> THANK YOU, COUNSELOR FLYNN.

THIS IS A QUESTION THAT I THINK
WE, WE WRESTLE WITH AS WE LOOK
AT THE RESOURCES WE HAVE AND HOW
TO MAKE ALLOCATIONS TO SCHOOLS.

IT'S ONE OF THOSE COMPLEX AND
DYNAMIC SYSTEMS WHERE WE HAVE TO
BE AS THOUGHTFUL AND STRATEGIC
AS POSSIBLE IN LOOKING AT WHAT
THE FUTURE HOOKS LIKE.

ONE OF THE THINGS THAT I, I
LEARNED AS I HAVE BEEN WORKING
WITH THIS TEAM IS IN SOME
SCHOOLS FOR EXAMPLE DUE TO

STUDENT NEEDS YOU MAY REQUIRE
FULL TIME NURSE FOR ONE STUDENT
OR A FEW STUDENTS.

GIVEN THAT AND THE RESOURCES WE
HAVE THIS HAS TO BE A THOUGHTFUL
AND STRATEGIC APPROACH TO
LOOKING AT THE RESOURCES OVER
ALL.

I THINK THAT WE OFTEN TIMES.
A LOST THINGS WE DO WITH SCHOOLS
WE LOOK AT A ONE SIZE FITS ALL
MODEL FOR ALLOCATIONS.

OFTEN TIMES SCHOOLED, I WANT TO
ADD TO THAT, THE NURSE
PRESENTATION YOU NOTICED A
DECREASE FOR NEXT YEAR.

SO THAT ACTUALLY IS ATTRIBUTED,
I JUST LOOKED IT UP.

SOME SCHOOLS DECIDE TO PURCHASE
ADDITIONAL LTs FOR NURSING AND
PSYCHOLOGISTS.

THEY MAKE DECISIONS ON WHAT THEY
NEED MOST IN THE COMMUNITIES.

SO THAT ALSO COMES INTO PLAY.

THAT IS SOMETHING I THINK WE
NEED TO STUDY IN TERMS OF, FOR
EXAMPLE YOU MAY OF HEARD FROM A
BUDGET HEARING SESSIONS, THE %
OF THE RESOURCES GO INTO OUR
SCHOOLS.

SO, WHEN WE LOOK AT THE DECISION
MAKING THAT HAPPENS AT A SCHOOL
BASE, HOW DO WE PARTNER AND
STRATEGIZE WITH OUR SCHOOL
LEADERS AROUND PROVIDING
ADEQUATE COVERAGE.

I THINK IT'S SOMETHING THAT IS A
GOAL, A WORTHY GOAL AND
ASPIRATIONAL GOAL IN TERMS OF
LOOKING AT HOW WE MOVE FORWARD
WITH IT.

>> OKAY.

THANK YOU.

MY FINAL QUESTION, I WAS LOOKING
AT THE STAT.

ALMOST 20% OF STUDENTS HAVE
ASTHMA.

I DON'T KNOW IF THAT'S BROKEN
DOWN BY ETHNIC BACKGROUND.

THE REASON I'M ASKING THAT
QUESTION THE HIGHEST RATE OF
ASTHMA OF ETHNIC GROUPS IN
BOSTON IS CHINESE.

THE KIDS PLAY IN THE PLAY

GROUND, ALMOST RIGHT ON TOP OF
THE MASS PIKE AND RIGHT AT THE
EXPRESS WAY SYSTEM.

SO THEY'RE BREATHING IN THE
FUMES ALL DAY LONG WHEN THEY'RE
OUT PLAYING RECESS.

YOU KNOW WHAT ELSE CAN WE DO TO
HELP ON THE PUBLIC HEALTH SIDE
OF THINGS.

YOU KNOW TO BE MORE PROACTIVE
AND EDUCATING OUR FAMILIES,
EDUCATING OUR STUDENTS AND
TEACHERS, OUR NURSES SO WE CAN
TRY TO HELP THESE STUDENTS
KNOWING THAT THEY'RE ALREADY IN
A DIFFICULT ENVIRONMENT WHEN
IT'S STUDYING OR LEARNING OR
PLAYING.

>> SO I CAN ANSWER THAT
QUESTION.

WE HAVE BEEN WORKING VERY
CLOSELY WITH THE BOSTON PUBLIC
HEALTH COMMISSION.

THE GRANT ENDED LAST YEAR.

WE WERE WORKING WITH IF SCHOOLS
IN BOSTON.

MOST IN ROXBURY AND DORCHESTER
WITH THE HIGHEST ASTHMA RATES
BY SCHOOL AND ZIP CODE.

IT'S INTERESTING.

I HAVE DONE A LOT OF ASTHMA WORK
IN THE DISTRICT.

I HAVEN'T HEARD THIS ABOUT THE
QUINCY SCHOOLS.

WE CAN GO BACK.

I WILL LOOK AT THE STATS FROM
THE QUINCY SCHOOL.

WE HAVE PARTNERS WHO ARE VERY
WILLING TO WORK WITH US.

HONESTLY I THINK WHAT IS
STOPPING THE PARTNERSHIP IS THE,
THE DIFFICULTY IN GETTING THE
SUPPORTS IN TERMS OF NURSING
CARE IN THE SCHOOLS.

WE'RE SO OFTEN TREATING THE
ASTHMA EPISODE INSTEAD OF
HAWKING AT THE CAUSE.

THE BOSTON PUBLIC SCHOOLS ARE
GREAT WITH THEIR FACILITY
DEPARTMENTS LOOKING FOR ASTHMA
TRIGGERS AND WORKING WITH NURSES
AROUND THIS STUFF.

AT THE END OF THE DAY WHEN YOU
LOOK AT WHAT THE NURSES ARE

DOING THE PREVENTION WORK IS
VERY DIFFICULT TO GET TO.
SO THIS IS WHERE WE COME TO THIS
FIGURE OF 1-250 HIGH RISK
STUDENTS, I THINK.
WE DO HAVE A HIGH RISK
POPULATION.
I THINK ASTHMA IS A PERFECT
EXAMPLE FOR US.
WE BREAK THIS DOWN AND LOOK AT
THE 18-20% IT'S A LOT OF CARE
MANAGEMENT.
WE ARE MOVING.
IN THE DISTRICT HAS INVESTED
MORE MONEY INTO THE ELECTRONIC
RECORDS.
WE HAVE BETTER ACCESS TO
INDIVIDUAL HEALTHCARE PLANS FOR
STUDENTS AND BETTER ACCESS FOR
DATA. IT'S A WORK IF PROGRESS
BREAKING DOWN THE CHRONIC
CONDITIONS OUR KIDS LIVE WITH.
>> IF I CAN ADD TO THE QUESTION
ABOUT A PUBLIC HEALTH APPROACH.
I THINK THAT'S THE APPROACH
WE'RE TRYING TO TAKE.
THE CENTER OF DISEASE CONTROL
CALLS IT A WHOLE SCHOOL, WHOLE
COMMUNITY, WHOLE CHILD MODEL.
OUR SCHOOLS ARE IN COMMUNITY.
WE HAVE TO WORK WITHIN THE
COMMUNITY AND PUBLIC HEALTH
AGENCY.
WE ALSO HAVE TO SEE THE
ENVIRONMENT WHERE OUR KIDS GO TO
SCHOOL AS BEING IMPORTANT TO
THEIR HEALTH.
SO, WE WANT TO WORK WITH PARENTS
AND WITH FAMILIES.
SO WE CAN EDUCATE AND PROMOTE
AND SUPPORT.
I DO THINK THAT'S WHAT WE'RE
WORKING TOWARDS.
>> THANK YOU.
>> THANK YOU, COUNSELOR FLYNN.
I WILL SET MY TIMER FOR ME TOO.
I'M ON PAGE 17.
A SLIDE TALKING ABOUT STUDENTS
WITH CHRONIC ILLNESSES AND BPS
STREWED EPT HEALTH NEEDS.
WHAT CATEGORIES ON THE LIST
REQUIRE A STUDENT TO BE IN A
BUILDING WITH A FULL TIME NURSE.
>> CERTAINLY DIABETES.

I THINK EVERY CATEGORY WE HAVE STUDENTS IN SCHOOLS WITH HALF TIME NURSES.

>> NOT SEIZURES OR LIFE THREATENING ALLERGIES SOMEWHERE.

>> NO WE HAVE PLANS TO MANAGE THOSE AND THERE IS A NURSE ON CALL.

SEIZURE DISORDERS THERE ARE SOME OUT OF THE 856 THAT I HAVE LISTED THERE THAT WE DO HAVE IN SCHOOLS WITH FULL TIME NURSES BECAUSE THEIR SEIZURE DISORDER IS MORE SEVERE THEN OTHERS.

THAT'S TRUE OF ASTHMA TOO. SOME STUDENTS HAVE CHRONIC PERSISTENT ASTHMA NEED A NURSE ALL THE TIME.

THEY'RE IN SCHOOLS WITH FULL TIME NURSES.

OTHERS HAVE INTERMITTENT ASTHMA AND NOT AFFECTED SO MUCH. IDEALLY THEY WOULD ALL HAVE FULL TIME NURSES.

ONE OF THE THINGS THAT HAS HAPPENED WITH THE WAY WE'RE ASSIGNING SCHOOLS IS THE SCHOOLS WITH THE FULL TIME NURSES STEPPED TO HAVE CHILDREN WITH MORE SEVERE MEDICAL CONDITIONS BECAUSE WE'RE SELF SELECTING THE HALF TIME NURSES.

>> THOSE WITH MORE RARE DISEASE. DIABETES AND SICKLE-CELL ARE PUT TO SCHOOLS WITH FULL TIME NURSES.

IT'S PART OF THE WAY WE MAKE ASSIGNMENTS FOR NURSES GOING TO WHAT SCHOOLS.

SOMETIMES WE GET A CHILD WITH TYPE ONE DIABETES WITHOUT A FULL TIME NURSE.

>> THEN WHAT HAPPENS IN THAT CASE?

>> WE PUT A FULL TIME NURSE IN THAT SCHOOL.

>> I HEARD THE REVERSE HAS HAPPENED.

A STUDENT DEVELOPED DIABETES OVER THE SCHOOL YEAR.

MID SCHOOL YEAR BECAUSE THE STUDENT WAS IN A SCHOOL WITH A PART TIME NURSE THERE WAS EFFORTS TO MOVE THE CHILD.

WE STEPPED IN AS CITY COUNCILORS
AND CONSTITUENT SERVICE RULE AND
ADVOCATE FOR THE NURSING TO FULL
TIME UP IN THAT PARTICULAR
SCHOOL.

WE WERE SUCCESSFUL IN DOING IT.
WE HAD TO MAKE THE ARGUMENT IN
THAT CASE.

I RECEIVED AN E-MAIL THEY HAVE
REALIZED THAT BECAUSE THE
STUDENT IS DEALING WITH
EPILEPSY, ASTHMA, AND A PEANUT
ALLERGY THEY'RE NOW WORKING TO
MOVE THE STUDENT TO A FULL TIME
NURSE.

I UNDERSTAND THAT'S NOT
NECESSARILY YOUR ROLL.

I THINK IT'S A PROBLEM WITH THE
ASSIGNMENT PROCESS.

I SEE CHARLES MAKING A MOVE TO
RESPOND.

I THINK FIRST WE SHOULD HAVE A
NURSE IN EVERY BUILDING FULL
TIME.

THAT'S THE REASON FOR THE
HEARING TODAY.

SECOND TO THAT IF A CHILD IS
ASSIGNED TO A SCHOOL WITH AN
ILLNESS OR CHRONIC CONDITION IN
SCHOOL.

WE THEN NEED TO UP OUR NURSES OR
THE CAPACITY TO SATISFY THAT
CHILD NOT MOVE THE CHILD.

>> I WILL CHIME IN AND LET
MARGARET.

WE CAN'T SPEAK TO THE PARTICULAR
STUDENT THAT YOU MENTIONED.

THIS YEAR WE HAVE HAD SITUATIONS
WHERE NEW CASES HAVE, YOU KNOW
COME UP THAT WE DIDN'T PLAN FOR
AND MARGARET AND HER TEAM HAVE
GONE OUT OF THE WAY TO SUPPORT
THE STUDENTS.

BECAUSE THEY SHOULD BE ABLE TO
STAY WHERE THEY'RE AT.

I DON'T KNOW IF YOU WANT TO ADD
TO.

THAT.

>> MARGARET, THIS ISN'T AGAINST
YOU.

>> I DON'T HAVE TAKE IT
PERSONALLY.

I WOULD LOVE TO CALL THE MAYOR
AND SAY WE NEED ANOTHER NURSE.

>> WHAT WE HAVE DONE IT'S, WE HAVE SIX COVERAGE NURSES THAT ARE MENTORS, EMERGENCY SUBSTITUTES.

WE HAVE HAD TO PULL SOME OF THE NURSES TO SCHOOLS WITH A HALF TIME PERSON.

WE ARE ROBBING PETER TO PAY PAUL.

WE'RE TAKING AWAY THE LITTLE WE HAVE FOR DISTRICT SUPPORT AND MENTORING AND HAVING TO PULL THE NURSES TO SCHOOLS TO TAKE CARE OF A CHILD WITH ANY NUMBER -- DIABETES IS PROBABLY THE NUMBER ONE REASON.

THERE ARE CHILDREN WITH SEIZURE DISORDERS AND PAIRING THAT FOR A NURSE IN THE SCHOOL FOR THEM NEXT YEAR.

>> SO A SCHOOL WITH A FULL TIME NURSE OR APPROPRIATE NURSING LEVELS.

IF A SCHOOL, IF A SCHOOL NURSE WAS OUT SICK THERE IS APPROPRIATE COVERAGE AND WE INSURE THAT ESPECIALLY IN THE SCHOOLS WHERE WE HAVE KIDS THAT ARE EXPERIENCING SIGNIFICANT CHRONIC ILLNESSES.

-P.

>> WE PRIMARILY USE SUB CENTRAL. WE HAVE A POOL CLOSE TO 75 SUBSTITUTE NURSES.

WE WANT TO GET THEM IN THE SCHOOL BEFORE WE TAKE OUR COVERAGE NURSES.

WHEN WE TAKE OUR COVERAGE NURSES WE TAKE THEM FROM THE SUBSTANCE ABUSE SCREENINGS OR GETTING IMMUNIZATIONS INPUTTED AND TRACKED DOWN IN A NUMBER OF PLACES.

ESPECIALLY TO ANSWER YOUR QUESTION ABOUT NEW IMMIGRANTS. IT CAN BE DIFFICULT TO GET COVERAGE SET UP.

>> I KNOW YOU MENTIONED THE ELECTRONIC MEDICAL RECORD WHO SUP LOADING THAT IN THE REGULAR SCHOOL BASED NURSE?

>> WE'RE WORKING WITH THE OIT DEPARTMENT.

