;;;;BCC A 181203

>> THIS HEARING IS ON DOCKET
1385.
IN ORDER TO EXAMINE MENTAL
HEALTH RESOURCES, DE-ESCALATION
AND TREATMENT SERVICES FOR
SUICIDE PREVENTION IN THE CITY
OF BOSTON.
I'D LIKE TO REMIND EVERYONE THAT
THIS IS A PUBLIC HEARING.
IT'S BEING RECORDED.
IT WILL BE REBROADCAST ON COME
CAST 8, RCN82, VERIZON 1964, AND
ONLINE.
I ASK THAT YOU PLEASE SILENCE
YOUR CELL PHONES AND ANY OTHER
DEVICES THAT MAKES NOISE.
WE WILL ALSO TAKE PUBLIC
TESTIMONY AND WOULD APPRECIATE
IT IF YOU WOULD SIGN IN AND
INDICATE THAT YOU WISH TO
TESTIFY.
I WILL ASK THAT YOU PLEASE STATE
YOUR NAME AND AFFILIATION OR
RESIDENCE AND THAT YOU LIMIT
YOUR COMMENTS TO A FEW MINUTES
TO ENSURE THAT ALL COMMENTS AND
CONCERNS ARE HEARD.
AS THE CHAIRMAN OF THE COMMITTEE
ON GOVERNMENT OPERATIONS, I
UNDERSTAND THE HEALTH RESOURCES
IN THE CITY OF BOSTON.
UNTREATED MENTAL ILLNESS IS A
SIGNIFICANT FACTOR TO THE RISING
RATE OF SUICIDE ACROSS THE
COUNTRY.
MOST SUICIDES ARE PREVENTABLE
THROUGH MENTAL HEALTH TREATMENT
AND THAT IS WHY I CONVENE THIS
HEARING TODAY TO SEE WHAT
RESOURCES ARE AVAILABLE AND
WHERE WE CAN FILL THE GAP THAT
STILL EXISTS.
MENTAL ILLNESS DOES NOT
DISCRIMINATE.
RESEARCH DOES SHOW THAT SOME
DEMOGRAPHICS ARE MORE VULNERABLE
THAN OTHERS.
FOR EXAMPLE.
SUICIDE IS THE SECOND MOST
COMMON CAUSE OF DEATH AMONG

COLLEGE STUDENTS.
LGBTQ YOUTH ARE ALMOST FIVE
TIMES AS LIKELY TO ATTEMPT
SUICIDE.
ACCORDING TO A NATIONAL STUDY,
40% OF TRANSGENDER ADULTS HAVE
ATTEMPTED SUICIDE.
MORE THAN HALF OF PEOPLE
EXPERIENCING HOMELESSNESS HAVE
HAD THOUGHTS OF SUICIDE.
20 VETERANS DIE BY SUICIDE EACH
DAY.
AFRICAN-AMERICANS ARE 20% MORE
LIKELY TO EXPERIENCE SERIOUS
MENTAL HEALTH PROBLEMS THAN THE
GENERAL POPULATION.
AND AS A COMMUNITY LATINOS ARE
LESS LIKELY TO SEEK MENTAL
HEALTH TREATMENT THAN THE
GENERAL POPULATION.
SO MANY OF OUR YOUNG PEOPLE ARE
EXPERIENCING TRAUMA AND THOSE
SERVICES NEED -- WE NEED TO MAKE
SURE THAT THOSE SERVICES REACH
THEM.
BOSTON IS LEADING THE CITY IN
SOME CAPACITIES, ATTRACTING
TALENT FROM ACROSS THE WORLD
FROM ALL DIFFERENT BACKGROUNDS.
AS A CITY, WE HAVE TO ENSURE
THAT ALL OF OUR RESIDENTS HAVE
ACCESS TO COMPREHENSIVE MENTAL
HEALTH SERVICES, INCLUDING IN
OUR SCHOOLS, IN OUR WORKPLACES,
AND THROUGH -- THROUGHOUT OUR
CITY DEPARTMENTS.
THIS INCLUDES COLLEGE STUDENTS,
THE LGBTQ COMMUNITY, VETERANS
AND THOSE EXPERIENCING
HOMELESSNESS.
IT IS THE DIVERSE INDIVIDUALS
THAT MAKE BOSTON THRIVE.
I LOOK FORWARD TO OUR -- TO
HEARING FROM OUR PANELISTS WHO
ARE EXPERTS IN THIS WORK.
THEY WILL BE ABLE TO PROVIDE
TESTIMONY ABOUT WHAT THEY SEE
EVERY DAY IN THE FIELD.
I HOPE THAT AFTER THE CONCLUSION
OF THIS HEARING, WE CAN IDENTIFY
THE STRENGTHS OF SERVICES THAT
ARE CURRENTLY OFFERED IN BOSTON.
I ALSO HOPE THAT WE CAN IDENTIFY
EXISTING GAPS THAT ARE LEAVING

SOME PEOPLE WITHOUT ACCESS TO
MENTAL HEALTH AND SUICIDE
PREVENTION SERVICES.
TODAY IS CERTAINLY THE START OF
A VERY CRITICAL CONVERSATION,
ONE THAT HAS CONTINUED
THROUGHOUT SOME OF THE OTHER
ASPECTS OF OUR WORK.
I WOULD LIKE TO RECOMMEND -- OR
WELCOME COUNCILOR ED FLYNN, WHO
REPRESENTS DISTRICT 2 AND ASK IF
HE HAS ANY OPENING COMMENTS.
>> THANK YOU, COUNCILOR ESSAIBI
GEORGE, FOR YOUR LEADERSHIP ON
THIS IMPORTANT SUBJECT.
IT'S A SUBJECT THAT IMPACTS
ALMOST EVERY SEGMENT OF THE
POPULATION IN BOSTON AND YOUR
WORK ON THIS AND MANY OTHER
ISSUES IS REALLY HELPING THE
CITY.
I ALSO REPRESENT A HIGH
CONCENTRATION OF THE HOMELESS
COMMUNITY IN BOSTON, DISTRICT 2
HAS SEVERAL HOMELESS SHELTERS,
AND THAT'S AN ISSUE THAT I'VE
BEEN FOCUSED ON SINCE I'VE BEEN
ELECTED LAST YEAR.
I'VE ALSO HAD THE OPPORTUNITY TO
SERVE OVER 20 YEARS ON THE
U.S. -- IN THE U.S. NAVY AND
HAVE READ AND BEEN ENGAGED IN
THE SUBJECT OF SUICIDE IN THE
MILITARY.
AS WE MENTIONED, SEVERAL
VETERANS DIE EVERY DAY BECAUSE
OF SUICIDE.
WE ARE DOING A LOT OF GREAT
OUTREACH HERE IN THE CITY ON
THAT ISSUE, BUT IT'S SOMETHING
THAT'S VERY IMPORTANT THAT WE
CAN DO MORE.
ONE THING I WOULD LIKE TO DO IS
LEARN MORE FROM THE EXPERTS HERE
ON THE PANEL BUT AS A CITY, AS A
WEALTHY CITY WITH THE GREATEST
HOSPITALS, COLLEGES AND
UNIVERSITIES IN THE WORLD, I
WOULD LIKE TO SEE A MENTAL
HEALTH COUNSELOR IN EVERY PUBLIC
SCHOOL IN THE CITY OF BOSTON.
FOR A CITY WITH SUCH GREAT
WEALTH AND GREAT INSTITUTIONS IS
REALLY NO REASON WHY WE CAN'T

HAVE A MENTAL HEALTH COUNSELOR
IN EVERY SCHOOL IN THE CITY.
I'M NOT TALKING ABOUT TWO DAYS A
WEEK OR 2 1/2 DAYS A WEEK OR 3
DAYS A WEEK, 5 DAYS A WEEK
THROUGHOUT THE DAY.
SO THAT'S SOMETHING I'M
INTERESTED IN LEARNING ABOUT AND
HEARING ABOUT.
AND IF WE CAN'T DO THAT, WE
SHOULD FIGURE OUT A WAY OF --
WHERE WE GET THE REVENUE TO MAKE
SURE WE HAVE A MENTAL HEALTH
COUNSELOR IN EVERY SCHOOL IN
THIS CITY, WHETHER THAT'S
THROUGH INCREASING TAXES ON
BUSINESSES OR -- OR OTHER
OPTIONS.
BUT THERE'S -- THAT'S REALLY --
THERE'S REALLY NO REASON FOR
THAT AT ALL.
SO, I'M INTERESTED IN HEARING
ABOUT THOSE ISSUES, HEARING
ABOUT, AS COUNCILOR ESSAIBI
GEORGE SAID, LGBTQ YOUTH IN OUR
CITY AS WELL.
AGAIN, SO I'M HERE TO LEARN, AND
IT'S A SUBJECT THAT'S VERY
IMPORTANT TO ME.
WE HAD A CLUSTER OF SUICIDES
MANY YEARS AGO IN SOUTH BOSTON.
WE HAVE A LOT OF YOUNG PEOPLE IN
OUR COMMUNITY DYING EVERY DAY
FROM OVERDOSES, THE DRUG
EPIDEMIC.
SO, AGAIN, I JUST WANT TO SAY
THANK YOU TO THE EXPERTS HERE
THAT ARE DOING A LOT OF GREAT
WORK ACROSS OUR CITY ON THIS
IMPORTANT SUBJECT.
THANK YOU.
>> THANK YOU, COUNCILOR FLYNN.
THANK YOU TO THE FIRST PANEL
THAT WE HAVE BEFORE US.
WE HAVE THREE PANELS TODAY.
THIS IS THE LARGEST.
SO, I THINK WE'LL START, IF
THAT'S OKAY WITH DR. JOHN
BRADLEY, WITH THIS SIDE, IF YOU
WOULD INTRODUCE YOURSELF, YOUR
AFFILIATION.
IF YOU HAVE A BRIEF STATEMENT TO
SHARE WITH US, THAT WILL BE
GREAT.