SITTING BEHIND ME IS SUSAN OUR

NEW PROGRAM MANAGER.
SHE IS A WIZ AT THIS STUFF.
SHE HAS HELPED TO COMBINE THE
ELECTRONIC RECORD WITH THE MASS
IMMUNIZATION REGISTRY.
THAT HAS HELPED UP IMPROVE OUR
RATES.
SHE'S WORKING WITH TRAINING AND
TEACHING THE COVERAGE NURSES HOW
TO DO THIS.

>> I ASSUME THIS IS A ELECTRONIC
MEDICAL RECORD, WE'RE LOOKING AT
SECURITY OF THE INFORMATION AND
PROTECTING INFORMATION LIKE A
MEDICAL OFFICE.

>> IT'S ALL HIPA AND COMPLIANT.
THE DISTRICT WORKED THIS YEAR
FOR THE CLOUD BASED SOFTWARE.
I CAN ACCESS THE RECORD FROM SIT
OTHER HALL.

I DON'T HAVE TO BE ATTACHED TO A
BOSTON PUBLIC SCHOOL IP ADDRESS.

>> I WANTED TO ADD WE HAVE HAD A
MEDICAL REPORT FOR A NUMBER OF
YEARS.

WE ARE CONTINUING TO IMPROVE ASK
ADD OTHER FUNCTIONAL TEES.
THE NURSES MANY TIMES PUT IN
THEIR OWN DATA. WE HAVE
PARAPROFESSIONALS THAT SUPPORT
THE SCREENING AND DATA AND THE
COVERAGE NURSE THAT'S HELP AS
WELL.

>> THANK YOU, I WANT TO BE CLEAR
THE HEALTH AND SAFETY OF
STUDENTS IS THE PRIORITIES.
WHERE THERE IS NEED WE MOVE
RESOURCES AND DEPLOY SUPPORT TO
SCHOOLS WHERE CASES LIKE THAT
ARISE.

I LEAR WE NEED A BETTER JOB OF
IDENTIFICATION AS IT COMES
THROUGH THE SCHOOL YEAR.
WE WILL LOOK TO DO THAT AND GO
BACK TO LOOK AT.
THAT.

>> THANK YOU, COUNSELOR JANEY .
>> THANK YOU, I WILL KEEP IT
BRIEF.

>> THANK YOU, COUNSELOR FLYNN,
FOR RAISING CONCERNS AT THE
ASTHMA RATE.

WE HAVE AS MANY STUDENTS WITH
DISABILITIES IN THE DISTRICT I

CERTAINLY KNOW MANY OF THE CHILDREN IN THE SCHOOLS COME FROM COMMUNITIES OF COLOR. GLAD TO HEAR THE WORK YOU'RE DOING THERE.

A COUPLE OF QUESTIONS.

ONE FOR MY CATEGORY OF YOUNG PEOPLE.

I WONDER WHAT WAS HAPPENING IN TERMS OF SEXUAL HEALTH AND HAVE WE SEEN DECLINE IN TERMS OF PREGNANCY RATES OF YOUNG PEOPLE BASED ON SUPPORT AND SERVICES AT OUR SCHOOLS.

>> AGAIN THE WAY WE REPORT ON PREGNANCY IS THROUGH THE YOUTH RISK BEHAVIOR SURVEY.

THAT STUDENT IS SELF REPORTING IF THEY ARE PREGNANT OR GOTTEN SOMEONE ELSE PREGNANT.

THE NUMBERS ARE STKE KLEINING ON.

THAT I CAN LOOK THOSE UP AS WE'RE TALKING.

SEXUAL HEALTH HAS BEEN A BIG PRIORITY FOR THE CITY.

CAST COUNSELOR AYANNA PRESSLEY WAS INSTRUMENTAL IN THAT WORK.

WE HAVE A STRONG POLICY THAT WE PASSD IN 2013.

STUDENTS HAVE ACCESS TO CONDOMS WITH COUNSELING.

WE HAVE CONDOM AVAILABILITY TEAMS 9-12.

NURSES USING LEAD THE CONDOM TEAM.

IT INCLUDES OTHERS THAT THE STUDENT FEEL IS A TRUSTED ADULT.

>> YOU CAN SAY ACCESS TO CONDOMS.

WITHOUT QUESTION, WITHOUT COUNSELING?

>> WITH COUNSELING.

WITH COUNSELING FROM ONE OF THE PEOPLE WHO HAVE BEEN TRAINED.

>> IS THAT ALL GRADES?

>> NO.

9-12.

>> OKAY.

>> SO SAY A SENIOR WHO IS 18 YEARS OLD TO GET ACCESS TO CONDOMS IN SCHOOL FOR FREE.

THEY'RE EXPENSIVE.

THEY HAVE TO GO THROUGH A

COUNSELING PROGRAM?

>> IT'S NOT A COUNSELING PROGRAM
IT'S A ONE-ON-ONE CONVERSATION
WITH SOMEONE ABLE TO ANSWER
QUESTIONS.

ALSO --

>> FOR STUDENTS 18 AND ABOVE AS
WELL.

>> FOR 8 AND ABOVE.

YES -- I DON'T THINK THE POLICY
COMPLETELY.

AT 17 I DON'T THINK WE HAVE TO
GO THERE.

SO IN ADDITION TO WE HAVE SEXUAL
HEALTH EDUCATION THAT IS
COMPREHENSIVE AND INCLUSIVE.
THAT IS BEING PROVIDED ACROSS
THE HIGH SCHOOLS.

WE HAVE HAD A CDC TKPWRAPT FOR
FIVE YEARS GOING INTO THE SECOND
FIVE FOCUSED ON THE SEXUAL
HEALTH EDUCATION, SEXUAL HEALTH
SERVICES AND A SAFE ENVIRONMENT
FOR LGBTQ STUDENTS.

WE PARTNER WITH A LOT OF
DIFFERENT AGENCIES AS WELL AS
SCHOOL BASED HEALTH CENTERS TO
MAKE SERVICES AVAILABLE.

>> THANK YOU.

>> I KNOW WE HAVE ANOTHER PANEL
AND MORE QUESTIONS.
FINALLY ON SLIDE 18.

THE WILL HEALTH SCREENINGS AND
PIE CHART.

I WONDER IF YOU CAN TELL US HOW
YOU DETERMINE WHICH HEALTH
SCREENINGS WILL BE AVAILABLE FOR
WHICH STUDENTS.

IS IT ABOUT THE RESOURCES WE
HAVE, THE PARTNERSHIPS WE HAVE,
THE NEED OF A PARTICULAR STUDENT
POPULATION IN A SCHOOL.

I'M LOOKING AT DEPARTMENTAL.
LIKE THE TINY SLITHER.

FOR SOMETHING LIKE DENTAL IF
IT'S NOT REQUIRED AS PART OF THE
REGISTRATION PROCESS THIS MAYBE
FOR SOME CHILDREN THE ONLY
ACCESS AND OPPORTUNITY THEY HAVE
FOR DENTAL HEALTH SERVICES.

I NOTICE THAT BEING TIMEY . WHEN
YOU LOOK AT THE BLUE FOR VISION
IT'S LARGE.

IS THAT BASED ON PARTNERSHIP,

AVAILABLE RESOURCES OR NEED.
HOW DO YOU DETERMINE THE
SCREENING?
>> THE STATE LAWS AROUND
SCREENINGS AND SCHOOLS.
SO, I CAN'T OFF THE TOME OF MY
HEAD TELL YOU WHAT EXACTLY WHAT
GRADES.
MOST OF THE GRADES ARE REQUIRED
TO DO HEARING SCREENING TOO.
YOU THEN GET TO SEVENTH GRADE.
ONE IS MIDDLE SCHOOL.
ONE IN HIGH SCHOOL.
WE FOCUS ON THE SCREENING
BECAUSE IT HAS SUCH A DIRECT
IMPACT ON A CHILD'S ABILITY TO
LEARN.
HEARING DOES AS WELL.
I THINK IT'S ONE IN FOUR OR ONE
IN FIVE SCREENED FOR VISION NEED
A COMPREHENSIVE AYE EXAM.
IT'S PRETTY HAO +*EU.
IT HAS SUCH A IMPACT ON THEIR
ABILITY TO LEARN.
AND WE HAVE PORBGD TO GET OUT TO
SCHOOLS TO SUPPORT AS MUCH AS
POSSIBLE.
WE HAVE A LOT OF WORK TO DO IN
TERMS OF OUR PARTNERSHIPS WITH
THE VISION PROVIDERS.
IN TERMS OF GETTING THEM INTO
SCHOOLS TO GET THE FRO VISION
SERVICES SO THE KIDS THAT FAIL
THE SCREENS WE CAN GET THEM
RIGHT INTO AN AYE EXAM.
I THINK IF YOU LOOK AT THE
SLITHER OF A THOUSAND DENTAL
EXAMS I THINK SOME IS THE TIME
IT TAKES TO GET THE PARENT BOY
IN FOR THE PROGRAMS.
SO WE HAVE DENTAL PROGRAMS IN A
LOT OF SCHOOLS.
THE PARENTS HAVE TO CONSENT TO
THAT.
THAT REQUIRES A CONSENT HOME.
GETTING A CONSENT BACK.
I THINK THIS IS WHAT WE'RE
TRYING TO WORK WITH, WITH THE
MEDICAL RECORD IS THERE IS A
PARENT PORTAL.
THINK THAT'S THE NEXT BIG JUMP
FOR US IN A YEAR OR TWO.
GETTING THIS STUFF DONE
ELECTRONICALLY.

WE KNOW WHAT HAPPENS IN
BACKPACKS.

AS WE USE PAPERS FOR THE
CONSENTS.

FREQUENTLY THEY DON'T MAKE IT
HOME IN MID AND HIGH SCHOOL.

>> COULD THE CONSENT BE APART OF -- I APOLOGIZE FOR
INTERRUPTING.

COULD IT BE PART OF THE
BEGINNING OF THE SCHOOL YEAR
STUFF.

AS A PARENT I LOOK FOR IT.
THE FIRST OF THE YEAR TO GET THE
CONSENT DONE AS PART OF THE
PACKET.

>> WE HAVE DIFFERENT PROVIDERS
AND THEY ALL NEED, WE DON'T HAVE
A UNIVERSAL CONSENT FOR VISION
OR DENTAL SERVICE.

WE ARE USING A NUMBER OF
DIFFERENT SERVICES.

THINK THIS IS, WE CAN GET MORE
CREATIVE ABOUT THIS.

WE HAVEN'T GOTTEN THERE YET.
I WOULD LOVE TO PROVIDE MORE
DENTAL CARE.

I SUSPECT THE NUMBER IS A LITTLE
LOW.

I DON'T KNOW WHERE THE DATA IS
ACROSS THE DISTRICT.

>> I APPRECIATE THAT.

I WOULD LIKE TO GET THE NUMBERS
UP.

I KNOW FOR SOME CHILDREN THAT
WILL BE THE ONLY ACCESS.

IN CONCLUSION I WANT TO THANK
YOU ALL FOR PRESENTING.

I WILL HAVE TO SLIP OUT AT ONE
POINT.

I WANT TO ACKNOWLEDGE OTHER
FOLKS TESTIFYING OR PRESENTING.

I HAVE A COMMITMENT IN MY
DISTRICT TO GET TO.

I WILL STAY AS LONG AS I CAN,
THANK YOU.

>> THANK YOU, COUNSELOR JANEY.
I THINK SUSAN WANTS TO ADD.

DO YOU MIND GRABBING A
MICROPHONE.

>> SURE.

THAT THOUSAND, THAT NUMBER IS
GOING TO BE LOOKING LOWER.
THIS THOUSAND IS WHAT IS LIKE
DOCUMENTED AS FAR AS THE NURSE

PARTNERSHIP.

WE HAVE SCHOOLS WITH DENTAL PROGRAMS WITHIN THEM. I'M NOT SURE OF THE PROVIDER BUT THE ORCHARD GARDEN HAS A PROGRAM.

A LOT OF TIMES WHEN WE HAVE THE PRIVATE SERVICES INSIDE THE SCHOOL BASED THEY MAINTAIN THOSE CONSENTS AND WORKING DIRECTLY WITH THE FAMILIES AND THE STUDENTS.

IT MAY NOT GO THROUGH THE NURSE IT MAY LOOK LOWER THEN IT IS.

>> THANK YOU.

>> I WANT TO QUICKLY SAY. PART OF THE WORK WE'RE DOING THE LAST FEW MONTHS IS PARTNERING WITH OFFICE OF COMMUNITY ENGAGEMENT TO GET THE WORD OUT. ALSO LOOKING AT CREATIVE APPROACHES LIKE HUB COMMUNITY SCHOOLS.

THAT'S A RECENT CONVERSATION. WE ARE LEARNING FROM A LOT OF SCHOOLS LIKE THE BURKE AND GARDNER PILOT THE WORK THEY'RE DOING.

DATA COLLECTION AND SYSTEMS IS IMPORTANT COMPONENT.

>> THANK YOU.

>> THANK YOU, ALL.

>> COUNSELOR FLYNN.

>> THANK YOU, MADAM CHAIR.

I WILL TRY TO BE BRIEF.

AS IT RELATES TO THE SIX COVERAGE NURSES DO WE HAVE A, ARE WE ABLE TO DETERMINE WHAT BESIDES ENGLISH THE ANG HRAPBLGS THAT THEY SPEAK.

THE REASON I ASK THE QUESTION IS BECAUSE IF A NURSE IS OUT OF A SCHOOL DUE TO ILLNESS.

THEN A NURSE COVERS DO WE MATCH THE LANGUAGE THAT THE NURSE SPEAKS?

DO WE HAVE ENOUGH COVERAGE NURSES SPEAKING OTHER THAN LANGUAGE.

>> I HIRED THREE NEW COVERAGE NURSES.

I AM SPECIFICALLY LOOKING FOR LANGUAGE SCHOOLS.

SOMETIMES IF THEY DON'T HAVE THE

EXPERIENCE I WANT, THEY HAVE THE LANGUAGE, WE PUT IN THE TIME FOR THE TRAINING.

WE KNOW THAT THE LANGUAGE PROFICIENCY IS SO IMPORTANT. WE HAVE ONE COVERAGE NURSE FLUENT IN EVENING THREURB AND SPANISH.

I ALSO USE HER FREQUENTLY IF WE NEED FOR A TRICKY SITUATION, A MEDICAL SITUATION IN A SCHOOL. WE CAN CALL ON HER.

SO WE CAN GET TO THE BOTTOM OF A SITUATION WITH NATIVE LANGUAGE SPEAKERS WE HAVE ONE OTHER NURSE I BELIEVE FROM INTO A FOR YA. SHE SPEAKS THAT LANGUAGE. AND THE OTHERS ARE ENGLISH SPEAKERS.

>> AS IT RELATES TO NURSES, GUIDANCE COUNSELORS AND SOCIAL WORKERS I WOULD LIKE TO MAKE SURE AND CONSIDER THAT WHEN WE DO MORE HIRING IF WE ARE ABLE TO RECRUIT SOME, SOME THAT SPEAK CANTONESE AND MAPPED RIN.

I JUST WANT TO MAKE SURE MY CONSTITUENTS HAVE THE NEEDED SERVICES IN THE BOSTON PUBLIC SCHOOLS.

I WANT TO MAKE SURE THEY HAVE THE RIGHT NURSES, THE GUIDANCE COUNSELORS, MENTAL HEALTH COUNSELORS THAT SPEAK CANTONESE AND MANDARIN.

THAT IS IMPORTANT TO MY DISTRICT.

>> THE SCHOOL PSYCHOLOGIST AT THE QUINCY SCHOOL SPEAKS CHINESE CANTONESE.

WE HAVE A SCHOOL PSYCHOLOGIST SPEAKING CHINESE MANDARIN AND.

>> WHAT ABOUT THE SOCIAL WORKER?

>> A LICENSED SOCIAL WORKER WHO WORKS AS A GUIDANCE COUNSELOR. SHE DOESN'T REPORT TO ME.

I HAVE MET HER.

>> DURING THE BUDGET PROCESS ANYTHING I CAN BE HELPFUL PLEASE LET ME KNOW.

I WANT TO SEE MORE, I WOULD LIKE TO ADVOCATE FOR AS MANY BILINGUAL PROFESSIONALS AS WE CAN GET.

THANK YOU FOR YOUR LEADERSHIP ON THIS IMPORTANT ISSUE AND THANK YOU FOR BEING HERE AS WELL.
>> THANK YOU, COUNSELOR.
COUNSELOR FLYNN.
WERE YOU GOING TO ADD SOMETHING?
>> QUICKLY.
TO ADD TO COUNSELOR FLYNN'S REMARKS.
WHICH WE REALLY APPRECIATE.
IT'S ONE OF THE THINGS WE'RE STRUGGLING WITH AS WE LOOK FOR QUALIFIED CANDIDATES OFTEN TIMES FOLKS WHO ARE DUAL LICENSES.
SO THE POOL IS MORE AND MORE NARROW AS WE LOOK FOR QUALITY CANDIDATES.
SO OBVIOUSLY THAT TAKES US BACK TO PREPARATION, RIGHT.
WE HAVE HAD CONVERSATIONS WITH A NUMBER OF DEANS OF SCHOOLS OF NURSING.
THE SCHOOLS, THE SCHOOLS OF EDUCATION AROUND THE PREPARATION AND PIPELINE PROGRAMS AND HOW WE CAN GET CREATIVE.
I KNOW BUNKER HILL IS LOOKING FOR A PIPELINE PROGRAM FOR SCHOOL PSYCHOLOGY.
THERE IS A CONTINUUM IN PIPELINE WE NEED TO LOOK TO CREATIVELY BUILD.
I KNOW HAVING STARTED THIS ROLL IN AUGUST, AND WORKING WITH ANDREA TRYING TO.
HER PROGRAM HAS BEEN VERY COMMITTED TO HIRING DIVERSE CANDIDATES.
WE ARE OFTEN SEARCHING FOR THEM.
>> AND I WOULD ALSO SAY THAT SUSAN IS SENDING ME GOOD MESSAGES FROM BACK THIS.
WE HAVE PARTNERSHIPS AROUND, TO BRIDGE TRANSLATION SERVES.
IF YOU WANT TO HEAR MORE ABOUT THAT WE CAN PROVIDE YOU WITH MORE INFORMATION ABOUT THOSE OPPORTUNITIES TOO.
>> THANK YOU.
>> THANK YOU.
>> MY LAST QUESTION, I HAVE TWO LAST QUESTIONS.
TWO, HOW MANY INCIDENTS HAVE WE HAD IN OUR SCHOOLS WHERE THERE

HASN'T BEEN A NURSE AVAILABLE,
THAT A NURSE WOULD HAVE BEEN
WHAT WE NEEDED AT THAT MOMENT IN
TIME?

ARE WE TRACKING INCIDENT REPORTS
IN THAT WAY?

>> WE AREN'T AT THIS TIME.

I KNOW OF A FEW BUT IT'S
PROBABLY SOMETHING WE SHOULD DO.

THE GOOD THING IS, I THINK A LOT
OF THE SCHOOLS THAT HAVE THE
NURSES, THERE ARE PEOPLE THERE
THAT KNOW WHAT TO DO.

THE NURSES ARE CALLED BACK TO
THE BUILDING.

SO IF YOU COVER TWO SCHOOLS.

IF IT'S A 911 CALL THE CALL IS
MADE THE CHILD SOUGHT.

>> IF THERE IS A QUESTION ABOUT
A CHILD BEING SICK OR NEEDING
SOME INTERVENTION THE NURSE
ACTUALLY HAS TO LEAVE THEIR
ASSIGNMENT AND GO BACK TO THE
OTHER ASSIGNMENT.

IT COULD BE DISRUPTIVE TO THEIR
DAY.

WE DON'T HAVE TRACKING OF THAT
INFORMATION.

>> I WOULD BE CURIOUS.

THE YEARS WE HAVE TAUGHT WE HAVE
HAD A FULL TIME NURSE.

WE HAVE HAD A NUMBER OF
SIGNIFICANT INCIDENTS WHERE THE
SCHOOL NURSE QUITE LITERALLY HAS
SAVED LIVES.

I THINK THAT REGARDLESS HOW BIG
A SCHOOL IS OR SHAWL IT IS THE
CRITICAL MOMENT, EMS IS ALWAYS A
FEW MINUTES AWAY.

A NURSE IS ALWAYS ON STAFF.

TEACHERS CAN SUPPORT, ADULTS CAN
SUPPORT AND STEP IN BUT NOTHING
REPLACES THE AUTHORITY, ABILITY
AND CAPABILITY OF A NURSE IN ANY
OF OUR SCHOOL BUILDINGS.

WE RECORD 44 SCHOOLS HAVE A
PART-TIME NURSE.

WHICH MEANS WE NEED 22FTs TO
COME UP TO AT LEAST, WHAT I
WOULD LIKE TO SEE ONE FULL TIME
NURSE IN EACH SCHOOL BUILDING.

WHAT WOULD THAT COST US AS A
DISTRICT TO MAKE THAT HAPPEN?

WHAT'S OUR AVERAGE BUDGET FOR A

NURSE?

>> 97,000 PER NURSE.

>> SO A \$2.2 MILLION INVESTMENT
GIVE OR TAKE.

MAYBE THAT'S EXTRA BANDAIDS OR
TAMPONS.

>> I WOULD BE RELUCTANT TO GIVE
A FIGURE NOW.

THERE IS A LOT THAT GOES INTO
IT.

ESPECIALLY IF THAT WAS TO HAPPEN
THERE ARE SCHOOLS THAT WOULD
HAVE TO HAVE ONE FOR ONE
STUDENT.

THEN YOU'RE TALK IT WOULD GO.
THEN THAT DEPENDS ON THE SIZE OF
THE SCHOOLS AS WELL.

A BLANKET ONE IS HARD TO DO OFF
THE TOP OF OUR HEAD.

>> I ASSUME THOSE SCHOOLS WITH A
.5 NURSE DON'T HAVE A
REQUIREMENT OF A FULL TIME.

ADDING ON IS A BONUS FOR THOSE
SCHOOLS THAT WE DETERMINE DON'T
NEED MORE THAN A .5 NOW.

I THINK 22 IS A SAFE NUMBER TO
PLAN ON.

>> YES.

I THINK IT'S ONE WE CAN'T STAND
BY.

>> I WILL TAKE OWNERSHIP OF THE
NUMBER.

>> OKAY.

>> I WILL TAKE OWNERSHIP OF THE
NUMBER AND OWNERSHIP ON CHECKING
THE COST.

WE THINK IT'S AN AVERAGE OF 9 -P
\$97,000 PER NURSE --

>> I WANT TO MAKE SURE WE GET
THE APPROPRIATE AVERAGE, THAT
CHANGES YEAR TO YEAR.

>> I WILL TAKE THAT TOO.

>> OKAY.

>> FOR NOW I'M LOOK FOR 22
NURSES FOR BOSTON PUBLIC
SCHOOLS.

I THANK YOU ALL VERY MUCH FOR
BEING HERE AND ENGAGING.
VERY THOUGHTFUL AND PRODUCTIVE
CONVERSATION TODAY.

WHAT I AM GOING TO DO AS WE
SWITCH THE PANELS WE HAVE A
COUPLE OF GUESTS PANEL NUMBER
TWO.

THREE PARTICULARLY.
ARE YOU WELCOMED TO STAY.
I WILL HAVE YOU MOVE.
I ALSO, WILE WE CALL DOWN JENNY,
JONATHAN, AND LUCINDA TO THE
PODIUM HERE I WILL OFFER A
OPPORTUNITY FOR KATHLEEN,
CAROLINE OR ANNE TO TESTIFY IF
THEY WOULD LIKE NOW.
SURE.
WHILE WE'RE SWITCHING OVER.
IF THOSE THREE FOR PUBLIC
TESTIMONY WILL OPEN IT UP FOR
ADDITIONAL PUBLIC TESTIMONY
AFTERWARDS.
THE THREE, FOUR PUBLIC TESTIMONY
CAN CUE UP BEHIND THE
MICROPHONE.
YOU SEE RON STANDING.
PICK A CHAIR.
>> WE HAVE JENNY, JOHN AND
KATHLEEN.
KATHLEEN, PUBLIC TESTIFY.
>> YES.
>> IF YOU COME OVER, YOU WILL
STAND AND THE PANEL SHEER.
I THINK THE PANEL IS SQUARED
AWAY.
PERHAPS.
THEN PUBLIC TESTIMONY IS HERE.
I WILL -- SO I WOULD ASK FOR THE
PUBLIC TESTIMONY INTRODUCE
YOURSELF, AFFILIATION AND GIVE
YOUR TESTIMONY BEFORE MOVING
ONTO THE NEXT PANEL.
>> YES.
BOSTON CITY COUNCIL MEMBERS
THANK YOU FOR HAVING US HERE TO
SPEAK WITH YOU.
THANK YOU FOR YOUR WORK.
I HAVE BEEN A NURSE FOR 37
YEARS.
I HAVE BEEN IN SCHOOL HEALTH
SINCE 1999.
PRESENTLY I'M THE DIRECTOR OF
NORTHEASTERN COMMUNITY -- I AM
ALSO TEACHING SCHOOL NURSE AS
CROSS THE COUNTRY.
I HAVE HAD YOUR AMAZING SCHOOL
NURSES IN MY CLASSES.
THEY'RE AMAZING.
ONE IS AT NORTH WESTERN GETTING
A PH.D. OF WORKING WITH NEW AND
IMMIGRANT FAMILIES.

SCHOOL NURSING HAS CHANGED.
IT'S MORE THAN BANDAGES AND
LICE.

I WAS FIRST THE DIRECTOR OF
HEALTH SERVICES IN CENTRAL MASS.
AT THAT POINT THE NURSES WANTED
THINGS ON ORTHOPEDIC INJURIES.
VISION AND HEARING SCREENING.
THE AREA OF INTENSE INTEREST
HAVE REALLY CHANGED IT'S ALL
MEDICAL ISSUES.

>> ALL OF THE PSYCHO FARM
COLONELY AND, HUMAN TRAFFICKING
AND BEHAVIORAL HEALTH AOUS.
ALL OF THE BAY BOUGHS THAT
MEDICAL TECHNOLOGY GO HAS SAVED
COME INTO OUR SCHOOLS WITH THEIR
FREE AND APPROPRIATE EDUCATION.
THESE BABIES WOULDN'T OF EVEN
SURVIVED BEFORE.

NOW THEY ENTER THE SCHOOLS WITH
BREATHING SCHOOLS, SOMETIMES ON
A SREPT LATER, THEY COME IN WITH
G TUBES FOR FEEDINGS, A LOT OF
MEDICALLY COMPLEX ISSUES.

I THINK WE HEARD BEFORE BETWEEN
18-24% OF OUR STUDENT POPULATION
HAS A MEDICAL OR EMOTIONAL
HEALTH DIAGNOSE IS.

ONE IN FIVE STUDENTS HAVE A
MENTAL, EMOTIONAL HEALTH ISSUE.

-- STUDENTS WITH SUBSTANCE USE
IS HUGE THE PAST FEW YEARS.

THEY'RE A IMPORTANT TEAM MEMBER
WORKING WITH FACULTY, COUNCILORS
AND SOCIAL WORKERS.

THEY'RE THE BRIDGE BETWEEN
EDUCATION AND THE HEALTHCARE
SYSTEM.

NOT JUST HELPING STUDENTS BUT
FAMILIES AND A HALF GATE THE
SYSTEM.

WE THOUGH OUR EDUCATORS ARE
CURRICULUM EXPERTS.

THEY HAVE INTENSE JOBS AND HIGH
STANDARDS.

THEY SHOULDN'T BE EXPECTED TO BE
MEDICAL PROFESSIONALS AS WELL.

WHEN A SCHOOL NURSE COVERED TWO
SCHOOLS WHAT IS THE VALUE IF A
NURSE HAS TO TRAVEL TO A
EMERGENCY IN A CAR.

NO VALUE.

SHE GETS STUCK IN TRAFFIC OR

WILL GET IN AN ACCIDENT TRYING
TO GET THIS.

I DO TEACH SCHOOL NURSES FROM
OTHER STATES THAT COVER TWO
SCHOOLS.

THEY'RE AMAZED AT THE WORK THAT
THE NURSES PERFORM WHEN THEY'RE
LOCATED AND DEDICATED TO ONE
SCHOOL.

THE STOOD NURSES DEDICATED TO
ONE SCHOOL KNOW THE STUDENTS,
FACULTY AND FAMILIES.

WE HAVE HAD PLENTY OF EMERGENCY
CONDITIONS AND CARDIAC
CONDITIONS FOR FACULTY AS WELL
THAT THEY CARE FOR.

THE SCHOOL NURSE IS A -- IT'S
ALWAYS GOING TO BE I NEED TO GO
TO THE NURSE WITH A SOMATIC
COMPLAINT.

THE NURSE ASSESSES AND TRIAGES
FROM THERE.

THE NURSES ARE KEY TO ASSESSING
AND TREATING STUDENTS.

KEEPING THEM HEALTHY AND IN
CLASS READY TO LEARN.

THEIR PRESENCE CAN REDUCE
ABSENTEEISM ESPECIALLY FOR THOSE
WITH CHRONIC CONDITIONS.

WITH EFFECTIVE CARE COORDINATION
OF FAMILIES AND THE HEALTHCARE
PROVIDERS.

WE KNOW THERE IS A COST.