AND THEN WE'LL MOVE DOWN THE
LINE.
>> THANK YOU, MADAME CHAIRWOMAN.
I'M JOHN BRADLEY DIRECTOR AT THE
VA BOSTON HEALTH-CARE SERVICE.
I HAVE SOME PREPARED REMARKS AND
THEN CERTAINLY, AS THE PANEL
EVOLVES, HAPPY TO TAKE ANY
QUESTIONS.
ON BEHALF OF THE VA BOSTON
HEALTH-CARE SYSTEM AND VETERANS
OF THE COMMONWEALTH, I THANK YOU
FOR THE OPPORTUNITY TO PROVIDE
THIS TESTIMONY TO THE COMMITTEE
ON HOMELESSNESS, MENTAL HEALTH
AND RECOVERY ON THE SUBJECT OF
MENTAL HEALTH RESOURCES,
DE-ESCALATION AND TREATMENT
SERVICES FOR SUICIDE PREVENTION
IN THE CITY OF BOSTON.
I'D LIKE TO DELIVER SOME
PREPARED REMARKS AND LEAVE
PLENTY OF TIME.
I HOPE TO SHARE WITH THE
COMMITTEE SOME OF THE WORK THE
DEPARTMENT OF VETERANS AFFAIRS
IS DOING TO PREVENT SUICIDE AS
WELL AS SOME OF THE EXAMPLES OF
INNOVATIVE PROGRAMS FROM ACROSS
THE COUNTRY THAT ARE
DEMONSTRATING PROMISE.
I WOULD ALSO LIKE TO TOUCH ON
SEVERAL INTERVENTIONS THAT HAVE
BEEN SHOWN TO REDUCE THE RISK OF
DEATH DUE TO DISEASES OF
DESPERATION SUCH AS SUBSTANCE
ABUSE DISORDERS WHICH FREQUENTLY
CONFOUND THE AT CONTRIBUTION OF
DEMGS TO SUICIDE, OVERDOSE OR
ACCIDENT.
PROVIDE SOME BACKGROUND FOR THE
COMMITTEE, SUICIDE RATES HAVE
INCREASED 20% TO 25% FOR
NONVETERANS AND VETERANS
RESPECTIVELY SINCE 2005.
THE RATE OF INCREASE FOR
VETERANS ENGAGED IN VA
HEALTH-CARE WAS HALF THAT OF
THOSE WHO WEREN'T.
THE HIGHEST RATE OF INCREASE FOR
VETERANS AND THE GENERAL
POPULATION WAS FOR PERSONS AGED
18 TO 35 AT 22%.
THE SUICIDE RISK FOR MALE

VETERANS IS 1 1/2 TIMES GREATER
THAN THE GENERAL POPULATION.
AND WOMEN VETERANS ARE AT TWICE
THE RISK TO NONVETERAN WOMEN.
THE REASONS FOR THIS ARE MANY
AND HAVE TO DO WITH MILITARY
OCCUPATIONAL TRAUMATIC
EXPOSURES, OCCUPATIONAL
ILLNESSES LIKE TRAUMATIC BRAIN
INJURY, SUBSTANCE USE DISORDERS,
ECONOMIC AND VOCATIONAL
HARDSHIP, DIFFICULTIES WITH
POST-EMPLOYMENT READJUSTMENT,
DISABILITY, AND ACCESS TO
FIREARMS.
HERE IN THE COMMONWEALTH, BOTH
OUR VETERAN AND NONVETERAN
SUICIDE RATES ARE LOWER THAN THE
NATIONAL AVERAGES.
IN 2016, WE HAD 609 TOTAL
SUICIDES.
68 OF WHOM WERE VETERANS.
THE NATIONAL AGE ADJUSTED
SUICIDE RATE IS 17.5 DEATHS PER
100,000 RESIDENTS PER YEAR.
IN THE COMMONWEALTH, OUR RATE
WAS LOWER AT 11.2.
THE NATIONAL VETERAN SUICIDE
RATE WAS 30.1 PER 100,000 PER
YEAR WHILE THAT FOR
MASSACHUSETTS VETERANS WAS 20.2.
WHEN COMPARING STATE DATA, THE
VARIABLE SUICIDE RATES APPEAR TO
BE MOST HIGHLY CORRELATED TO
ACCESS TO FIREARMS.
THE RATE OF FIREARMS USED IN THE
METHOD OF SUICIDE ARE 34.8
NATIONALLY BUT 69.4% AMONGST
VETERANS.
IN THE COMMONWEALTH, THOSE RATES
ARE 22.7 FOR NONVETERANS AND
39.7 FOR VETERANS.
AS HAS BEEN STATED PREVIOUSLY,
WE LOSE 20 VETERANS PER DAY IN
THE UNITED STATES BUT ONLY 6 OF
THOSE VETERANS ARE SEEKING
HEALTHCARE WITHIN THE VA SYSTEM.
THE CHALLENGE FOR US IS TO WORK
WITH COMMUNITY PARTNERS TO REACH
THE OTHER 14.
AS YOU MAY KNOW, THE DEPARTMENT
OF VETERANS AFFAIRS IS THE
LARGEST AND MOST COMPREHENSIVE
HEALTH-CARE SYSTEM IN THE

COUNTRY.
THE VETERANS HEALTH
ADMINISTRATION PROVIDES DIRECT
CARE FOR OVER 9 MILLION OF THE
20 MILLION VETERANS ACROSS THE
COUNTRY.
IN ADDITION TO HEALTH-CARE, THE
VA, THROUGH VETERANS BENEFITS
ADMINISTRATION, PROVIDES
FINANCIAL, VOCATIONAL, AND
EDUCATIONAL BENEFITS TO MILLIONS
MORE VETERANS.
THE TWO ARMS OF THE VA ARE WELL
COORDINATED TO DELIVER
COMPONENTS OF THE COMPREHENSIVE
SUICIDE PREVENTION STRATEGY.
THROUGH THE VETERANS BENEFITS
ADMINISTRATION, VETERANS ARE
OFFERED WHAT CAN BE
CHARACTERIZED AS PRIMARY
PREVENTION SERVICES.
THROUGH TRANSITION ASSISTANCE,
VOCATIONAL AND EDUCATIONAL
TRAINING, HOUSING ASSISTANCE
THROUGH VA HOME LOANS AND THE GI
BILL.
THESE SERVICES ARE DESIGNED TO
FACILITATE A SEAMLESS AND
WELL-SUPPORTED TRANSITION TO
CIVILIAN LIFE AFTER SERVICE TO
THE NATION.
WHEN SERVICE MEMBERS TRANSITION
SUCCESSFULLY INTO THEIR
COMMUNITIES, BECOME WELL
INTEGRATED INTO SUPPORT SYSTEMS,
AND ACHIEVE FINANCIAL AND
OCCUPATIONAL STABILITY WITHIN
THOSE COMMUNITIES, THEIR RISK OF
MALADJUSTMENT, SUBSTANCE USE
DISORDERS AND ULTIMATELY SUICIDE
IS DIMINISHED.
THE VETERANS HEALTH
ADMINISTRATION SERVES THOSE
VETERANS WHO QUALIFY FOR
HEALTH-CARE BY VIRTUE OF THE
HEALTH CONDITIONS ATTRIBUTABLE
TO THEIR SERVICE OR BECAUSE OF
DEPLOYMENT TO A THEATER OF
COMBAT.
QUALIFIED VETERANS INCLUDE THOSE
WHO HAVE SERVED HONORABLY AS
WELL AS THOSE WHO MAY HAVE
RECEIVED OTHER-THAN-HONORABLE
DISCHAMPS, WHO HAVE EXPERIENCED