I KNOW WE WILL TALK ABOUT THE
COST MEN FIT STUDY AT CDC.

IT WILL SHOW NURSING SERVICES
SAFE SOCIETY MONEY, FACULTY
TEACHING TIME AND THE
ADMINISTRATOR TIME AND PARENTS
TIMEOUT OF WORK.

IT'S HUGE.

WE THANK YOU FOR BRINGING THIS
ISSUE TO THE FOR FRONT.

WE'RE VERY SUPPORTIVE TO HAVE AT
LEAST ONE REGISTERED NURSE IN
ALL BOSTON SCHOOLS.

ALL STUDENTS DESERVE ACCESS TO A
PROFESSIONAL NURSE ALL DAY,
EVERY DAY FOR SUPPORT AND
PROFESSIONAL CARE.

>> THANK YOU, KATHLEEN.

>> CAROLINE IS NEXT.

>> WELCOME.

>> THANK YOU.

>> THANK YOU.
CITY COUNCIL CHAIR AND MEMBERS
I'M CAROLINE REIGNS.
I'M HERE TO TESTIFY IN MY ROLL
AS MEDIAN AND PAST PRESIDENT OF
THE MASS -- I COME WITH 21 YEARS
OF EXPERIENCE IN THE SPECIALTY
PRACTICE OF SCHOOL HEALTH.
IN ADDITION TO THE CONNECTION
FOR MY TESTIMONY THIS EVENING,
ONE THAT SPEAKS THE HEARTFELT
TIRELESS DEDICATION TO THE
CHILDREN OF THE BPS.
MY FATHER KEN CALDWELL BROUGHT
TO HIS ADMINISTRATIVE ROLL FOR
30 YEARS.
UNTIL HIS RETIREMENT IN TO 03 AS
CHIEF OF STAFF.
I AM CONFIDENT IF HE WAS
HERE TODAY MY DAD WOULD SUPPORT
MY DESIRE TO TESTIFY THIS
EVENING AND ADVOCATE FOR ONE OF
THE MOST VULNERABLE POPULATIONS
IN THE COMMONWEALTH.
THE CHILDREN OF THE BOSTON
PUBLIC SCHOOLS.
ALL DESERVE A FULL TIME SCHOOL
NURSE.
I SPEAK TO YOU THIS EVENING FROM
THE HEART.
HAVING BEEN A SCHOOL NURSE IN
THE TRENCHES, WORKING WITH
STUDENTS GRADES K-12 OVER A
12 YEAR PERIOD OF TIME.
YOU UNDERSTAND THE COMPLEX WORLD
WE LIVE IN TODAY.
THE IMPACT THIS HAS ON A SCHOOL
AGED CHILD.
AND THE FAMILIES.
WE CAN TALK ABOUT ADVERSE
CHILDHOOD EXPERIENCES.
I KNOW WE TALKED ABOUT THIS
EARLIER SUCH AS FOOD, SECURITY,
POVERTY, HOMELESSNESS, FAMILY
VIOLENCE, NEGLECT, SUBSTANCE
ABUSE, MENTAL ILLNESS.
A LIST OF NEGATIVITY AND TRAUMA
OF A SCHOOL AGED CHILD.
IT'S NO WONDER MANY OF THE
SCHOOL CHILDREN COME TO SCHOOL
WITH A HISTORY OF SYSTEMS
SYSTEMS.
WE SEE BULLYING, EATING
DISORDERS, FORMS OF AGGRESSION,

AND ACTING OUT.
SUICIDEALITY AND COUNT LESS
NEGATIVE BEHAVIORS THAT WOULD
LEAD TO POTENTIALLY TO CHRONIC
ABSENTEEISM.
THE CONCERNS OF CHILDREN WITH
MEDICAL ISSUES IS YET ANOTHER
FACTOR.
THE POINTS ARE CRITICAL
IMPORTANCE OF A FULL TIME SCHOOL
NURSE IN EVERY SCHOOL.
THIS IS A UNDENIED NECESSITY FOR
SCHOOL CHILDREN.
WE CAN'T GO WITHOUT TALKING
ABOUT THE DAILY HEALTH OFFICE
SREUFTSZ CHILDREN MAKE FOR A
CUTE ILLNESS DURING THE SCHOOL
DAY.
OR LIFE THREATENING MEDICAL
EMERGENCIES THAT ARE
UNEXEXPECTED.
THE SCHOOL NURSE IS TRULY THE
FOUNDATION OF PHYSICAL BEHAVIOR,
SOCIAL AND EMOTIONAL SUPPORT FOR
THE CHILDREN THEY CARE FOR
DURING THE SCHOOL DAY.
IT'S MANY TIMES A SCHOOL NURSE
ON THE FRONT FRONT RECOGNIZING
THE ISSUES THAT THE CHILDREN
BRING TO SCHOOL.
ONE IMPACTING OPTIMAL HEALTH,
SAFETY AND LEARNING.
SCHOOL NURSES PROVIDE
COMPREHENSIVE CASE MANAGEMENT
FOR STUDENTS BEING THE KEY
FIGURE OF COORDINATING CARE
BETWEEN PRIMARY CARE
SPECIALISTS, GUIDANCE, TEACHING
STAFF, AND IN MANY CASES COACHES
AND ATHLETIC TRAINERS AS WELL.
>> ALL SCHOOL DISTRICTS MUST BE
PROACTIVE.
BEING REACTIVE COULD BE LATE IN
THOSE CASES.
IN ADDITION PLEASE NOTE A SCHOOL
TEEN WITHOUT A FULL TIME SCHOOL
NURSE IS MISSING THE LINK TO A
COMPREHENSIVE --
>> WITH SO MANY CRITICAL DYNAMIC
AT PLAY.
THEY SHOULD BE HELD TO A HIGH
STANDARD OF CARE.
THIS CAN NOT HAPPEN WITHOUT A
FULL TIME NURSE IN EVERY

BUILDING.

IN CHOSING I APPRECIATE THE
OPPORTUNITY TO COME BEFORE YOU
THIS EVENING REPRESENTING THE
MASS SCHOOL NURSE ORGANIZATION.
THANK YOU FOR YOUR TIME AND
THOUGHT OF A FULL TIME NURSE IN
EVERY SCHOOL IN THE CITY OF
BOSTON.

IN THE WORDS OF FREDERICK
DOUGLAS, IT'S EASIER TO BUILD
STRONG CHILDREN THEN REPAIR
BROKEN MEN.

>> THANK YOU, CAROLINE.

NEXT WE HAVE ANNE SHEETS.

>> IF WOULD YOU INTRODUCE
YOURSELF FOR THE RECORD SO I CAN
CHECK YOU OFF.

>> I'M LAUREN O'MALLEY SING A --
MY REMARKS ON THE TOPIC OF
DISCUSSION WILL REMAIN IN A
THREE MINUTE TIME FRAME.

I JOINED BOSTON PUBLIC SCHOOLS
AFTER WORKING -P YEARS IN AN A
CUTE SETTING IN BOSTON.

I CHOSE TO ENTER THE SETTING TO
MAKE A DIFFERENCE IN MY
COMMUNITY AT HYDE PARK.

MY ROLL IS TO PROMOTE HEALTH AND
PREVENT DISEASE.

MAINTAIN A HEALTHY AND SAFE
ENVIRONMENT.

MINIMIZE BARRIERS FOR CHILDREN
AND IMPROVE ACCESS TO HEALTHCARE
SERVICES.

THE CDC FOUND A DECREASE IN
CHILDREN AGES 10-17 HAVING A
USUALLY PLACE FOR PREVENTIVE
CARE.

THESE CHILDREN DO NOT RECEIVE A
ANNUAL WELL VISIT OR DENTAL
EXAM.

FOR MANY BPS STUDENTS I'M THE
ONLY POINT OF ACCESS TO
HEALTHCARE.

MANY STUDENTS AND PARENTS ALIKE
SEEK MY HELP IN ACCESSING THE
HEALTHCARE SYSTEM.

WHEN GIVE THE ABILITY FOUND IN
THE FORM OF TIME A BPS NURSE CAN
HAVE A VISIT OF SMART SMILES
INCREASING ACCESS TO DENTAL
HEALTHCARE.

WE FACILITATE ON-SITE VISION --

THIS YEAR MY MORNING LOCATION.
OUR STUDENTS SCREENED NEEDED
GLASSES AND GOT THEM FOR FREE
BECAUSE OF MY ABILITY TO
FACILITATE THE CLINIC.
LAST WEEK I WORKED WITH A
HOMELESS STUDENT.
WE SAT FOR AN HOUR AND FILLED
OUT A 27 PAGE APPLICATION.
A WEEK LATER WE SAT ON HOLD FOR
30 MINUTES TO SEE IF THEY GET
THE APPLICATION.
WE WILL BE MACED ON HOLD THIS
FRIDAY TO FOLLOW-UP ON THE
APPLICATION.
IF I WASN'T THERE SHE MAY NOT OF
HAD THE WHEREWITHAL TO COMPLETE
THE HEALTH INSURANCE COVERAGE.
SOMETIMES THERE ARE FIVE OTHER
STUDENT WAITING TO BE SEEN FOR
EQUALLY INVOLVED HEALTHCARE
NEEDS.
IF THEY VISITED MY OFFICE AT THE
"WRONG TIME" I MAY NOT OF BEEN
ABLE TO HELP THEM WITH THEIR
HEALTH ISSUE.
I MAYBE THEIR ONLY SOURCE OF
HELP.
I WANT TO MAKE A POINT THAT ONE
30-MINUTE VISIT IS A SIXTH OF.
I AM REQUIRED TO LEAVE THE
SCHOOL AND GO TO ANOTHER
LOCATION EVERY AFTERNOON.
THERE IS A NORMAL THAN HIGHER
RISK OF DEVELOPING FOOD
ALLERGIES.
DISPARITIES AND RESOURCES
CONTRIBUTE TO THE GAP.
IN BOSTON RESIDENTS CAN EXPECT
TO LIVE 22 YEARS LESS THAN
AFFLUENT PEERS.
THOSE WITH FLU ALER GOES ARE
MORE LIKELY TO SUFFER FROM OTHER
COMPLICATIONS.
MY STUDENTS HAVE 123 STUDENTS
WITH HEALTH CONDITIONS.
IT'S UNCLEAR DO ME WHY THE CITY
HASN'T RESPONDED APPROPRIATELY
TO THE HIGH NEED.
IT'S UNCLEAR TO THE STUDENTS.
I AM ASKED THE FOLLOWING
QUESTION AT LEAST THREE TIMES A
WEEK WHAT HAPPENS IF I GET HURT
OR SICK AND YOU'RE NOT THERE.

I ANSWER THEM TRUTHFULLY I WILL
HELP VIA TELEPHONE OR WE CALL
911.

911 IS AN INAPPROPRIATE COVERAGE
BUT IT'S A MASSIVE DRAIN ON THE
HEALTH SYSTEM.

MORE THAN ONE IN TEN DOLLARS IS
SPENT ON ED VISIT.

LESS THAN ONE IN FIVE IS POE
AOEPBTUALLY AVOIDABLE.

EFFORTS TO REDUCE ED VISITS
THROUGH PRIMARY CARE HAVE A HUGE
I AM PANTH ON COST.

THE AMERICAN COLLEGE OF
PHYSICIANS RECOMMENDS INCREASING
HEALTH PROVIDERS IN THE CITY.

IT'S PROMOTED TO HAVE A FULL
TIME NURSE AS THE BEST MEANS OF
INSURE STRONG CONNECTIONS.

THE PRESENCE OF THE SCHOOL NURSE
IN EVERY SCHOOL ALLOWS THE
SCHOOL PHYSICIAN TO WORK AND
PROVIDE CARE FOR STUDENTS AS
THEY DESERVE.

EVERY DAY I LEAVE MY MORNING
LOCATION TO MY AFTERNOON
LOCATION.

I HAVE A PITT IN MY STOMACH.
I WORRY ABOUT A CALL FROM A
STUDENT FOR AN ALLERGY OR
CARDIAC EVENT.

WHEN I'M SPLIT THIS HALF THERE
ISN'T ENOUGH OF ME TO AD SRAEUT
GEE SERVE OUR STUDENTS.

THIS IS NOT FARE TO THE
STUDENTS, ME AS A NURSE, OR
BOSTON RESIDENT ISSUES HAS ROSE
IN THE LAST TWO DECADES OTHER
SCHOOL SYSTEMS INCREASE THEIR
STAFF AND WORKED ON DEVELOPING
THE PROGRAM.

IT WAS VERY PAINFUL FOR ME AS A
RESIDENT KNOWING A LOT OF PEOPLE
IN BOSTON THAT WE WERE BEHIND
THE CURVE.

SO, I START WITH THE RECOMMENDED
RATIOS.

IN 1997 THE MASS DEPARTMENT OF
PUBLIC HEALTH WROTE THE OPTIONS
REPORT FOR DEVELOPING SCHOOL
HEATH SERVICES IN MASSACHUSETS.
THE RECOMMENDATION WAS ONE FULL
TIME EQUIVALENT FOR EVERY
BUILDING.

A TENTH OF AN FTE FOR EACH 50 STUDENTS ABOVE 500.

ADDITIONAL NURSES FOR SCHOOLS LIKE IF YOU HAVE FIVE CHILDREN WITH NEWLY DIAGNOSED DIE BOATS YOU HAVE TO HAVE ANOTHER NURSE. SO, BOSTON HAS NOT MOVED TO FAR IN THAT DIRECTION.

I THINK THEY WILL DO IT NOW.

WE ALSO FOUND THE NODE FOR CLINICAL NURSING MANAGEMENT. YOU HAVE A DIRECTOR OF NURSING SERVICES.

THE SPAN OF RESPONSIBILITY IS GREAT.

I KNOW, I KNOW MAYBE THIS ISN'T THE RIGHT TIME TO DO IT.

CONSIDER DOING ASSISTANT -- FOR SCHOOLS.

WE HAVE FOUND THAT THE BEST HEALTH SERVICES REPORTED TO THE ASSISTANT SUPERINTENDENT OR SOMEONE HIGH ON THE CHAIN OF ADMINISTRATION BECAUSE IF THEY'RE EMBEDDED INTO OTHER SERVICES THAT THE PHYSICAL AND THE CLINICAL SERVICES TEND TO GET LOST.

PEOPLE TRULY DON'T UNDERSTAND THE LIFE THREATENING NATURE OF WHAT WE WORK WITH.

SO JUST VERY BRIEFLY THE REASON THAT WE HAVE GOTTEN TO THE PLACE WE ARE, NOBODY WANTED TO GET US HERE.

BUT WE HAVE HAD IMPROVED SURVIVAL RATES.

27% OF OUR KIDS IN THE STATE HAVE SPECIAL HEALTHCARE NEEDS. WE HAVE SHORTENED HOSPITAL STAYS.

I WAS THE DIRECTOR OF PEDIATRIC NURSING AT MASS GENERAL BEFORE COMING TO SCHOOL HEALTH.

WE KEPT CHILDREN WITH DIE BOATS IN THE HOSPITAL.

WE TRAINED THE FAMILIES.

WE WORKED ON NUTRITION.

WE WORKED ON MANAGEMENT.

NOW THESE KIDS MAY NOT EVEN ENTER THE SCHOOL.

SO IN THE HOSPITAL THE HEALTH INSURANCE DOLLARS PAID FOR THE CARE.

NOW THE EDUCATIONAL DOLLARS PAY FOR THE CARE.

THE SCHOOL NURSE IS DOING ALL WE NEED IN THE HOSPITAL.

I WOULD ALSO SAY I DID NOT ANTICIPATE WHEN I CAME FROM MASS GENERAL TO SCHOOL HEALTH THAT WOULD I SEE SO MANY VENTILATORS, CATHETERIZATION, HEART TRANSPLANTS AND CANCER IN THE SCHOOLS.

THESE ARE OUR KIDS.

WE HAVE TO DO THE BEST WE CAN FOR THEM.

THE IMPACT OF SCHOOL NURSING SERVES.

YOU MENTIONED LIFE SAVING.

MANY OF OUR KIDS HAVE LIFE THREATENING ALLERGIES.

20-24 PERCENT OF CHILDREN EXPERIENCING A LIFE THREATENING ALLERGIC EVENT EXPERIENCE IT THE FIRST TIME IN SCHOOL.

YOU CAN'T EXPECT A TEACHER TO FIGURE OUT WHAT IS GOING ON.

WE HAVE A HUGE AMOUNT OF ASTHMA.

SCHOOL NURSES WITH NEBULIZERS AND SO ON CAN PREVENT CHILDREN GOING TO THE HOSPITAL.

WE HAVE INCREASED THE CLASS TIME IN REDUCTION OF DISMISSALS.

THEY RETURN TO CLASS OTHERWISE THEY WOULD BE SENT HOME.

REDUCED TEACHER TIME SPENT ON HEALTH.

IN MILWAUKEE THEY DID A STUDY.

IF THERE IS NO SCHOOL NURSE EACH TEACHER SPENDS 26 MINUTES A DAY ON HEALTH WITH.

A SCHOOL NURSE IT'S 6 MINUTES A DAY.

IF YOU HAVE 30 TEACHERS YOU HAVE SAVED TEN TEACHER HOURS A DAY.

WE WILL TALK ABOUT COST SAVINGS.

A NUMBER OF YEARS AGO WE PARTNERS WITH CDC.

WE LOOKED AT COST SAVING OF SCHOOL NURSES.

FOR EVERY DOLLAR WE SPENT IN MASSACHUSETTS ON SCHOOL NURSES WE SAVED \$2.20 ON TEACHER TIME, PARENT LOSS OF WORK TIME, AND TREATMENTS DONE IN THE SCHOOL VERSUS THE CLINICAL SETTING.

OUR SCHOOL NURSES ARE THE LAST
WALK-IN CLINIC FOR CHILDREN AND
ADOLESCENCE.

I TALK TO THE KIDS IN MY
NEIGHBORHOOD.

THEY TALK, SOME ARE IMMIGRANTS,
THEY TALK ABOUT THEIR FEARS.
THEY WANT TO GO TALK TO A SAFE
PERSON ABOUT WHAT IS GOING ON IN
OUR COUNTRY, BY THE WAY.

SO 86% OF THE KIDS USE THE
SCHOOL NURSE IN SOME FORM IN A
YEAR.

I WILL SAY FOR BOSTON AND THE
SCHOOL NURSES IN THE STATE THEY
HAVE BEEN SO RESPONSIVE TO
MODERN ISSUES.

DEALING WITH THE OPIOID CRISIS,
WHEN I ASK THEM TO START TO
IDENTIFIED KIDS WHO ARE SEX
TRAFFICKING ACROSS THE
COMMONWEALTH NOT JUST BOSTON
THEY RESPONDED TO THAT.

THEY ALWAYS RESPOND.

SO, I ALWAYS LOOK AT COST.

I LOOK AT POTENTIAL FUNDING
STREAMS.

BOSTON GETS MILLIONS OF DOLLARS,
MILLIONS.

ANNUALLY FROM THE MUNICIPAL
MEDICAID PROGRAM.

AND THIS IS REIMBURSEMENT FOR
DIRECT CARE FOR STUDENTS WITH
IEPs, HEALTH SERVICES.

AND COORDINATION ACTIVITIES
GETTING STUDENTS ENROLLED IN
HEALTH INSURANCE, ETCETERA,
ETCETERA, IT'S ALWAYS DIFFICULT
TO FIND OUT EXACTLY HOW MUCH
THAT IS.

IN MASSACHUSETTS THAT MONEY GOES
TO THE CITY OR THE TOWN.

IT IS NOT EARMARKED FOR HEALTH
SERVICES.

BILL BECAUSE THEY DON'T GET THE
MONEY.

I'VE CALLED THE CITY COUNCILOR.
WILL YOU PLEASE FIND OUT ABOUT
THIS MUNICIPAL CASE?

I DON'T KNOW WHERE IT IS BURIED
IN THE CITY.

I HOPE I'M NOT OPENING A BEEHIVE
HERE.

I HAVE SOME OTHER SUGGESTIONS

FOR COST AND HOW WE MIGHT FUND NURSES.

I PUT IT IN MY TESTIMONY.

THANK YOU EVER SO MUCH.

>> THANK YOU VERY MUCH.

AND I WOULD LIKE TO MOVE ON TO OUR PANEL THAT'S BEEN PATIENTLY WAITING.

THEN WE'LL RETURN TO PUBLIC TESTIMONY FOLLOWING THIS PANEL, SO I'M GOING TO START WITH JENNY.

IF YOU'D LIKE TO INTRODUCE YOURSELF AND GET INTO TESTIMONY, WE'LL WORK OUR WAY DOWN THE LINE.

>> SURE.

>> THANK YOU VERY MUCH FOR BEING HERE.

>> OKAY.

THANK YOU FOR INVITING US TO BE HERE.

ARE THE SLIDES LOADED?

>> I THINK JESS IS GETTING THEM READY.

>> OKAY.

THAT'S GREAT.

>> DID YOU WANT TO START BY INTRODUCING YOURSELF?

>> MY NAME IS DR. JENNY GORMLEY. I'M HERE IN MY ROLE AS PRESIDENT OF THE MASSACHUSETTS SCHOOL NURSE ORGANIZATION CURRENTLY. YOU HEARD TESTIMONY FROM MY COLLEAGUE WHO IS THE IMMEDIATE PAST PRESIDENT.

WE WORK CLOSELY TOGETHER.

I WANT TO THANK YOU AND YOUR COLLEAGUES WHO MAY COME BACK OR WHO WILL WATCH LATER FOR THE OPPORTUNITY TO COME TALK TO YOU, TO SHARE THE CASE FOR A FULL-TIME SCHOOL NURSE IN ALL BOSTON PUBLIC SCHOOLS.

AND I'M HERE TO PRESENT ON WHY A FULL-TIME SCHOOL NURSE ALONG WITH OTHER SPECIALIZED INSTRUCTIONAL SUPPORT PERSONNEL MAKES SENSE.

I SPELL THAT S-E-N-S-E FOR ALL SCHOOLS OF BOSTON.

I'M HONORED AS THE PRESIDENT TO SHARE WITH YOU THE LOGIC FOR SUCH POLICY.

I'M A REGISTERED NURSE WHO AFTER AN INITIAL CAREER WORKING IN HOSPITAL SETTINGS, LIKE OUR NURSE TESTIFIED EARLIER -- I MOVED TO SCHOOLS TO PROMOTE HEALTHY YOUTH, HEALTH AMONG YOUTH IN THE COMMUNITY AND TO WORK ON TRYING TO PREVENT CHRONIC CONDITIONS THAT WE SEE IN ADULTS.

I WORKED FOR SEVEN YEARS AS AN ELEMENTARY SCHOOL NURSE. I WORKED IN TWO DIFFERENT MASSACHUSETTS SCHOOL DISTRICTS. CURRENTLY, I DIRECT A PROGRAM OF CONTINUING EDUCATION FOR SCHOOL NURSES AT NORTHEASTERN UNIVERSITY WITH ANOTHER COLLEAGUE OF MINE WHO TESTIFIED EARLIER.

HOWEVER, I WANT YOU TO NOTE TODAY I'M WEARING MY HAT AS A VOLUNTEER AND AS PRESIDENT OF THE ORGANIZATION.

>> THANK YOU, SUZANNE.

>> OKAY.

ALL RIGHT.

HERE YOU SEE AN IMAGE FROM OUR WEBSITE.

THIS IS OUR WEBSITE.

IT IS THE ACRONYM FOR THE MASSACHUSETTS SCHOOL NURSE ORGANIZATION.

IT INCLUDES OUR MISSION STATEMENT.

IT READS OUR MISSION IS TO PROMOTE AND ADVANCE QUALITY HEALTH SERVICES THROUGHOUT THE COMMONWEALTH AND TO PROMOTE THE RIGHTS, INTEREST, AND PROFESSIONAL GROWTH OF OUR MEMBERS.

MSNO WAS FOUNDED 45 YEARS AGO IN 1970.

WE WERE INCORPORATED AS A NONPROFIT 501C-6 IN 1976, AND WE'RE LED BY AN ALL-VOLUNTEER BOARD OF SCHOOL NURSES AND ADMINISTRATORS.

WE HAVE MEMBERS THAT WORK IN PUBLIC AND NONPUBLIC SCHOOL SETTINGS.

WE ARE A PROFESSIONAL ORGANIZATION, NOT A UNION.

WE FULFILL OUR MISSION IN PART THROUGH SPEAKING AND WRITING TO SCHOOL STAKEHOLDERS AT THE LOCAL AND STATE LEVEL.

I'M DELIGHTED TO SPEAK TO YOU THIS AFTERNOON AS TO WHY A FULL-TIME NURSE MAKES SENSE FOR ALL SCHOOLS IN THE CITY OF BOSTON.

BEFORE I SHARE WITH YOU SPECIFICS, IT'S INFORMATIVE TO LOOK BROADLY AT THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL.

AND I HEARD JILL CARTER REFERENCE THIS MODEL IN HER PRESENTATION DURING THE FIRST PANEL.

THIS MODEL WAS DEVELOPED AND PUBLICIZED IN 2013 BY EXPERTS FROM THE ASCD, WHICH IS FORMERLY KNOWN AS THE ASSOCIATION FOR SCHOOL CURRICULUM DEVELOPMENT, AND CSCD.

THIS MODEL REPRESENTS PRE-K TO 12 SCHOOL EDUCATION IN WHICH STUDENTS ARE HEALTHY AND SAFE, FEEL SUPPORTED, CHALLENGED, AND FULLY ENGAGED IN THEIR EDUCATIONAL EXPERIENCE.

AS YOU CAN SEE, THOSE ARE THE GREEN TABS OUTSIDE THE STAR.

NOTICE THAT THE STUDENT AT THE CENTER OF STAR AND THE MODEL.

DEPICTED IN YELLOW ON THE EXTERIOR OF THE CIRCLE, THE WHOLE COMMUNITY PARTICIPATES IN CHILDREN DEVELOPING TO THEIR FULL POTENTIAL BY SUPPORTING THOSE INDIVIDUALS WORKING WITH STUDENTS, INCLUDING NURSES WHO COLLABORATE WITH PSYCHOLOGISTS, COUNSELORS, AND SOCIAL WORKERS.

THESE INDIVIDUAL EDUCATORS COLLABORATE WITH OTHERS TO CREATE AND SUSTAIN A HEALTHY AND SAFE ENVIRONMENT AND SCHOOL CLIMATE REPRESENTED BY THE TEN BLUE COMPONENTS.

TOGETHER, THE ADULTS WITHIN AND CONNECTED TO THE SCHOOL COMMUNITY SUPPORT THE HEALTH AND ACHIEVEMENT OF STUDENTS WITH BEST POLICIES, PROCESSES, AND

PRACTICES.

THAT'S THAT SECOND GREEN ARROW
CIRCLE.

THE EXPERTS WHO DESIGNED THIS
MODEL WERE EXPLICIT THAT A
SHARED FRAMEWORK AND APPROACH
WOULD GUIDE CRITICAL
DECISION-MAKERS ON POLICIES THAT
WILL BENEFIT ALL STUDENTS.

AT THIS HEARING, WE'RE FOCUSING
ON DEVELOPMENT OF A POLICY THAT
WOULD REQUIRE A FULL-TIME NURSE
IN ALL BOSTON PUBLIC SCHOOLS.

THE QUESTION IS, WHAT IS THE
VALUE TO OUR COMMUNITIES?

LET'S TAKE A LOOK AT WHAT
RESEARCH AND EXPERTS TELL US
ABOUT SCHOOL NURSE IMPACTS ON
SCHOOL COMMUNITIES TO HELP US
ANSWER THIS QUESTION.

FROM REFERENCES CITED ON YOUR
HANDOUT, I SHARED A HANDOUT WITH
COUNCIL MEMBERS.

YOU WILL SEE EVIDENCE FOR WHY IT
MAKES SENSE TO SUPPORT A
FULL-TIME SCHOOL NURSE IN ALL
SCHOOLS.

WE SEE THAT HEALTHY STUDENTS
HAVE BETTER ATTENDANCE AT SCHOOL
AND ARE LESS LIKELY TO DROP OUT
OF SCHOOL.

WE ALSO KNOW THAT LICENSED
SCHOOL NURSES ARE LESS LIKELY TO
DISMISS A STUDENT THAN
NON-LICENSED PERSONNEL AND ARE
ABLE TO MANAGE ACUTE AND CHRONIC
HEALTH CONDITIONS, KEEPING
STUDENTS IN SCHOOL AND REDUCING
ABSENTEEISM.

THE STUDENT RETURN TO CLASS
RATE, WHEN A STUDENT DOES NOT
FEEL WELL AND CAN BE ASSESSED
AND TREATED BY A NURSE, AVERAGES
91% TO 95% WHEN A FULL-TIME
SCHOOL NURSE IS IN THE BUILDING.
IN THE 70% TO LOW 80% RANGE
WITHOUT A FULL-TIME SCHOOL
NURSE.

SCHOOLS WITH FULL-TIME SCHOOL
NURSES ARE MORE LIKELY TO KNOW
ABOUT STUDENTS WITH ASTHMA.

WE HAVE TALKED A LOT ABOUT
ASTHMA THIS AFTERNOON.

LIFE-THREATENING ALLERGIES AND

IMMUNIZATION STATUS IN SCHOOLS WITHOUT FULL-TIME SCHOOL NURSES AND CAN PROVIDE CARE COORDINATION TO IMPROVE STUDENT ATTENDANCE.