TRAUMA, SEXUAL ASSAULT OR
SUBSTANCE USE TOWARDS THAT MAY
HAVE IMPACTED THE
CHARACTERIZATION OF THEIR
SERVICE.
THE HEALTH-CARE PROVIDED BY THE
VA IS PART OF THE SECONDARY
PREVENTION STRATEGY FOR SUICIDE
PREVENTION IN THAT ALL VETERANS
ARE IDENTIFIED AS A POPULATION
AT RISK FOR SUICIDE.
IN PROVIDING COMPREHENSIVE,
INTEGRATED, COORDINATED
HEALTH-CARE REDOORS USES THE
RISK OF DEBILITATING ILLNESS,
SUBSTANCE USE DISORDERS AND
SUICIDE.
THE V AT HAS A COMPREHENSIVE
SYSTEMATIC APPROACH TO SUICIDE
PREVENTION FROM THE NATIONAL TO
THE LOCAL LEVEL.
ED IN IN ADDITION TO THE PRIMARY
EFFORTS DESCRIBED ABOVE, THE
OVERARCHING STRATEGY FOR SUICIDE
PREVENTION IS TO IDENTIFY
INDIVIDUAL VETERANS WHO ARE AT
HIGH RISK FOR A SUICIDE ATTEMPT.
I'LL DESCRIBE SEVERAL COMPONENTS
OF THIS STRATEGY.
THE VA HAS PREDICTED AN
ALGORITHM TO IDENTIFY VETERANS
THOUGHT TO BE AT THE TOP 1/10
FOR UNEXPECTED DEATH TO INCLUDE
SUICIDE.
THIS PROGRAM IS CALLED REACH
VET.
IT ANALYZES DATA FROM OUR
ELECTRONIC HEALTH RECORD TO
INCLUDE HEALTH-CARE OUT
LIIZATION, DIAGNOSE NOTIC DATA,
PRESCRIPTION PATTERNS AND
SERVICE NEEDS.
IDENTIFIED VETERANS ARE TARGETED
FOR INTENSIVE CASE MANAGEMENT,
CARE COORDINATION, AND
ASSESSMENTS AIMED AT REDUCING
THE RISK FACTORS FOR SUICIDE.
THE VA HAS ALSO DEVELOPED A
UNIVERSAL POPULATION SCREENING
PROGRAM AIMED AT IDENTIFYING
RISKS, VETERANS AT RISK FOR
DEPRESSION, POST-TRAUMATIC
STRESS DISORDER, AND SUICIDE.
SCREENING OCCURS AS PART OF

ROUTINE PRIMARY CARE AS WELL AS
EMERGENCY CARE IN CERTAIN
HIGH-RISK SPECIALTY CARE.
VETERANS WHO SCREEN POSITIVE ARE
REFERRED FOR MORE SPECIFIC AND
IN-DEPTH EVALUATION OF THEIR
RISK FOR SUICIDE AND OFFER
TREATMENT THAT TARGETS THEIR
SPECIFIC RISK FACTORS.
WHENEVER VETERANS ARE IDENTIFIED
AT HIGH RISK FOR SUICIDE
ATTEMPT, INTENSIVE CASE
MANAGEMENT TREATMENT IS PROVIDED
AND EXTENSIVE CASE MANAGEMENT BY
SUICIDE PREVENTION COORDINATORS
ENSURES THAT VETERANS RECEIVE
THE CARE THEY NEED AND ARE NOT
LOST TO FOLLOW-UP.
WITH THE DEPARTMENT OF DEFENSE,
THE VA HAS DEVELOPED GUIDELINES
FOR THE EVALUATION AND THE
MANAGEMENT OF INDIVIDUALS AT
RISK FOR SUICIDE.
I WAS FORTUNATE TO HAVE SERVED
AS A COAUTHOR FOR THAT GUIDELINE
AND WE ARE PLEASED TO HAVE
IMPLEMENTED THE PRINCIPLES AND
BEST PRACTICES OF THIS GUIDELINE
TO HELP OUR VETERANS.
WE'RE VERY FORTUNATE IN BOSTON
THAT OUR VA IS A COMPREHENSIVE
ARRAY OF INTEGRATED SERVICES AND
PERHAPS THE MOST COMPREHENSIVE
SYSTEM OF CARE IN HEALTH-CARE
TODAY.
BOSTON VA CARES FOR 65,000
VETERANS, 14,000 OF WHOM ARE
TREATED FOR MENTAL ILLNESS AND
SUBSTANCE USE DISORDERS.
OUR MENTAL HEALTH SERVICE
PROVIDES THE FULL SPECTRUM OF
MENTAL HEALTH SERVICES TO
INCLUDE EARLY TRANSITION
ADJUSTMENT SERVICES, SPECIALTY
MENTAL HEALTH-CARE, OUTPATIENT
SERVICES TO INCLUDE FOR MOOD AND
ANXIETY DISORDERS, TRAUMATIC
STRET DISORDERS, PSYCHOTIC
DISORDERS AND SUBSTANCE ABUSE
DISORDERS.
IN ADDITION, WE PROVIDE
EXTENSIVE RESIDENTIAL YOU STANCE
ABUSE AND EARLY RECOVERY
SERVICES.

WE'RE THE REGIONAL REFERRAL
CENTER FOR AKITE AND SUBCUTE
PSYCHIATRIC CARE WITH 124
INPATIENT BEDS TO TREAT VETERANS
IN ACUTE CRISIS WITH MENTAL
ILLNESS AND SUBSTANCE USE
DISORDERS.
ADDITIONALLY IN PARTNERSHIP WITH
HOUSING AND URBAN DEVELOPMENT
AND NUMEROUS STATE, MUNICIPAL
AND COMMUNITY PARTNERS, OUR
HOMELESSNESS PROGRAM HOUSES AND
PROVIDES TREATMENT FOR ALMOST
1,000 VETERANS ANNUALLY.
AND ALSO HAS STRONG PARTNERSHIPS
WITH THE CRIMINAL JUSTICE SYSTEM
TO OUR VETERANS JUSTICE OUTREACH
PROGRAM.
A SUBSTANCE USE DISORDER PLAYS
SUCH A PROMINENT ROLE IN SUICIDE
RISK I'D LIKE TO SHARE SOME OF
THE APPROACHES WE HAVE DEVELOPED
AND SPREAD NATIONALLY TO OTHER
VAs TO TARGET THE OPIOID
CRISIS.
THE BENEFIT OF MAKING REVERSAL
MEDICATIONS FOR WIDELY AVAILABLE
TO PREVENT OVERDOSE DEATHS.
MANY OF THOSE COMMUNITIES HAVE
ARMED THEIR FIRST RESPONDERS
WITH KNOW OXONE KITS.
WE HAVE TAKEN THAT APPROACH ONE
STEP FURTHER BY ENSURING ALL OF
OUR VETERANS WITH OPIOID USE
DISORDERS ARE PROVIDED NALOXONE
FOR THEIR RECOVERY.
WE FURTHER WANTED TO ENSURE THE
READY ACCESS TO NA LOX OWN COOS
OUR ENTIRE HEALTH-CARE SYSTEM
FOR PEOPLE WHO MIGHT NOT YET BE
IDENTIFIED AS AT RISK TO HAVE A
PERSONAL KIT.
IN THIS PURSUIT WE'VE INCLUDED
NALOXONE INHALER KITS IN ALL OF
OUR AUTOMATED DEFIBRI LATERS SO
NON-MEDICALLY TRAINED PEOPLE CAN
PROVIDE CARE.
IT'S BEEN HIGHLY SUCCESSFUL WITH
HUNDREDS OF LIVES SAVED SINCE
ITS INCEPTION.
ONE ADDITIONAL PROMISING
PRACTICE THAT I'D LAKE TO
MENTION IS AN EFFORT TO CHANGE
THE CONVERSATION AROUND THE RISK

ASSOCIATED -- RISK OF SCID
ASSOCIATED WITH FIREARMS.
WHILE THE COMMONWEALTH HAS LOWER
RATES OF FIREARM OWNERSHIP THAN
MOST OTHER STATES, FIREARMS
REMAIN THE MOST COMMON METHOD OF
SUICIDE FOR MEN AND WOMEN ALIKE.
FIREARM OWNERSHIP IS TWICE AS
LIKELY TO RESULT IN SUICIDE THAN
A HOMICIDE.
YET PEOPLE WHO OWN FIREARMS DO
SO BELIEVING THAT THEY ARE
PROVIDING FOR THEIR SAFETY AND
THE SAFETY OF THEIR FAMILIES.
THE NEW HAMPSHIRE FIREARMS
SAFETY COALITION HAS DEVELOPED
AN INNOVATIVE PROGRAM IN
PARTNERSHIP WITH GUN SHOPS,
SHOOTING RANGES THAT EMPHASIZE
THE CULTURE OF GUN SAFETY THAT
IS EMBRACED BY FIREARMS
ENTHUSIASTS.
THEY CALL THIS THE
11th COMMANDMENT OF GUN
SAFETY.
THIS APPROACH SERVES TO
NORMALIZE THE RESPONSIBLE
HANDLING OF FIREARMS AND SAFETY
PLANNING IN THE EVENT OF AN
EMOTIONAL CRISIS.
IT TEACHES THAT IT IS
RESPONSIBLE TO SAFELY STORE YOUR
FIREARMS OFFSITE IN THE EVENT OF
A CRISIS.
THIS EDUCATION IS PROVIDED AT
THE POINT OF SALE FOR FIREARMS
AND EDUCATIONAL PAMPHLETS ARE
PROVIDED.
GUN STORES, SHOOTING RANGES, AND
SOME LOCAL POLICE DEPARTMENTS
GLADLY STORE FIREARMS DURING
THIS PERIOD OF CRISIS AND RETURN
THEM WHEN THE PERSON ATTESTS
THAT THEY ARE WELL.
STRONG COMMUNITY PARTNERSHIPS
ARE KEY TO DEVELOPING A ROBUST
NETWORK OF SERVICES TO PREVENT
SUICIDE.
IN RESPONSE TO AN
EXTRAORDINARILY HIGH VETERANS
SUICIDE RATE, THE VA IN ARIZONA
PARTNERED WITH NUMEROUS STATE
AND COUNTY PARTNERS TO CREATE
THE ARIZONA COALITION FOR