SCHOOL NURSES HELP SCHOOLS COMPLY WITH FEDERAL AND STATE LAWS.

FOR EXAMPLE, SCHOOL NURSES IDENTIFY STUDENTS WHO MAY QUALIFY FOR 504 PLANS.

THEY ENABLE STUDENTS ON INDIVIDUALIZED EDUCATION PLANS WHO NEED HEALTH SERVICES AT SCHOOL TO ACCESS THE CURRICULUM. SCHOOL NURSES PARTICIPATE IN EMERGENCY PLANNING AND RESPONSES THAT SAVE LIVES.

WITHOUT A FULL-TIME SCHOOL NURSE, THERE CAN BE A DELAY IN EMERGENCY MEDICAL SERVICES FOR ADULTS AND YOUTH IN SCHOOLS SUFFERING ANAPHYLAXIS, A LIFE-THREATENING ALLERGIC REACTION, RESPIRATORY DISTRESS, MENTAL HEALTH CRISES, AND OTHER ACUTE INJURIES AND ILLNESSES.

SCHOOL NURSES ALLOW ADMINISTRATORS, TEACHERS, AND STAFF TO FOCUS ON THEIR JOBS.

IN A 2011 STUDY OF TITLE 1 SCHOOLS, RESEARCHERS CALCULATED WITH A FULL-TIME SCHOOL NURSE SCHOOL STAFF SAVED TIME FOR EDUCATIONAL RESPONSIBILITIES UP TO ONE HOUR A DAY FOR PRINCIPALS, 20 MINUTES A DAY FOR TEACHERS, AND 45 MINUTES A DAY FOR SCHOOL SECRETARIES BY NOT HAVING TO ADDRESS HEALTH CONCERNS.

THIS ADDED UP TO \$133,000 IN SAVINGS IN STAFF TIME ANNUALLY PER SCHOOL WITH A FULL-TIME SCHOOL NURSE.

A 2014 STUDY BY A CDC ECONOMIST DEMONSTRATED -- THAT'S THE COST BENEFIT STUDY -- Qóañ WITH DATA COLLECTED FROM SCHOOLS IN MASSACHUSETTS ACROSS THE STATE FOR EVERY DOLLAR SPENT ON NURSING SERVICES, \$2.20 IS SAVED IN MEDICAL COSTS AND LOST PRODUCTIVITY FOR TEACHERS AND

PARENTS.

IN OTHER WORDS, FOR OVER
\$100,000 SPENT TO HAVE A
FULL-TIME SCHOOL NURSE IN
BOSTON, THE CITY OF BOSTON COULD
SAVE \$220,000.

I DID SOME QUICK MATH EARLIER
BASED ON WHAT I HEARD ABOUT THE
AVERAGE SALARY.

AND I THINK I HEARD 97,000.

I'M THROWING OUT MY MATH WITH MY
PHONE, BUT I CALCULATED THAT FOR
22 NURSES AT \$97,000 AVERAGE,
THAT WOULD BE \$2,134,000.

USING THAT SAVINGS, 1 TO 2.2,
THAT WOULD BE A SAVINGS OF
\$1,694,500 FOR THE CITY OF
BOSTON.

HAVING A FULL-TIME SCHOOL NURSE
PROVIDES ALL THESE BENEFITS,
SUPPORTING A CRITICAL OUTCOME
FOR OUR STUDENT ACHIEVEMENT.

THAT'S TOP AND CENTER.

FOR ALL THESE REASONS, MSNO
SUPPORTS HAVING A FULL-TIME
SCHOOL NURSE IN ALL SCHOOLS.
WE SHARE A VISION OF HEALTHY,
SAFE, SUPPORTED, CHALLENGED AND
ENGAGED STUDENTS.

AND ON BEHALF OF MSNO, I THANK
YOU, COUNCILWOMAN ESSAIBI
GEORGE, FOR INVITING ME TO
PRESENT AT THIS MEETING.

>> THANK YOU VERY MUCH, DR.
GORMLEY.

I THINK NEXT WE HAVE JONATHAN.
WELCOME, JONATHAN.

I WOULD LIKE TO SAY I KNOW THAT
YOU ARE A SCHOOL NURSE.
WE OFTEN REFERENCE OUR SCHOOL
NURSES AS SHE AND HER.

I JUST WANT TO THANK YOU FOR
BEING HERE WITH US TODAY.

>> OKAY.

THANK YOU.

I'LL TALK OFF THE CUFF JUST TO
SAY HISTORICALLY, SINCE IT IS A
WOMAN'S JOB, IT'S TAKEN FOR
GRANTED THAT WE WORK A LITTLE
BIT HARDER AND DO A LITTLE BIT
MORE AND NOT GET PAID FOR IT, SO
I THINK IT IS GREAT YOU'RE
HOLDING THESE HEARINGS TONIGHT.

>> THANK YOU FOR SAYING THAT.

THERE ARE LOTS OF POINTS.

>> MY NAME IS JONATHAN HAYNES.

I'M A SCHOOL NURSE AT THE
McKINLEY MIDDLE SCHOOL AND A
PROUD MEMBER OF THE BOSTON
TEACHERS UNION.

I'M CURRENTLY A MEMBER OF THE
NURSE FACULTY SENATE AND HAVE
SERVED FOR TWO YEARS ON THE
JOINT UNION MANAGEMENT TEAM FOR
HEALTH SERVICES.

I HAVE A BACHELOR'S DEGREE IN
NURSING AND A MASTER'S DEGREE IN
EDUCATION WITH A SPECIALTY IN
SCHOOL NURSING.

MY SPECIALTY FOCUSES ON
PSYCHOLOGICAL TRAUMA.

NOT ALL STUDENTS IN BOSTON HAVE
EQUAL ACCESS TO A SCHOOL NURSE.
OUR HEALTH SERVICES DEPARTMENT
IS CHRONICALLY UNDERFUNDED.
TOO MANY OF OUR STUDENTS DO NOT
HAVE A SCHOOL NURSE FOR LARGE
PARTS OF THE DAY.

SOME SCHOOLS HAVE NO NURSE AT
ALL ON SOME DAYS.

MANY STUDENTS IN BOSTON HAVE
COMPLEX MEDICAL NEEDS.

MANY STUDENTS IN BOSTON HAVE
CHRONIC ILLNESSES, SUCH AS
ASTHMA, DIABETES, AND SICKLE
CELL DISEASE.

A FULL-TIME NURSE IS CRUCIAL TO
ENSURING THAT THESE STUDENTS AND
THEIR FAMILIES HAVE EQUAL ACCESS
TO EDUCATION AND TO THE HEALTH
CARE THEY NEED TO ACCESS THAT
EDUCATION.

WE'RE NOT PROVIDING THAT ACCESS
IF WE DO NOT HAVE A FULL-TIME
NURSE IN EVERY SCHOOL.

MANY OF OUR STUDENTS AND THEIR
FAMILIES LIVE WITH HOUSING
INSECURITY, FOOD INSECURITY,
LACK OF ACCESS TO QUALITY HEALTH
CARE OR ARE STRUGGLING WITH MANY
OF THE OTHER SOCIAL DETERMINANTS
OF HEALTH.

SCHOOL NURSES ARE ON THE FRONT
LINES OF PROVIDING SAFE,
PROFESSIONAL CARE FOR THESE
STUDENTS.

HOWEVER, AS MARGARET EARLIER
REFERENCED, WE HAVE 44 SCHOOLS

RIGHT NOW THAT DO NOT HAVE A FULL-TIME NURSE.

MOST OF THESE ARE ELEMENTARY SCHOOLS AND EARLY EDUCATION CENTERS.

I POINT THIS OUT BECAUSE EARLY INTERVENTION IS THE MOST MEDICALLY EFFECTIVE AND MOST COST-EFFECTIVE WAY TO RESPOND TO HEALTH CARE NEEDS.

THESE ARE ALL IMPORTANT REASONS TO HAVE A FULL-TIME NURSE IN EVERY SCHOOL, BUT THE MOST IMPORTANT REASON IS THAT SCHOOL NURSES SAVE LIVES.

RECENTLY, I RECEIVED A NOTE FROM A SCHOOL NURSE HERE IN BOSTON. IT READ, JONATHAN, AS YOU KNOW, I WORK IN TWO BUILDINGS.

THERE WAS A STUDENT WAITING FOR ME AT THE FIRST BUILDING HAVING A FIRST-TIME ALLERGIC REACTION. SHE HAD NEVER BEEN DIAGNOSED WITH AN ALLERGY.

SHE WAS SO QUIET, BUT I ASSESSED HER AND ADMINISTERED AN EPIPEN AND CALLED 911.

IF SHE WAS AT THE SECOND BUILDING, SHE COULD HAVE DIED WAITING FOR ME TO GET TO THAT BUILDING.

EVERY DAY SCHOOL NURSES ASK THEMSELVES WILL I BE IN THE WRONG SCHOOL AT THE WRONG TIME TO SAVE MY STUDENTS' LIVES?

WHO IN THIS ROOM WANTS TO LIVE WITH THAT QUESTION EVERY DAY WHEN THEY GO TO WORK?

SCHOOL NURSES WITH TWO ASSIGNMENTS HAVE TO MAINTAIN TWO SEPARATE OFFICES AND TWO SETS OF STUDENT RECORDS WITH NO CLERICAL OR OTHER SUPPORT.

THEY HAVE TO DEAL WITH THE STRESS OF TRAVELING BETWEEN TWO SCHOOLS, BEING ACCOUNTABLE TO TWO DIFFERENT SETS OF ADMINISTRATORS, GETTING TO KNOW TWO COMPLETELY DIFFERENT SCHOOL COMMUNITIES.

TWO SCHOOL NURSES WITH TWO SCHOOL ASSIGNMENTS CARRY AN UNFAIR BURDEN OF ETHICAL AND MORAL AND LEGAL RESPONSIBILITY.

THEY'LL NEVER KNOW IF THEY'LL BE
IN THE RIGHT PLACE AT THE RIGHT
TIME TO PROVIDE CRITICAL AND
LIFE-SAVING CARE.

IT'S TIME THAT THE CITY OF
BOSTON RECOGNIZE THE DANGER THIS
SITUATION PRESENTS AND PROVIDE A
MINIMUM OF ONE FULL-TIME NURSE
IN EVERY SCHOOL BUILDING.

SOME OF THE MOST IMPORTANT CARE
SCHOOL NURSES PROVIDE IS
ATTENDING TO THE TRAUMA THAT
AFFECTS SO MANY OF OUR STUDENTS.
RESEARCH HAS ESTABLISHED THAT
ADVERSITY IN CHILDHOOD HAS
LASTING PHYSICAL AND
PSYCHOLOGICAL EFFECTS, OFTEN
LEADING TO SOCIAL ISOLATION,
VICTIMIZATION, SUBSTANCE

DEPENDENCY, DEPRESSION, SUICIDE,
OR EARLY DEATH.

EARLY INTERVENTION IS THE MOST
IMPORTANT FACTOR TO BEGIN THE
PROCESS OF HEALING.

ACCORDING TO THE CENTERS OF
DISEASE CONTROL, 2 OUT OF 3
ADULTS IN THIS COUNTRY ARE
EXPOSED TO TRAUMATIC LEVELS OF
STRESS AS CHILDREN.

THE INITIAL ADVERSE CHILDHOOD
EXPERIENCES STUDY DOCUMENTED THE
LONG-TERM EFFECTS OF CHILDHOOD
TRAUMA WITH CHRONIC CONDITIONS
THAT LEAD TO DISABILITY AND
DEATH.

STUDIES HAVE DOCUMENTED HOW
TRAUMA AFFECTS OUR CHILDREN'S
ABILITY TO THRIVE, GROW, AND
LEARN.

THEY'RE AT HIGHER RISK FOR
INJURY, ILLNESS, INCARCERATION,
SUBSTANCE ABUSE, SUICIDE, AND
VIOLENT DEATH.

SCHOOL NURSES SAVE LIVES BY
ATTENDING TO THE TRAUMA OUR
STUDENTS EXPERIENCE.

BUT IN ORDER FOR THEM TO RESPOND
TO TRAUMA, NURSES MUST BE
PHYSICALLY PRESENT AND AVAILABLE
IN THE BUILDING WHEN THAT
STUDENT NEEDS THEIR PRESENCE AND
SUPPORT.

LET ME SHARE A STORY I READ.

THERE WAS A MIDDLE SCHOOLGIRL
WHO ATTENDED SCHOOL EVERY DAY,
BUT SHE HAD A HARD TIME
CONCENTRATING IN CLASS.

SHE COULDN'T SAY WHY BECAUSE SHE
COULDN'T TALK ABOUT WHAT WAS
HAPPENING AT HOME.

SHE WAS WHAT SOME NURSES CALL A
FREQUENT FLIER, OFTEN COMING
INTO THE NURSE'S OFFICE
COMPLAINING OF A HEADACHE OR AN
UPSET STOMACH WHICH IS A SYMPTOM
OF TOXIC STRESS AT HOME AND IN
THE COMMUNITY.

A NURSE WAS THERE EVERY DAY TO
HELP WITH THE HEALING.

AS AN ADULT, THAT STUDENT
LEARNED ABOUT HER EXPERIENCE.

QUOTE, I'D SIT IN CLASS AT ONCE
BOTH DESPERATE FOR HELP AND
TERRIFIED TO ADMIT I NEEDED ANY.

THERE WAS ONE PERSON I KNEW
WOULD MAKE ME FEEL BETTER.

MY SCHOOL NURSE.

HER HEALING BEGAN RIGHT THERE IN
THE SCHOOL NURSE OFFICE, AND
THAT SCHOOL NURSE HELPED SAVE A
LIFE.

BECAUSE TRAUMATIC EXPERIENCES
ARE OFTEN BURIED IN OUR BODIES,
SCHOOL NURSES ARE REALLY FIRST
RESPONDERS TO CHILDHOOD
ADVERSITY.

NURSES' OFFICES PROVIDE SAFE
SPACES FOR OUR STUDENTS, AND
NURSES TEND TO THE MANY PHYSICAL
AND EMOTIONAL SYMPTOMS THAT
STUDENTS EXPERIENCE BECAUSE OF
TOXIC STRESS.

SO MANY OF OUR YOUNGEST AND MOST
VULNERABLE STUDENTS DO NOT HAVE
ACCESS TO A NURSE.

OF COURSE, FIRST RESPONDERS NEED
THE HELP OF OTHER PROFESSIONALS
TO CONTINUE THE WORK OF HEALING.

IN THE CASE OF SCHOOL NURSES, WE
UNDERSTAND THAT OUR STUDENTS
NEED THE PSYCHOLOGIST, THE
SCHOOL ADJUSTMENT COUNSELORS,
AND THE OTHER STAFF THAT CAN
WORK TOGETHER TO SUPPORT OUR
STUDENTS THROUGH CRISIS AND
GROWTH.