MILITARY FAMILIES AND
ESTABLISHED A CAMPAIGN THEY CALL
"BE CONNECTED."
THE PREMISE IS THAT A STATEWIDE
PUBLIC/PRIVATE PARTNERSHIP WILL
PROVIDE A SAFETY NET FOR
MILITARY FAMILIES TO AVERT
PROBLEMS BEFORE THEY ESCALATE TO
A CRISIS.
THEY CREATED A CALL CENTER TO
SERVE AS A CRISIS RESPONSE
CENTER AS WELL AS A REFERRAL
CENTER.
THE PARTNERS ALSO DEVELOPED A
RESOURCE CLEARING HOUSE TO LINK
THOSE NA NEED WITH PROGRAMS TO
MEET PSYCHOSOCIAL NEEDS.
THEY DEVELOPED A TRAINING
NETWORK FOR FIRST RESPONDERS, TO
VETERANS SERVICES ORGANIZATIONS
AND HEALTH-CARE SYSTEMS TO
IDENTIFY AT-RISK INDIVIDUALS.
IN ITS FIRST YEAR, THOUSANDS OF
CONTACTS HAVE BEEN MADE
CONNECTING FAMILIES IN DISTRESS
OF NEEDED SERVICES.
THEY, HOWEVER, DO NOT HAVE A
MODEL TO ESTIMATE HOW MANY LIVES
HAVE BEEN SAVED TO DATE.
WE'RE VERY FORTUNATE HERE IN
BOSTON TO HAVE A WEALTH OF
PUBLIC AND PRIVATE ORGANIZATIONS
WHO HAVE WORKED SO WELL TOGETHER
AS PART OF THE TAPESTRY OF
SERVICE FOR OUR RESIDENTS.
THE VA WELCOMES ANY OPPORTUNITY
TO FORGE STRONGER RELATIONSHIPS
WITH ORGANIZATIONS REPRESENTED
HERE TODAY AND NEW COLLABORATORS
TO CONTINUE TO REDUCE THE
SUICIDE RATES IN OUR
COMMUNITIES.
WE'RE THANKFUL FOR STRONG
RELATIONSHIPS WITH SECRETARY
URANIA OF THE MASSACHUSETTS
VETERAN SERVICES, VETERAN
SERVICES ORGANIZATIONS,
COMMISSIONER STERLING, BOSTON
DEPARTMENT OF VETERAN SERVICES,
VSOs ACROSS THE COMMONWEALTH,
SOCIAL SERVICES AGENCIES,
BUSINESS PARTNERS, EDUCATIONAL
INSTITUTIONS, FIRST RESPONDERS,
AND THE BEST HEALTH-CARE

FACILITIES IN THE COUNTRY.
WE STAND POISED TO WORK TOGETHER
TO SOLVE THIS PROBLEM.
AND I WELCOME ANY QUESTIONS THE
COMMITTEE MAY HAVE.
>> THANK YOU, DR. BRADLEY.
WE'LL GO DOWN AND THEN WE'LL
COME BACK FOR QUESTIONS AFTER --
I APOLOGIZE FOR MY COUGH THIS
MORNING.
>> I HAVE A FEW SLIDES PREPARED.
OH, GREAT.
WHILE WE QUEUE THAT UP, CAN WE
MOVE DOWN.
GREAT.
IF YOU DON'T MIND, WE'LL SCOOT
TO YOU WHILE WE GET THE PASSWORD
BECAUSE WE'RE LOGGED OUT AND
IT'S PASSWORD PROTECTED.
>> GOOD MORNING.
MIAMI MICHAEL STRAP.
I'M WITH THE BOSTON POLICE
DEPARTMENT.
I'M ASSIGNED TO THE POLICE
COMMISSIONER.
SOME OF MY RESPONSIBILITIES ARE
OVERSEEING THE BOSTON POLICE
DEPARTMENT'S EFFORTS AT
ADDRESSING SUBSTANCE USE
DISORDER, MENTAL HEALTH AND
HOMELESSNESS.
ALSO WITH ME IS JANICE SAVAGE,
THE DEPUTY DIRECTOR OF RESEARCH
AND DEVELOPMENT FOR THE BOSTON
POLICE DEPARTMENT.
I'M GOING TO HAVE JANICE START
BY TALKING ABOUT SUICIDE
PREVENTION AND OFFICER WELLNESS,
AND THEN I WILL CONTINUE WITH
THE REST OF OUR EFFORTS.
>> GOOD MORNING, GENTLEMAN.
GOOD MORNING PRESIDENT.
THIS IS EXCITING BECAUSE THE
ISSUE OF MENTAL HEALTH RESOURCES
AND DE-ESCALATION AND TREATMENT
SERVICES IS A TOPIC THAT IS VERY
NEAR AND DEAR TO THE POLICE
DEPARTMENT'S HEART.
THERE'S A VERY HIGH RISK OF
SUICIDE AMONG OFFICERS AND FIRST
RESPONDERS, MANY OF WHOM ARE
VETERANS.
I SPOKE TO OUR PEER SUPPORT UNIT
AND FOUND OUT SEVEN ACTIVE DUTY

BOSTON POLICE OFFICERS HAVE
COMPLETED SUICIDE WITHIN THE
LAST TEN YEARS.
AN ADDITIONAL THREE WHO WERE
RETIRED.
AND A STUDY BY THE RUNMAN FAMILY
FOUNDATION FOUND MORE OFFICERS
AND FIREFIGHTERS ARE KNOWN TO
DIE FROM SUICIDE EVERY YEAR THAN
THEY DO IN THE LINE OF DUTY.
AND THESE ARE LIKELY NUMBERS
THAT ARE BEING UNDERREPORTED.
AND BASED ON THAT STUDY, THEY
FOUND THAT IN 2017, 140 POLICE
OFFICERS' SUICIDES AND 103
FIREFIGHTER SUICIDES OUTNUMBERED
THE 129 OFFICERS WHO DIED IN THE
LINE OF DUTY AND ONLY 93 -- NOT
ONLY 93, BUT 93 KILLED IN THE
LINE OF DUTY.
THE HIGH RISK STEMS FROM
OBVIOUSLY EXTREMELY STRESSFUL
AND TRAUMATIC JOB COMPOUNDED
WITH THE LOW LIKELIHOOD OF
SEEKING HELP AND THE STIGMA
AROUND SEEKING HELP FOR OFFICERS
COMBINED WITH THE EASY ACCESS TO
FIREARMS.
AND SO THIS IS A REALLY -- A
MAJOR ISSUE.
AND FOR THESE AND MANY REASONS
COMMISSIONER GLOSS HAS MADE
OFFICER WELLNESS ONE OF THE TOP
PRIORITIES AS WELL AS MENTAL
HEALTH MORE GENERALLY.
AND SO WE'RE GOING TO SPEAK
TOGETHER ABOUT THE VERY MANY
EFFORTS THE BOSTON POLICE
DEPARTMENT IS MAKING REGARDING
MENTAL HEALTH.
WITH RESPECT TO THE SUICIDE RISK
AMONG OFFICERS, THE PEER SUPPORT
UNIT HAS MADE SUICIDE PREVENTION
ITS ULTIMATE GOAL.
THE UNIT IS EXROIZED OF --
COMPRISED OF FIVE OFFICERS ALL
TRAINED AND IT'S BEEN RECOGNIZED
AS A NATIONAL MODEL.
THE UNIT PROVIDES PEER-DRIVEN,
CLINICALLY SUPPORTED ASSISTANCE
TO ALL PD OFFICERS AMONG ITS
MANY COMPONENTS IS THE CRITICAL
INCIDENCE STRESS MANAGEMENT TEAM
WHICH INCLUDES 50 VOLUNTEER