THEY NEED ONGOING TRAINING AND

SUPPORT IN HOW TO MEET THE
SOCIAL AND EMOTIONAL NEEDS OF
OUR STUDENTS.

THIS WORK IS NOT EXTRA.

IT IS NOT OPTIONAL IF WE WANT TO
BUILD A SYSTEM THAT MEETS OUR
STUDENTS AND FAMILIES RIGHT
WHERE THEY ARE AND JOINS WITH
THEM IN THEIR EFFORTS TO GROW
AND TO HEAL, TO SURVIVE AND TO
THRIVE.

IN CONCLUSION, LET ME QUOTE
AGAIN FROM THE WRITER WHO WROTE
ABOUT HER SCHOOL NURSE
EXPERIENCE AS A YOUNG GIRL.

QUOTE, WHILE I WAS HIDING OUT IN
MY SCHOOL NURSE'S OFFICE, I
NEVER TOLD HER I WAS BEING
ABUSED.

I DIDN'T NEED TO.

SHE FIGURED IT OUT ON HER OWN.

WHEN I WAS YOUNG, I RECEIVED THE
HELP I NEEDED.

SHOULDN'T EVERY CHILD?

I BELIEVE THE ANSWER TO THAT
QUESTION IS YES.

WHAT DOES IT SAY TO OUR
STUDENTS' FAMILY AND STAFF THAT
BPS PROVIDES A FULL-TIME NURSE
FOR SOME OF ITS STUDENTS BUT NOT
FOR OTHERS?

WE MUST SHARE THE RESPONSIBILITY
TO PROVIDE FOR THE HEALTH,
SAFETY, AND WELL-BEING OF EACH
AND EVERY STUDENT AND WITHIN
EVERY SCHOOL COMMUNITY WITHIN
BOSTON PUBLIC SCHOOLS.

IT IS A MATTER OF EQUITY.

IT'S A MATTER OF HEALTH JUSTICE.

IT IS A MATTER OF LIFE AND
DEATH.

WE NEED A FULL-TIME NURSE IN
EVERY SCHOOL.

>> JONATHAN, THANK YOU VERY MUCH.
THANK YOU FOR SHARING THOSE
STORIES WITH US.

LUCINDA MILLS, THANK YOU FOR
BEING HERE.

WELCOME.

>> THANK YOU FOR THE INVITATION.

GOOD AFTERNOON.

MY NAME IS LUCINDA MILLS.

I AM A PUPIL COUNSELOR AND
LICENSED SOCIAL WORKER IN BOSTON

PUBLIC SCHOOLS IN BEHAVIORAL
HEALTH SERVICES DEPARTMENT.
I'M ONE OF THE EIGHT
DISTRICTWIDE ADJUSTMENT
COUNSELORS THAT COVER 125
SCHOOLS IN BOSTON PUBLIC
SCHOOLS.
SOCIAL WORKERS ADDRESS THE
MENTAL HEALTH AND SOCIOEMOTIONAL
NEEDS OF STUDENTS.
MORE SOCIAL WORKERS AND SCHOOL
PSYCHOLOGISTS ARE NEEDED IN OUR
SCHOOLS FULL-TIME.
AS THE WORD SOCIAL-EMOTIONAL
LEARNING GETS TOSSED AROUND,
LET'S REMEMBER OUR TEACHERS
CANNOT DO THE WORK ALONE.
76% OF OUR STUDENTS ARE
CATEGORIZED AS HIGH NEEDS.
WITH SUCH A HIGH-NEED POPULATION
AND TO NOT HAVE ONE SCHOOL
SOCIAL WORKER AND ONE SCHOOL
PSYCHOLOGIST IN EACH OF OUR
SCHOOLS, WE'RE DOING OUR
STUDENTS AN INJUSTICE.
MANY OF OUR STUDENTS ARE
RECEIVING SPECIAL EDUCATION
SERVICES.
MANY HAVE BEHAVIOR CHALLENGES,
COURT INVOLVED, SOCIAL SERVICE
INVOLVED, ENGLISH LANGUAGE
LEARNERS.
MANY EXPERIENCE TRAUMA AND MANY
ARE HOMELESS.
I JUST LEARNED TODAY THAT BPS
STUDENTS EXPERIENCING
HOMELESSNESS IS AT 4200 STUDENTS
CURRENTLY, WHICH IS UP FROM LAST
SCHOOL YEAR ACCORDING TO THE
HOMELESS EDUCATION RESOURCE
NETWORK.
MANY OF BOSTON'S STUDENTS HAVE
MEDICAL AND BEHAVIORAL HEALTH
NEEDS THAT REQUIRE A NURSE,
PSYCHOLOGIST, OR SOCIAL WORKER
FULL-TIME IN OUR SCHOOLS.
SCHOOLS ARE CALLING AMBULANCES
ON STUDENTS DUE TO HIGH-RISK
ACTING OUT BEHAVIORS.
SCHOOLS ARE ALSO CALLING POLICE,
BUT THE REALITY IS MANY OF OUR
STUDENTS DO NOT NEED THE
AMBULANCE.
THEY DO NOT NEED POLICE

INVOLVEMENT.

THEY NEED A SCHOOL SOCIAL WORKER
AND PSYCHOLOGIST.

AS A RESULT, STUDENTS IN CRISIS
ARE BEING REFERRED TO SCHOOL
POLICE.

BUT DUE TO THE RELATIONSHIP THAT
BEHAVIORAL HEALTH SERVICES HAS
WITH POLICE, REFERRALS ARE
COMING BACK TO US.

THEY REALIZE IT IS A
SOCIAL-EMOTIONAL CONCERN AND NOT
A LAW ENFORCEMENT CONCERN.

HOWEVER, WE NEED TO BE ABLE TO
HAVE ENOUGH STAFF TO RESPOND TO
THE AMOUNT OF CRISIS SITUATIONS
HAPPENING IN OUR DISTRICT.

LET ME TELL YOU A LITTLE BIT
ABOUT MYSELF.

I COVER UP TO 20 SCHOOLS IN
BOSTON PUBLIC SCHOOLS.

IN ONE OF MY SCHOOLS, I HAVE A
CASELOAD OF 16 COUNSELING
STUDENTS WHERE I RUN THREE
GROUPS, TWO SOCIAL SKILLS
GROUPS, AND ONE TRAUMA
EVIDENCE-BASED GROUP, AND SEE
FOUR STUDENTS INDIVIDUALLY WHO
HAVE IEP COUNSELING.

MY GROUPS ARE A MIXTURE OF
STUDENTS WITH INDIVIDUALIZED
EDUCATIONAL PLANS AS WELL AS
GENERAL EDUCATION STUDENTS WHO
NEED THE SOCIAL-EMOTIONAL
SUPPORT IN ADDITION TO PROVIDING
ONGOING COUNSELING SERVICES.

I RESPOND TO SCHOOL CRISIS
SITUATIONS, CONDUCT HOME
ASSESSMENTS, PROVIDE CASE
MANAGEMENT, AND CONDUCT
PROFESSIONAL DEVELOPMENT
TRAINING.

LET ME GIVE YOU A SNAPSHOT OF MY
WEEK LAST WEEK.

I SPENT MONDAY AND TUESDAY
PROVIDING SUPPORT TO A SCHOOL
WHERE A STAFF MEMBER DIED.

I ALSO SPENT ONE DAY LAST WEEK
PROVIDING CRISIS PREVENTION
INTERVENTION TRAINING IN
ADDITION TO DOING HOME VISITS,
DOING COUNSELING, AND CONSULTING
WITH SCHOOL PRINCIPALS ON
HIGH-NEEDS CASES.

AS A DISTRICT, BOSTON DOES NOT NEED TO WAIT FOR MAJOR TRAGEDY TO HAPPEN FOR US TO REALIZE THAT WE NEED MORE SCHOOL SOCIAL WORKERS AND SCHOOL PSYCHOLOGISTS IN OUR SCHOOL BUILDINGS.

THE CHILD WITH ANXIETY, THE DEPRESSED CHILD, THE CHILD THAT'S ABUSED, THE CHILD THAT'S GOING FROM FOSTER HOME TO FOSTER HOME, THEY'RE SHOWING UP IN OUR SCHOOLS EVERY SINGLE DAY, AND THEY NEED OUR SUPPORT.

THEY'RE LOOKING TO US.

THEIR NEEDS DO NOT DISAPPEAR WHEN THEY ENTER OUR SCHOOL DOORS.

I WANT TO SAY THANK YOU TO OUR CITY COUNCILORS AND THE MAYOR FOR YOUR SUPPORT OF BEHAVIORAL HEALTH SERVICES IN FISCAL YEAR 2019 AND LOOK FORWARD TO WORKING TOGETHER IN FISCAL YEAR 2020 TO ENSURE THAT OUR BOSTON PUBLIC SCHOOL STUDENTS HAVE ACCESS TO LICENSED BEHAVIORAL HEALTH SUPPORT THAT THEY NEED.

>> LUCINDA, THANK YOU VERY MUCH. THANKS ALL THREE OF YOU.

THANK YOU VERY MUCH FOR YOUR PRESENTATION, YOUR COMMENTS. LUCINDA, I'M GOING TO START WITH YOU.

THE CONVERSATION AROUND THE APPROPRIATE NURSING LEVEL -- AND I SAY APPROPRIATE.

I USE THAT TERM LOOSELY AS A MINIMUM.

WE TALK ABOUT THE 44 SCHOOLS THAT HAVE A PART-TIME NURSE, 0.5 NURSE.

WE WANT TO MAKE THAT FULL TIME. THAT DOESN'T NECESSARILY MEAN IT IS APPROPRIATE, BUT IT'S A START.

IT'S BEEN HARDER TO IDENTIFY WHAT THE APPROPRIATE NUMBER OR THE BETTER NUMBER IS FOR ANY OF OUR EMOTIONAL SUPPORT SYSTEMS REGARDLESS OF LICENSURE AREA OR TITLE.

DO YOU HAVE ANY INFORMATION TO SHARE ON THAT BECAUSE IT'S BEEN A MUCH MORE DIFFICULT

CONVERSATION AND DEBATE TO HAVE?

>> SO, NATIONAL ASSOCIATION OF SCHOOL SOCIAL WORKERS STATES ONE SOCIAL WORKER FOR EVERY 250 STUDENTS WHEN WE LOOK AT A HIGH-NEEDS POPULATION LIKE BOSTON.

THAT NUMBER CAN GO UP TO ONE FOR EVERY 450 IN TERMS OF THE HIGH-RISK POPULATION.

THAT'S FOR THE SOCIAL WORKERS.

I KNOW JUST COUNSELORS IN GENERAL, WHICH THERE'S LICENSED MENTAL HEALTH COUNSELORS, DIFFERENT GROUPS UNDER THAT, THEY QUOTE TO ONE TO OVER 400 IN TERMS OF RATIOS.

>> WHAT WOULD YOU SAY WE ARE MISSING?

DO YOU HAVE THAT INFORMATION?

>> I DON'T HAVE IT PRESENTLY WITH ME --

>> THAT WOULD BE VERY HELPFUL TO GET.

THERE'S DIFFERENT NUMBERS ALONG THE WAY.

IT'S NOT AS SORT OF SIMPLE AS THE NURSING QUESTION, THE NURSING GUIDELINES ARE, SO I WOULD APPRECIATE THAT IF YOU CAN THINK A LITTLE BIT ABOUT THAT LONG THE WAY.

>> UH-HUH.

>> I APPRECIATE EVERYONE'S PRESENTATION.

THE EDUCATION HEARINGS TEND TO RUN A LITTLE BIT LONG, AND WE ALL HAVE COMMUNITY COMMITMENTS IN THE EVENING, BUT NO DOUBT THEY WILL REVIEW THE TAPE AND GET A COPY OF YOUR PRESENTATIONS AND YOUR TESTIMONY TODAY.

I THANK THE THREE OF YOU FOR BEING HERE.

I DON'T KNOW IF ANY OF YOU HAVE SOMETHING TO ADD BEFORE WE GO TO THE REST OF OUR PUBLIC COMMENT.

THANK YOU VERY MUCH.

WE'RE GOING TO CONTINUE WITH PUBLIC COMMENT.

NEXT ON MY LIST I HAVE ROSALIND. COME ON DOWN.

THEN DEREK, MAYBE, EVERETT.

DARIOT.

THEN MARKELL NORTON.
PLEASE INTRODUCE FOR THE RECORD.
WELCOME.

>> THANK YOU, MADAME CHAIR
ESSAIBI-GEORGE.

I'M AN EDUCATOR IN BOSTON AT
ROXBURY.

I'M A PART OF THE STUDENT
SUPPORT TEAM WORKING AS AN
ADVOCATE FOR STUDENTS WHO HAVE
EXPERIENCED TRAUMA AND NEED
SOCIAL-EMOTIONAL SUPPORT.
I'VE BEEN AN EDUCATOR FOR 25
YEARS, AND I'M ALSO A PROUD BPS
GRADUATE.

I HOLD A MASTER'S DEGREE IN
SCHOOL COUNSELING.

I LOVE MY STUDENTS AND THE
TEACHERS WHOM I WORK WITH.

I KNOW THAT I BELIEVE EVERY
STUDENT DESERVES A CHANCE IN
LIFE TO BECOME SUCCESSFUL AND
PRODUCTIVE CITIZENS.

I'M HERE TODAY TO SPEAK THE
TRUTH ABOUT OUR BROKEN SCHOOL
SYSTEM.

WE'RE ON THE FRONT LINES OF OUR
CLASSROOMS AND SCHOOLS EVERY
DAY.

I SEE THE STRUGGLES THAT OUR
STUDENTS ARE GOING THROUGH AND
THE TIMES THAT TEACHERS CANNOT
PROVIDE CARE DUE TO LACK OF
RESOURCES IN OUR SCHOOLS.

SETTING OUR STUDENTS UP FOR
FAILURE IS NOT JUSTICE AND
ACCESS TO QUALITY EDUCATION.
THIS SOLUTION IS VERY PERSONAL
TO ME.

I HAVE A NEPHEW WHO EXPERIENCED
TRAUMA AT THE AGE OF 8.

HE BEGAN PHYSICALLY LASHING OUT
AND CREATING AN UNSAFE
ENVIRONMENT.

HIS SCHOOL WHERE HE WAS
ATTENDING DID NOT HAVE THE
RESOURCES TO PROVIDE THE HELP
THAT HE NEEDED.

HE CAME TO BOSTON AND STARTED
WITHIN A BOSTON PUBLIC SCHOOL.
THE SERVICES THAT HE WAS
PROVIDED BY THE SOCIAL WORKERS
AND SCHOOL COUNSELORS AND THE
THERAPISTS AND THE NURSE HELPED

HIM HEAL.

I WAS REALLY GRATEFUL FOR THE HELP THAT HE RECEIVED GOING THROUGH THIS, AND HE'S STILL HEALING.

IT'S A CHALLENGE EVERY DAY. WHEN I GO TO WORK AND I SEE STUDENTS THAT ARE DEALING WITH SOCIAL-EMOTIONAL ISSUES AND SUFFER FROM TRAUMA.

WE HAVE A SCHOOL COUNSELOR, SCHOOL PSYCHOLOGIST, BUT IT'S NOT ENOUGH.

WE HAVE A WAIT LIST OF STUDENTS WHO HAVE EXPERIENCED TRAUMA. WE DON'T HAVE ENOUGH NURSES, PSYCHOLOGISTS, AND SOCIAL WORKERS TO SERVICE THEIR NEEDS. THERE ARE SCHOOLS THAT HAVE NO FULL-TIME MENTAL HEALTH SPECIALISTS.

WE NEED TO DO BETTER FOR OUR STUDENTS.

EDUCATORS TRY TO BE THERE EVERY SINGLE DAY, BUT IT IS NOT ENOUGH.

THEY'RE EXHAUSTED BY THE CONSTANT POLITICAL BUDGET CUTS. EVEN IF THEY SPARE CUTS ONE YEAR, THEY'RE WORRIED THEY MIGHT HAPPEN NEXT YEAR.

INSTEAD WE NEED EDUCATORS TO HAVE WRAP-AROUND SERVICES TO ASSIST STUDENTS IN THEIR DAILY LIVES.

AS EDUCATORS, WE NEED TO SUPPORT OUR STUDENTS.

THE CITY NEEDS TO FIND A WAY TO PAY FOR THESE RESOURCES FOR OUR STUDENTS.

UNTIL THEN, I WILL KEEP FIGHTING FOR EQUALITY FOR MY STUDENTS AND FOR MY COLLEAGUES.

OUR STUDENTS DESERVE TO LEARN IN A TRAUMA-INFORMED SCHOOL WHERE THERE ARE ADEQUATE MEMBERS OF MENTAL HEALTH STAFF AND WHERE THEIR SOCIAL-EMOTIONAL NEEDS ARE MET.

AS EDUCATORS, WE ARE THE VOICES OF OUR STUDENTS AND OUR CHILDREN.

THEY'RE OUR FUTURE, AND THEY DEPEND ON US.

THIS IS WHY I'M CALLING ON YOU
TODAY TO INVEST IN OUR STUDENTS'
FUTURE BY ENSURING THAT EVERY
SCHOOL HAS A FULL-TIME NURSE,
SOCIAL WORKERS, SOCIAL-EMOTIONAL
THERAPIST -- SORRY, I'M JUST A
LITTLE EMOTIONAL BECAUSE I
REALLY LOVE WHAT I DO, AND I
REALLY BELIEVE I'LL CONTINUE TO
FIGHT FOR MY STUDENTS.

>> THANK YOU.

THE BEST PART OF YOUR COMMENTS
WAS THE LAST PART RIGHT THERE
OFF THE CUFF.

THANK YOU.

>> THANK YOU.

>> DEREK, YOU'RE UP NEXT.

THEN WE HAVE MARKELL.

>> [OFF MIC].

EXCUSE ME.

>> WHY DON'T I HAVE YOU GO RIGHT
AFTER DEREK?

YOU CAN COME UP TO THIS
MICROPHONE RIGHT HERE.

>> THANK YOU.

>> GOOD EVENING, COUNCILOR
ESSAIBI-GEORGE.

I'M THE MANAGER DIRECTOR OF
CHILDHOOD AFFAIRS FOR EDUCATION
EXCELLENCE BOSTON, A TEACHER-LED
ADVOCACY NONPROFIT.

OUR MISSION IS TO ELEVATE FUTURE
VOICES IN POLICY, ENSURING
EDUCATORS ARE INCLUDED IN
CONVERSATIONS IMPACTING THEIR
STUDENTS AND PROFESSION.
STUDENT NEED.

OUR STATE'S PUBLIC EDUCATION
SYSTEM IS BROKEN.

MASSACHUSETTS IS THE NUMBER ONE
STATE PROVIDER OF PUBLIC
EDUCATION FOR MANY STUDENTS, BUT
FAR TOO MANY ARE LEFT BEHIND.

WE BELIEVE ALL STUDENTS CAN
SUCCEED.

THE ONLY THING STOPPING STUDENT
SUCCESS IS LACK OF OPPORTUNITY
AND SUPPORT.

WE NEED STAFF TO HELP PROVIDE A
SOLID FOUNDATION OF SUPPORT FOR
STUDENTS.

BY '17, NEARLY 40% OF STUDENTS
HAVE FACED ONE ADVERSE CHILDHOOD
EXPERIENCE IN MASSACHUSETTS.

YOU HEARD SOME OF THE NUMBERS FOR TWO AND THREE ARE HERE IN BOSTON.

WHILE THE NATIONAL ASSOCIATION OF SOCIAL WORKERS RECOMMEND ONE COUNSELOR OR SOCIAL WORKER FOR EVERY 250 STUDENTS, THE RATIOS ARE MUCH HIGHER.

IN ADDITION TO STEPS THAT CAN BE TAKEN AT THE CITY LEVEL, WE'RE HERE TO ASK YOUR SUPPORT FOR H-577, AN ACT PROMOTING TRAUMA-INFORMED SCHOOLS.

IN TURN, OUR SCHOOLS WILL BECOME PLACES WHERE OUR STUDENTS CAN GET THE MENTAL HEALTH SERVICES THEY NEED AND OUR STATE CAN LEAD THE NATION BY PROVIDING THE SERVICES OUR STUDENTS NEED.

I'M HERE TO SHARE HOW EDUCATORS CONTINUE TO LEAD ON THIS ISSUE. THIS PAST THURSDAY, WE SHARED TEACHER STORIES WITH LEGISLATORS AND STAFF ABOUT WHY THIS BILL IS NECESSARY.

A SCIENCE TEACHER AT NEW MISSION HIGH SCHOOL WHO TESTIFIED AT THE CITY COUNCIL HEARING LAST YEAR, STATED, I TEACH STUDENTS THAT HAVE EXPERIENCED TRAUMA EVERY DAY.

THEY COULDN'T FOCUS ON ANYTHING BECAUSE THEIR MIND WAS STILL FOCUSED ON WHAT HAD HAPPENED TO THEM OUTSIDE OF SCHOOL.

I THINK IT IS VERY IMPORTANT FOR US TO BE ABLE TO GIVE THEM THE SPACE, THE TIME, AND THE PROFESSIONAL HELP TO BE ABLE TO DEAL WITH THESE CIRCUMSTANCES AND BE ABLE TO FOCUS ON THEIR ACADEMICS AGAIN.

H-57 WOULD HELP THESE STUDENTS IMMENSELY.

ANOTHER MEMBER, AN ENGLISH TEACHER SHARED WHAT MIGHT BE POSSIBLE WITH THE SUPPORTS PROVIDED BY H-577.

I'VE SEEN FIRSHTHAND WHAT CAN HAPPEN WHEN STUDENTS GET THE SUPPORT THEY NEED.

WE ARE BLESSED TO HAVE A GUIDANCE COUNSELOR, A RESTORATIVE JUSTICE COORDINATOR,

A DEAN THAT WORKS SPECIFICALLY WITH OUR SEVENTH AND EIGHTH GRADE STUDENTS.

WITHOUT THESE PIECES WORKING AS A COMMUNITY IN OUR SCHOOL ENVIRONMENT, WE WOULD NOT BE ABLE TO SUPPORT THE OVER 95% OF STUDENTS THAT ARE CONSIDERED HIGH NEEDS.

WHAT YOU CAN DO FOR STUDENTS? IT'S SIMPLE.

CAN WE CALL ON YOUR SUPPORT FOR H-577?

OUR EDUCATORS LOOK FORWARD TO MEETING WITH YOU TO MOVE FORWARD WITH A SOLUTION THAT MEETS THE SOCIAL-EMOTIONAL NEEDS OF OUR STUDENTS.

THANK YOU.

AND I HAVE PROVIDED PACKETS WITH ALL THE INFORMATION.

>> THANK YOU VERY MUCH.

GOOD EVENING.

WELCOME.

IF YOU WOULD INTRODUCE YOURSELF FOR THE RECORD SO I CAN FIND YOU ON MY CHECK-IN LIST.

>> YES.

MY NAME IS DOROTHY.

I'M A RESIDENT OF BOSTON.

I WORKED FOR THE BOSTON PUBLIC SCHOOLS AS A SCHOOL NURSE FOR 20 YEARS.

I WORKED AT JAMAICA PLAIN HIGH SCHOOL, THE DONALD McKAY, THE GARDNER, AND SPENT 16 YEARS AS THE NURSE AT THE THOMAS EDISON MIDDLE SCHOOL.

I'M NOW RETIRED, AND I'M HERE AS AN HISTORIAN FOR THE BOSTON PUBLIC SCHOOL NURSES AND THE HISTORIAN OF THE MASSACHUSETTS SCHOOL NURSE ASSOCIATION.

I'M HERE TO GIVE YOU SOME BACKGROUND HISTORY OF BOSTON SCHOOL NURSES AND HOW THEY CAME TO BE.

BOSTON HAS ALWAYS CARED FOR ITS STUDENTS.

BOSTON WAS THE FIRST CITY IN THE NATION TO ESTABLISH A REGULAR SYSTEM OF HEALTH INSPECTION.

THEY STARTED IMPROVING THE HEALTH CARE OF CHILDREN IN 1894

IN SCHOOLS BY USING PHYSICIANS.
BOSTON'S BOARD OF HEALTH
DEVELOPED THIS PIONEERING
SYSTEM.

ABOUT 80 PHYSICIANS, THEN CALLED
MEDICAL INSPECTORS, WERE
EMPLOYED AND CHARGED WITH
VISITING SCHOOLS IN THEIR
DISTRICT ONCE DAILY.

THEY CHECKED ON STUDENTS
REFERRED BY THEIR TEACHERS AND
SUGGESTED MEDICAL OR SURGICAL
TREATMENT WHEN NECESSARY.
THE INSPECTORS SCREENED STUDENTS
TO IDENTIFY AND EXCLUDE FROM
SCHOOL THOSE WITH SERIOUS
COMMUNICABLE DISEASES SUCH AS
SCARLET FEVER, DIPHTHERIA,

CHICKENPOX, AND MUMPS.
IF FOUND ILL, THE INSPECTOR
EXCLUDED THE STUDENT FROM SCHOOL
TO PROTECT THE OTHER SCHOOL
CHILDREN.

THIS SYSTEM'S MAJOR SHORTCOMING
IS IT WAS SOLELY DEPENDENT ON
REFERRALS FROM TEACHERS.
SOME TEACHERS WERE MORE
CONCERNED ABOUT THEIR STUDENTS'
HEALTH THAN OTHERS.

A SECOND DRAWBACK OF THE PROGRAM
RESULTED IN STUDENTS EXCLUDED
FROM SCHOOL WITHOUT PROVIDING
ENOUGH FOLLOW-UP CARE TO ENSURE
THAT THEY RETURNED TO SCHOOL
PROMPTLY AFTER RECEIVING
TREATMENT.

THE BOSTON SCHOOL COMMITTEE GREW
INCREASINGLY CONCERNED BY THE
13% ABSENTEE RATE OF STUDENTS
BEING EXCLUDED FROM SCHOOL DUE
TO MEDICAL REASONS.

BY THE END OF 1905, BOSTON
FOLLOWED THE LEAD OF TWO OTHER
AMERICAN CITIES.

FIRST NEW YORK IN 1902 AND LOS
ANGELES IN 1904 AND LOOKED TO
NURSES TO SUPPLEMENT THE WORK OF
PHYSICIANS.

THE BOSTON SCHOOL COMMITTEE
DECIDED TO START A PILOT PROJECT
WITH THE INSTRUCTORS DISTRICT
NURSES ASSOCIATION, THE
PRECURSOR TO OUR MASSACHUSETTS

SCHOOL NURSE ASSOCIATION.
THERE WAS TO BE NO EXPENSE TO
THE CITY.

THE SCHOOL NURSE ASSOCIATION
WITH THE CONSENT OF THE BOSTON
SCHOOL COMMITTEE PLACED IN THEIR
WORDS ONE OF OUR MOST
EXPERIENCED NURSES ON THE 6th OF
DECEMBER 1905 IN THE SOUTH END
AREA OF BOSTON.

A CANADIAN BY BIRTH WAS ASSIGNED
TO THREE BOSTON SCHOOLS.
NAMELY THE QUINCY, THE ANDREWS,
AND THE WAY STREET SCHOOLS.
COUNCILOR FLYNN SHOULD BE HERE
NOW.

BETWEEN 1905 AND 1907, THE
DISTRICT NURSE ASSOCIATION
PLACED OTHER NURSES IN VARIOUS
SCHOOLS ACROSS THE CITY.
THE BOSTON SCHOOL COMMITTEE WAS
SO DELIGHTED WITH THE RESULTS OF
HAVING NURSES IN THE SCHOOL THAT
IN 1907 THEY DECIDED TO EMPLOY
THE NURSES THEMSELVES.

HER LEGACY ASSISTED IN MAKING A
FREE EDUCATION ACCESSIBLE TO
MORE CHILDREN AND ESPECIALLY FOR
SCORES OF IMMIGRANT CHILDREN TO
PURSUE AN ESSENTIAL PART OF THE
AMERICAN DREAM.

IT ALSO HELPED ESTABLISH A
SYSTEM OF HEALTH ASSESSMENT,
INTERVENTION, AND FOLLOW-UP FOR
ALL SCHOOL CHILDREN THAT IS
STILL ENJOYED TODAY.

THANK YOU FOR PROVIDING ME THIS
OPPORTUNITY TO GIVE YOU THIS
SENSE AND FOR HELPING YOU MAKE A
DECISION I HOPE IN FAVOR OF
PLACING A SCHOOL NURSE IN EVERY
BOSTON SCHOOL.

>> THANK YOU VERY MUCH.

NEXT, WE HAVE MARKELL NORTON AND
THEN JANET FORONE.

MAYBE THEY HAVE LEFT.

THAT'S ALL I HAVE THAT HAVE
CHECKED THE BOX TO TESTIFY.

SOMETIMES FOLKS COME IN AND SIGN
IN AND THINK THAT MAKES IT
THEY'LL BE TESTIFYING.

WOULD ANYONE ELSE LIKE TO
TESTIFY AT THIS POINT?

GREAT.

THANK YOU VERY MUCH ALL OF YOU
FOR BEING HERE AND STAYING FOR
THE DURATION OF THIS EVENING,
AND I LOOK FORWARD TO PROVIDING
A REPORT TO MY COUNCIL
COLLEAGUES AT THIS WEDNESDAY'S
MEETING.
THIS MEETING IS ADJOURNED.