OFFICERS WHO ARE ESSENTIALLY THE
UNIT'S EYES AND EARS THAT KEEP
AN EYE OUT FOLLOWING THINGS LIKE
LINE-OF-DUTY DEATHS, A SERIOUS
WORK-RELATED INJURY,
MULTI-CASUALTY DISASTER OR
TERRORISM INCIDENTS OR
SIGNIFICANT EVENTS INVOLVING
CHILDREN AND SO MANY OTHER TYPES
OF INCIDENTS.
THESE 50 OFFICERS KEEP AN EYE
AND EAR OUT FOR OFFICERS WHO
MIGHT BE AT HIGH RISK FOR
SUICIDE AND THEY'LL REPORT THEM
BACK TO THE PEER SUPPORT UNIT
AND HOPEFULLY BE ABLE TO REACH
OUT TO THEM AND THEY'LL BE
WILLING TO ACCEPT SERVICES.
THE UNIT ALSO PROVIDES FAMILY
ASSISTANCE UNIT, MENTAL
WELLNESS, ADDICTION SERVICES.
THERE ARE 30 CLINICIAN HOURS
AVAILABLE THROUGH THE PEER UNIT
INCLUDING INDIVIDUAL COUNSELING
INCLUDED BY HARVARD-EDUCATED
PSYCHOLOGIST AND A LICENSED
SOCIAL WORKER.
NEW RECRUITS, I, VERY A NEW
CLASS STARTING TODAY, SPEND ONE
FULL DAY AT THE PEER SUPPORT
UNIT.
AND THE UNIT ALSO MEETS LATER
WELCOME THEIR FAMILY MEMBERS
DISCUSSING THE 69S -- SIGNS THEY
NEED TO LOOK OUT FOR AS THEY GO
THROUGH THIS PROCESS.
THERE'S ALSO AN INSERVICE
TRAINING FOR SUPERVISORS WHEN
THEY GET PROMOTED IN TERMS OF
WHAT SIGNS TO LOOK OUT FOR AMONG
THE OFFICERS THAT THEY OVERSEE
AS WELL AS AMONG EACH OTHER.
AND ALL THESE SERVICES COME AT
NO COST TO OFFICERS, NO
INSURANCE.
THERE'S NO DOCUMENTATION.
AND IT'S OFFERED OFFSITE FROM
HEADQUARTERS AND ALL THESE
COMPONENTS ARE REALLY IMPORTANT
FOR CONFIDENTIALITY AND REDUCING
THAT STIGMA AND ENCOURAGING
OFFICERS TO SEEK HELP.
AGAIN, THIS IS A MAJOR PRIORITY
FOR THE COMMISSIONER.

AND WE INTEND TO DO MORE MOVING
FORWARD.
I'M GOING TO MOVE IT OVER TO THE
DEPUTY.
>> MENTAL HEALTH TRAIN SOMETHING
PROVIDED THROUGH THE BOSTON
POLICE ACADEMY.
IT CONSISTS OF 15 HOURS AND
3 1/2 HOURS OF INSERVICE
TRAINING FOR ALL VETERAN
OFFICERS.
SOME OF THESE THINGS THEY ARE
TRAINED ON ARE RECOGNIZING SIGNS
OF VARIOUS MENTAL AND COGNITIVE
DISORDERS INCLUDING MOOD
DISORDERS, ANXIETY DISORDERS,
PERSONALITY DISORDERS, DEMENTIA,
SUBSTANCE-RELATED DISORDERS, AND
TRAUMA, INCLUDING VETERANS WHO
MAY BE EXPERIENCING PTSD.
DE-ESCALATION TECHNIQUES,
PATIENCE, RESPECT, EMPATHY,
ACTIVE LISTENING, ETC.
SPECIFIC FOCUS ON YOUTH AND
BEHAVIORAL HEALTH, DEVELOPMENT
FACTORS, AND YOUTH SUICIDE,
ISSUING SECTION 12s, THIS IS A
VALUABLE TOOL IF A PERSON WHO
BELIEVED TO BE AT RISK FOR
SUICIDE OR SELF-HARM.
MANDATED "E" LEARNING CURRICULUM
ON HOW AND WHEN TO UTILIZE THE
BEST TEAM THAT'S THE BOSTON
EMERGENCY SERVICES TEAM WILL
ALSO PROVIDING CRISIS
INTERVENTION TRAINING FOR
OFFICERS.
THIS IS A 40-HOUR COURSE, AND
WE'VE TRAINED 55 OFFICERS SO
FAR.
IT'S A WEEK-LONG COURSE.
AND WE HOPE TO GET MORE OFFICERS
THROUGH THAT TRAINING.
I THINK WE HAVE 30 TO 35 SPOTS
COMING UP IN MARCH, AND THAT'S A
VALIUM TRAINING.
GONE TO THAT MYSELF.
IT TEACHES THE OFFICERS A LOT OF
VALUABLE TOOLS.
IT INCLUDES DE-ESCALATION
SKILLS, SUICIDE PREVENTION, AND
OFFICER WELLNESS.
WORKING WITH BOSTON EMERGENCY
SERVICES TEAM BEST OUT OF BOSTON

MEDICAL CENTER, THE BEST IS THE
BOSTON AREA EMERGENCY SERVICES
PROGRAM.
THEY OFFER A TRIAD OF INTEGRATED
SERVICES, MOBILE CRISIS TEAMS,
URGENT CARE CLINICS AND
COMMUNITY CRISIS STABILIZATION
UNITS.
WE EMPLOY A RESPONSE MONLD WHERE
WE ACTUALLY HAVE SOME CLINICIANS
RIDING IN CARS WITH THE
OFFICERS.
WE CURRENTLY HAVE FIVE OF THEM
ASSIGNED TO SEVERAL DISTRICTS
THROUGHOUT THE CITY.
AND THIS IS A VALUABLE TOOL
BECAUSE THEY'RE IN THE CAR WITH
THE OFFICERS AND THEY RESPOND TO
ALL MENTAL-HEALTH RELATED CALLS.
THEY GET THERE QUICKER.
THEY'RE MORE EFFECTIVE.
AND THEY GIVE THE OFFICERS ALL
TERN -- ALTERNATIVES IT BECAUSE
A LOT OF THE TIMES THEY RESULT
IN VIOLENCE BECAUSE OFFICERS
AREN'T FAMILIAR WITH DEALING
WITH A LOT OF THESE SITUATIONS.
WHEN YOU HAVE A TRAINED
CLINICIAN WITH YOU, YOU CAN TALK
A PERSON DOWN, AVOID ARREST AND
THE BEST TEAM CLINICIANS HAVE A
LOT OF RESOURCES FOR BRINGING
PEOPLE TO SERVICE PROVIDERS TO
GET THESE -- THE -- THE SERVICES
THEY NEED.
AND THE BEST TEAM, THE FIVE
CLINICIANS WE HAVE ARE FUNDED
THROUGH A COMBINATION OF
FEDERAL, STATE AND CITY MONEY.
AND WE HAVE TO THANK THE CITY
COUNCIL COMMITTEE ON COMMITTEE
ON HOMELESSNESS, MENTAL HEALTH,
AND RECOVERY FOR DESIGNATED
FUNDS TOWARDS THIS EFFORT.
WE HAVE FIVE SO FAR.
I'D LOVE TO GET A LOT MORE.
MY GOAL IS TO HAVE A BEST TEAM
CLINICIAN IN EACH DISTRICT ON
THE DAY SHIFT AND AT LEAST THE
FIRST HALF SHIFT.
SOME OF THE VALUABLE THINGS THAT
WE GET OUT OF THE BEST TEAM IS
IMMEDIATE ON-SCENE RESPONSE,
ACCESS TO MENTAL HEALTH HISTORY.

IT PROVIDES JAIL DIVERSION AND
FOLLOW-UP.
FOLLOW-UP IS CRITICAL.
WE'RE WORKING ON TRAINING ALL
THE OTHER OFFICERS IN THE FIELD
AS WELL THAT AREN'T WORKING WITH
THE BEST TEAM CLINICIANS.
IF THEY'RE FAMILIAR WITH THE
PROGRAM AND THEY ENCOUNTER A
CALL THAT WASN'T DESIGNATED A
MENTAL HEALTH BUT TURNS OUT TO
BE MENTAL HEALTH, THEY CAN REACH
OUT ON THE RADIO AND GET THE
BEST TEAM CLINICIAN TO RESPOND
TO THEIR SCENE AS WELL.
THEY PROVIDE AVAILABILITY OF A
JAIL DIVERSION CERTIFIED
SPECIALIST BECAUSE PEERS AREN'T
JUST IMPORTANT FOR OFFICERS
WORKING FOR SOMEONE WHO HAS A
LIFE EXPERIENCE AND UNDERSTANDS
THE SYSTEMS CAN BE ENORMOUSLY
HELPFUL.
THE POTENTIAL FOR COST SAVING TO
THE CITY CAN'T BE MEASURED.
THERE'S A DECREASE IN ARRESTS,
EMERGENCY DEPARTMENT VISITS, 911
CALLS FOR SERVICE CAN BE REDUCED
IF YOU'VE EFFECTIVELY HANDLED A
SITUATION IN A HOME, AND IT
SAVES OFFICERS TIME.
THEY CAN RESPOND TO OTHER CALLS
FOR SERVICE BY MINIMIZING THESE
CALLS COMING IN THROUGH 911.
OFFICERS COMMUNICATE WITH
CLINICIANS ABOUT THEIR OWN
ISSUES AND IT GIVES THEM A
BETTER UNDERSTANDING ON HOW TO
RESPOND TO THESE FOLKS WHEN
THEY'RE GOING INTO THEIR HOMES
AND DEALING WITH THE MENTAL
HEALTH ISSUES THAT THEY'RE
EXPERIENCING.
A LOT OF OFFICERS DON'T HAVE THE
SKILLS TO TALK TO PEOPLE.
WHEN YOU GO THROUGH SOME OF THE
TRAININGS WE'RE PROVIDING AND
YOU RIDE WITH BEST TEAM
CLINICIANS, YOU GET A BETTER
INSIGHT IN HOW TO RESPOND TO
THESE SITUATIONS.
THESE ARE VALUABLE RESOURCES,
AND I'M GOING TO DO EVERYTHING
IN MY POWER TO INCREASE THE

AMOUNT OF BEST TEAM CLINICIANS
WE HAVE ON THE STREET.
GETTING ALL OF THE OFFICERS SENT
THROUGH THE CRISIS INTERVENTION
TRAINING, AND I THINK THAT'S A
VALUABLE TOOL.
I WENT MYSELF.
THERE'S A LOT OF THINGS THAT
WE'RE DOING, A LOT OF THE
PROGRAMS THAT ARE IN PLACE, AND
WE'RE GOING TO WORK TO EXPAND
THEM AND MODIFY THEM WHEN
NECESSARY.
>> THANK YOU, DEPUTY.
THANK YOU.
>> JUST A FEW OTHER THINGS.
WE HAVE THE HUB TABLE WHICH
WE'VE NOW BEEN PILOTING IN TWO
OF OUR DISTRICTS IN EAST BOSTON
AND JAMAICA PLAIN.
CANADIAN MODEL WE'RE ALSO
MODELING AFTER CHELSEA AS WELL
BUT IT'S A REALLY GREAT,
EXCITING PILOT WHERE YOU HAVE A
TABLE WITH ALL OF THESE EXPERTS,
AND BASICALLY SITUATIONS ARE
PRESENTED TO THE TABLE WHERE
PEOPLE ARE ELEVATED AT HIGH RISK
FOR THREE DIFFERENT FACTORS.
SUICIDE IS ONE OF THEM.
WE'LL GET IMMEDIATE INTERVENTION
PRECRISIS.
IT'S A VALUABLE PROGRAM.
IT'S GOING VERY WELL, AND WE'RE
HOPING IF THAT PILOT CONTINUES
THAT WE'LL EXPAND THAT TO OTHER
DISTRICTS AS WELL.
AND BEST IS ALSO HEAVILY
INVOLVED IN THAT, WE ALSO DO
ASSIST THE HOMELESS AND DO A LOT
OF PROACTIVE OUTREACH THAT WOULD
HELP TOWARDS THAT VULNERABLE
POPULATION.
AND MOVING FORWARD WE HAVE A LOT
OF THE FUTURE NEXT STEPS WE
EXPECT TO TAKE.
AS I MENTIONED EARLIER, THE
CHIEF LOOKING TO EXPAND AND
IMPROVE OUR PEER SUPPORT UNIT
WHICH IS ALREADY A NATIONAL
MODEL, BUT THERE'S A SAN DIEGO
MODEL THAT WE'RE REALLY HOPING
TO KIND OF MODEL -- I SAY THE
WORD MODEL A LOT -- OUR PROGRAM

AFTER.
WE NEED SOME RESOURCES FOR THAT
BUT WE'RE LOOKING TO PROVIDE
COMPREHENSIVE SERVICES FOR
PEOPLE WHO NEED THEM.
AND WITH MORE CLINICIANS ON MORE
SHIFTS AND WE'LL MOVE TO SCHOOLS
SOON.
BUT ONE OF THE MAJOR SAMPLES OF
THAT IS IF WE HAD CLINICIANS
WORKING THE DAYTIME SHIFT THEN
THEY'LL BE AVAILABLE TO RESPOND
INIAL 62S.
-- IN SCHOOLS.
SO THAT WOULD BE ENORMOUSLY
HELPFUL.
WE'RE GOING TO BE DOING A
DEDICATED CAR PILOT.
RIGHT NOW CLINICIANS RIDE ALONG
IN A CAR THAT'S NOT DESIGNATED
SPECIFICALLY FOR MENTAL HEALTH.
IF THAT CAR GETS CALLED TO A
BURGLARY OR ROBBERY, THE
CLINICIAN HAS TO WAIT IN THE
CAR.
AND IT'S NOT THE IDEAL USE OF
THE CLINICIAN'S TIME.
IF WE'RE GOING TO BE DOING A
PILOT PROGRAM AND WORKING -- TO
MAKE THE CASE FOR THE FUNDING
BEING WORTH IT TO TAKE OUT AN
OFFICER IN A CAR FROM STAFFING
LEVELING AND HAVE A DEDICATED
MENTAL HEALTH-CARE.
WE'RE GOING TO CONTINUE GETTING
AS MANY OFFICERS TRAINED AS
POSSIBLE.
WE'RE LEARNING ABOUT BEST
PRACTICES IN OTHER CITIES.
WE'RE GOING TO BE GOING DOWN TO
HOUSTON IN MARCH BECAUSE THEY
HAVE A GREAT MODEL.
FINALLY, IF YOU WANT TO END WITH
YOUR PROPOSAL.
>> YES.
I'M ALSO IN TALKS WITH
COMMISSIONER GROSS AND HIS CHIEF
OF STAFF, SUPERINTENDENT DENNIS
WHITE.
I WANT TO CREATE A UNIT OF
OFFICERS WHOSE SOLE FOCUS IS TO
PROVIDE OUTREACH.
THEY WON'T BE TIED TO THE RADIO
SYSTEM.

THEIR ROLE WILL BE TO GO INTO
THE DHUNTS AND TALK WITH PEOPLE,
TRY TO CONVINCE PEOPLE TO SEEK
THE SERVICES AND THE HELP THEY
NEED.
WE HAVE SEVERAL OFFICERS THAT
ARE DOING THAT NOW ON THEIR OWN.
BUT THEY DON'T HAVE THE TIME
BECAUSE THE NEXT CALL'S COMING
AND YOU GOT TO CLEAR AND YOU GOT
TO GO BACK INTO SERVICE.
I'D LIKE TO HAVE THIS TEAM OF
OFFICERS TO BE ABLE TO GO OUT IN
THE STREET EVERY DAY AND ALL
THEY WOULD HAVE DO ISENT COUNTER
PEOPLE ON THE STREET, TALK WITH
THEM, CONVINCE THEM TO GET INTO
THE SERVICES THEY NEED, WHETHER
IT BE DUE TO SUBSTANCE ABUSE OR
MENTAL HEALTH.
AND THE VALUE OF THIS UNIT IS
THEY'RE NOT TIED TO THE RADIO SO
THEY CAN SPEND AS MUCH TIME AS
THEY NEED WITH THESE
INDIVIDUALS.
AND IF WE DO GET SOME FOLKS INTO
TREATMENT, WE GET TO STAY WITH
THEM, MONITOR THE TREATMENT, BE
READY WHEN THEY'RE COMING OUT TO
PROVIDE FURTHER TREATMENT IF
NEEDED, TEMPORARY HOUSING.
LIKE I SAID, SOME OFFICERS ARE
DOING THIS ON THEIR OWN ALREADY.
I WANT TO PULL TOGETHER A TEAM
AND HAVE THE FOCUS AND THE
RESOURCES TO BE ABLE TO ADDRESS
THESE PROBLEMS THAT WE'RE
ENCOUNTERING EVERY DAY.
AND THIS WOULD DEFINITELY RESULT
IN FEWER CALLS FOR SERVICE,
BECAUSE WE'D BOON GETTING PEOPLE
INTO SERVICES AND THEY WOULDN'T
BE COMING RIGHT OUT AND PUT
RIGHT BACK ON THE STREET.
IF WE'RE THERE TO MEET THEM, WE
CAN CONTINUE SERVICES AND, LIKE
I SAID, THE TEMPORARY HOUSING IS
HUGE, MAYBE JOHN TRAINING.
BUT THIS IS A PROPOSAL THAT I'VE
CREATED AND WE'RE IN UNITED
NATIONS ASKS TO CREATE THIS
UNIT.
I THINK IT WILL BE A VALUABLE
TOOL.

>> GREAT.
THANK YOU FOR SHARING THAT.
THANK YOU, JENNA.
>> GOOD MORNING.
IT WILL COME ON.
THERE WE GO.
>> THANK YOU FOR HOSTING THIS
MEETING, COUNCILOR ESSAIBI
GEORGE AND COUNCILOR FLYNN FOR
ATTENDING.
MY NAME IS JENNIFER.
I'M THE MEDICAL DIRECTOR OF THE
BOSTON PUBLIC HEALTH COMMISSION.
I AM ALSO A PRACTICING FAMILY
MEDICINE PHYSICIAN AND PRIMARY
CARE PROVIDER WHICH SERVES WEST
ROXBURY, ROSLINDALE, HYDE PARK
AND THE SURROUNDING COMMUNITIES.
SO MENTAL HEALTH ISSUES AND
SUICIDE ARE SOMETHING I DEAL
WITH ON A REGULAR BASIS AND I
FEEL VERY PASSIONATE ABOUT
CONNECTING CLIENTS NOT JUST AS
MY ROLE AS A -- IN THE
COMMISSION BUT ALSO AS A PRIMARY
CARE PROVIDER.
SO, THE COMMISSION HAS LONG BEEN
AWARE OF THE PUBLIC HEALTH
CRISIS AS MENTIONED ADOPTED
SUICIDE IS THE TENTH LEADING
CAUSE OF DEATH IN THE UNITED
STATES AND THE RATES IN
MASSACHUSETTS HAVE INCREASED BY
30% OVER THE LAST 15 YEARS.
BPHC RELIES HEAVILY ON DATA TO
LOOK AT TRENDS IN THE CITY OF
BOSTON.
SO WE HAVE SEEN THROUGH OUR DATA
ANALYSIS THAT PERSISTENT SADNESS
HAS INCREASED OVER THE PAST
YEARS -- THANK YOU -- OVER THE
PAST YEARS IN OUR YOUTH, AND WE
ALSO SEE AN INCREASE IN
PERSISTENT ANXIETY -- THANK
YOU -- AND POOR MENTAL HEALTH IN
THE ADULTS IN OUR CITY OVER THE
PAST FEW YEARS.
IT'S ACTUALLY HIGHER IN BOSTON
IN COMPARISON TO THE REST OF
MASSACHUSETTS AND THE COUNTRY AS
WELL.
IN LOOKING AT SUICIDE
SPECIFICALLY WE HAVE -- WE HAVE
NOT SEEN AN INCREASE IN SUICIDE

RATES IN BOSTON.
THEY'VE REMAINED FAIRLY STABLE,
BUT WE DO HAVE SPECIFIC
POPULATIONS WHERE THERE ARE
DISPROPORTIONATELY HIGHER RATES
IN SUICIDE.
SO THIS SLIDE INDICATES THAT,
FOR BLACK RESIDENTS, AGES 15 TO
24, THEY ARE TWICE AS LIKELY TO
SUCCEED IN -- TO COMPLETE
SUICIDE IN COMPARISON TO THEIR
WHITE COUNTERPARTS.
AGAIN, THIS IS IN CONTRAST TO
WHAT WE SEE IN THE REST OF THE
STATE AS WELL AS THE REST OF THE
COUNTRY.
I THINK WE'VE ALREADY ALLUDED TO
VERY HIGH-RISK POPULATIONS,
THOSE -- THOSE VETERANS AS WELL
AS FIRST RESPONDERS IN OUR YOUTH
RISK BEHAVIORAL SURVEILLANCE
SYSTEM.
2017 DATA ALSO INDICATES THAT
LGBTQ YOUTH ARE MORE LIKELY TO
HAVE PERSISTENT SADNESS AS WELL
AS HAVE SUICIDAL BEHAVIORS,
WHICH INCLUDE THOUGHTS OF
SUICIDE, MAKING A PLAN FOR
SUICIDE, AND ACTUALLY ATTEMPTING
SUICIDE.
SO, IN COMPARISON TO THEIR
NON-LGBT COUNTERPARTS.
SO THERE ARE CLEARLY POPULATIONS
THAT ARE AT HIGHER RISK AT
COMPLETING SUICIDE.
SO -- THIS ONE?
OOPS.
THERE YOU GO.
ALL RIGHT.
SO OVER THE YEARS, BPHC HAS
IMENTED MANY CHANGES TO OUR
SYSTEM TO ADDRESS SUICIDE AS A
PUBLIC HEALTH CRISIS.
IN 2015, AS I MENTIONED, WE HAVE
A STRONG -- WE LOOK AT DATA VERY
CLOSELY AND HAVE A LOT OF DATA
ACCESSIBLE TO US.
SO EMS HAS ACCESS TO OR SAFETY
PAD DATA AND THEY WERE ABLE TO
START A SYSTEM WHERE THEY WOULD
SCRUB THE DATA MORE CONSISTENTLY
TO SPECIFICALLY LOOK AT CALLS
RELATED TO SUICIDE.
IN THAT SAME YEAR, OUR RESEARCH

AND EVALUATION TEAM BEGAN TO
ANALYZE BOSTON DATA TO LOOK AT
SUICIDE RATES BY NEIGHBORHOOD.
SO BASED ON THE TRENDS THAT WE
SAW IN THESE DATA POINTS IN
2016, WE HIRED A CONSULTANT TO
DO A DEEPER DIVE INTO THE DATA
TO LOOK AT -- AGAIN, TO LOOK AT
TRENDS TO LOOK AT
RECOMMENDATIONS OF WHAT WE COULD
DO FOR FUTURE INITIATIVES.
IN THAT SAME YEAR, BPHC
PARTICIPATED WITH OTHER HEALTH
AND HUMAN SERVICES CABINET
DEPARTMENTS TO LAUNCH
INITIATIVES ON SUICIDE AWARENESS
AND SUICIDE PREVENTION.
THAT LARGELY WAS AROUND SUICIDE
AWARENESS TRANEINGS -- TRAININGS
IN PARTNERSHIP WITH SAMARITANS.
AND OVER THE YEARS, THERE ARE
MANY PROGRAMS THAT THE
COMMISSION HAS INITIATED TO
ADDRESS SPECIFICALLY MENTAL
HEALTH.
AND I'M JUST GOING TO LIST A
FEW.
THE BEST TEAM HAS BEEN MENTIONED
QUITE A BIT IN THE PROGRAM
ALREADY, BUT WE -- EMS AND THE
BEST TEAM COLLABORATE TO PROVIDE
24/7 RESPONSES TO ADULT AND
YOUTH IN NEED OF CRISIS
INTERVENTION.
OUR HOMELESS SERVICES BUREAU AS
WELL AS OUR RECOVERY SERVICES
BUREAU, WE HAVE MENTAL HEALTH
CLINICIANS ON SITE, AND WE ALSO
CAN PROVIDE MENTAL HEALTH
SERVICES THROUGH MANY VENUES.
WE HAVE THE OUTREACH WORKERS.
WE HAVE THE CLINICIANS ON-SITE,
AND WE CAN CONTINUE THEM TO
CRISIS INTERVENTION.
WE CAN PROVIDE ON-SITE
COUNSELING AS WELL AND CONNECT
TO RESOURCES OUT IN THE
COMMUNITY IF NEEDED.
WITHIN OUR CHILD ADOLESCENT
FAMILY HEALTH BURY HE HAVE THE
EARLY CHILDHOOD MENTAL HEALTH
PROGRAM SO THAT'S ADDRESSING
YOUTH AGES 0 TO 8 AS WELL AS
THEIR FAMILIES TO MAY BE AT

HIGHER RISK OF HAVING MENTAL
HEALTH ISSUES.
WE ALSO HAVE THE NEIGHBORHOOD
TRAUMA TEAM AND THEY WORK TO
PROVIDE CLINICAL SERVICES TO
THOSE MEMBERS IN THE COMMUNITY
WHO ARE REPEATEDLY EXPOSED TO
VIOLENCE OR WHO ARE EXPOSED TO A
VIOLENT EVENT.
SO, BOTH OF THOSE PROGRAMS
COMBINE THE CLINICAL ASPECT WITH
COMMUNITY OUTREACH SO WE CAN
REACH RESIDENTS WHO MIGHT BE AT
HIGHER RISK FOR METHT HEALTH
NEED OR CRISIS INTERVENTION.
AND FINALLY OUR SCHOOL-BASED
MENTAL HEALTH CENTERS.
WE HAVE A NUMBER OF SCHOOL-BASED
CENTERS WITH HEALTH CLINICIANS
SITTING IN THE SCHOOL TO
PROVIDAL VARIETY OF SERVICES
INCLUDING SPECIFIC MENTAL HEALTH
COUNSELING AS WELL AS REFERRAL
TO OUTSIDE INTERVENTION IF
NEEDED.
SO ALL OF THESE INITIATIVES HAVE
BEEN CREATED AT THE COMMISSION
TO EXTEND THE HEALTH SYSTEM
AVAILABLE FOR MENTAL HEALTH
SERVICES AND SUICIDE PREVENTION
BUT OBVIOUSLY, THERE'S A LOT OF
OPPORTUNITY THAT WE HAVE TO
IMPROVE AND INCREASE THE SYSTEM.
SO, ONE OF THE MAPP BARRIERS TO
THAT IS THE STIGMA.
WE'VE ALREADY MENTIONED A LOT
ABOUT STIGMA.
BUT THIS IDENTIFY -- IDEA THAT
YOU'RE EMBARRASSED OR FEARFUL TO
ADMITTING YOUR SAD OR DEPRESSED
OR SUICIDAL OR EVEN ONES THAT
FURTHER STATING THAT SOMEHOW
PERSISTENT SADNESS AND
PERSISTENT ANXIETY IS A NORMAL
PART OF LIFE AND THAT TO ADMIT
THAT YOU ACTUALLY NEED HELP
AROUND IT IS SOMEHOW A WEAKNESS
AND THEN BEYOND THAT ONCE YOU DO
IDENTIFY THAT YOU HAVE A MENTAL
HEALTH ISSUE ACTUALLY ACCESSING
SERVICES.
WE ARE FORTUNATE THAT WE HAVE
PLENTY OF MENTAL HEALTH SERVICES
IN THE CITY, BUT THERE -- IT'S

STILL VERY DIFFICULT TO GET INTO
A CLINICIAN AND THIS IS
PARTICULARLY TRUE FOR OUR
VULNERABLE POPULATION, THE
HOMELESS.
THOSE SUFFERING SUBSTANCE USE
DISORDER.
IF YOU CAN'T SPEAK ENGLISH OR IF
YOU DON'T HAVE HEALTH INSURANCE,
SO THOSE ARE JUST SPECIFIC
POPULATIONS, BUT MENTAL HEALTH
SERVICES ARE SOMEWHAT LIMITED IN
THE CITY AS WELL.
SO THAT BEING SAID, OUR GOAL AT
THE COMMISSION IS TO ENSURE THAT
ALL RESIDENTS OF BOSTON HAVE
ACCESS TO MENTAL HEALTH SERVICES
REGARDLESS OF WHERE THEY ARE ON
THE MENTAL WELLNESS CONTINUUM.
SO IF THEY'RE JUST DEALING WITH
DAILY TRAUMAS OR DAILY STRESSORS
TO NORMALIZE THE IDEA THAT YOU
CAN SEEK SERVICES AT THAT POINT
IN YOUR LIFE OR IF YOU HAVE
REPEATED TRAUMA FROM VIOLENCE IN
THE COMMUNITY OR IF YOU HAVE
SEVERE METAL HEALTH OR IF YOU'RE
IN CRISIS, IT IS ALL ACCEPTABLE
AND APPROPRIATE TO REACH OUT
FOR HELP AT ANY POINT IN THAT
CONTINUUM.
SO, TO THAT END, IN THE FUTURE,
THE COMMISSION HAS A SET OF
GOALS TO COMPLETE IN THE FUTURE.
WE WANT TO EMPHASIZE THAT OUR
STRENGTHS REALLY LIE AROUND
PROVIDING DATA FOR THE COMMUNITY
AND RESOURCES FOR COLLABORATION.
SO, AS I MENTIONED IN THE
FUTURE, WE ARE GOING TO REACH
OUT TO OUR PARTNERS WHO HAVE
ACCESS TO DATA.
WE HAVE ACCESS TO REALTIME DATA
TO SEE WHAT THE CONTINUING
TRENDS ARE AND SUICIDE RATES IN
THE CITY AND TO REACH OUT TO
THOSE POPULATIONS WHO DON'T
REACH OUT THEMSELVES TO FIND
THOSE POPULATIONS AND THOSE
INDIVIDUALS WHO HAVEN'T
CONNECTED WITH RESOURCES AND TO
ENCOURAGE THEM TO CONNECT TO
RESOURCES.
WE ALSO PLAN TO CONTINUE OUR

PARTNERSHIP WITH SAMARITANS.
I KNOW THEY'RE GOING TO SPEAK
LATER, ON PROVIDING TRAINING TO
OUR STAFF AS WELL AS COMMUNITY
MEMBERS TO INCREASE SUICIDE
AWARENESS IN THE COMMUNITY.
AND FINALLY, WE HOPE TO HOST
A -- JUST CONVENINGS WITH OUR
PARTNERS TO IDENTIFY WHAT GAPS
MIGHT EXIST FOR ACCESS TO CARE.
WE ACTUALLY INITIATED THIS
PROCESS OVER THE SUMMER.
WE HOSTED ABOUT -- MORE THAN 400
YOUNG PEOPLE IN THE CITY TO HEAR
WHAT THEIR THOUGHTS WERE ON
MENTAL HEALTH IN RELATIONSHIP TO
VIOLENCE.
SO WE HAVE PLANS TO GATHER THAT
DATA, REVIEW IT, AND LAUNCH SOME
INITIATIVES AROUND THE
INFORMATION WE GATHERED.
SO, THANK YOU AGAIN FOR INVITING
ME TO TALK TODAY A.
I AND HOPE WE CAN COLLABORATE
WITH THE FUTURE.
>> THANK YOU, DR. LO.
BEFORE WE GET TO ANDREA, I WANT
TO RECOGNIZE WE'VE BEEN JOINED
BY COUNCIL PRESIDENT CAMPBELL.
>> THANK YOU.
I'M EXCITED TO BE HERE TODAY TO
TALK ABOUT THE BEHAVIORAL HEALTH
SERVICES THAT ARE HAPPENING IN
BOSTON PUBLIC SCHOOLS.
SO THE WE'LL TALK ABOUT THE
NEEDS OF OUR STUDENTS, WHAT OUR
DEPARTMENT BEHAVIORAL SERVICES
DOES, AND LET YOU KNOW ABOUT
MANY SO OF THE INITIATIVES AND
PARTNERS THAT WE'RE WORKING WITH
TO ADDRESS BEHAVIORAL HEALTH
NEEDS OF STUDENTS.
BUT JUST AN OVERVIEW OF
BEHAVIORAL HEALTH NEEDS OF OUR
STUDENTS.
WE KNOW THAT STUDENTS IN URBAN
STRICTS ARE 20% MORE LIKELY TO
EXPERIENCE ADVERSE CHILDHOOD
CONDITIONS, AND A RECENT STUDY
FROM THE BOSTON PUBLIC HEALTH
COMMISSION AND CHILDREN'S
HOSPITAL INDICATED THAT ONE IN
FIVE OF OUR OWN CHILDREN IN
BOSTON HAVE EXPERIENCED TWO OR

MORE ADVERSE CHILDHOOD
EXPERIENCES.
STUDENTS ARE OFTEN FIRST
IDENTIFIED AS NEEDING BEHAVIORAL
HEALTH IN SCHOOLS AND SO SCHOOLS
ARE A CRITICAL PART OF THAT
ENTRY INTO SYSTEMS OF MENTAL
HEALTH-CARE.
WE ALSO KNOW THAT THE SCHOOL
COMMUNITY PARTNERSHIPS THAT
WE'LL BE TALKING ABOUT HERE
TODAY ARE CRITICAL IN CREATING
THAT SYSTEM OF CARE FOR STUDENTS
AND FAMILY.
AND THAT MEANT HEALTH SERVICES
WHEN PROVIDED IN SCHOOLS REDUCE
SIGNIFICANTMA.
AND YOU'VE HEARD PEOPLE TALK
ABOUT THE NEED TO ADDRESS STIGMA
IN PROVIDING MENTAL HEALTH
SERVICES.
THE BOSTON PUBLIC SCHOOLS
BEHAVIORAL HEALTH SERVICES
DEPARTMENT IS REALLY COMMITTED
TO PROVIDING A CONTINUUM OF
BEHAVIORAL HEALTH SUPPORT THAT
STARTS WITH PREVENTING
BEHAVIORAL HEALTH ISSUES AND
PROMOTING POSITIVE AND STRONG
BEHAVIORAL HEALTH SKILLS IN OUR
STUDENTS.
ADDITIONALLY WE DO INTENSIVE
SERVICES, A PORTION OF OUR WORK
IS CONVENING AND COLLABORATING
WITH A WIDE VARIETY OF COMMUNITY
STAKEHOLDERS TO ENSURE THEIR
SUPPORT IS BROUGHT INTO THE
BOSTON PUBLIC SCHOOLS.
A QUICK OVERVIEW OF THE
DEPARTMENT OF BEHAVIORAL HEALTH
SERVICES.
AND WE THANK YOU ALL FOR YOUR
SUPPORT.
WE CURRENTLY HAVE TWO
ADMINISTRATORS, MYSELF AND IVAN
PEREIRO, 1 1/2 CLERK POSITIONS,
71 SCHOOL PSYCHOLOGISTS, AND 8
PUPIL ADJUST T COUNSELORS WHO
ARE SOCIAL WORKERS.
SO THIS STAFF HAS 80 MENTAL
HEALTH SERVICES SIT IN THE
DEPARTMENT OF BEHAVIORAL
SERVICES IN BPS.
WE ALSO HAVE SOCIAL WORKERS THAT

ARE IN SCHOOL-BASED POSITIONS
THAT DON'T SIT IN MY DEPARTMENT.
AND TOGETHER, WE WORK TO PROVIDE
A CONTINUUM OF BEHAVIORAL HEALTH
SUPPORT TO SCHOOLS FROM SUCH
THINGS AS TEACHING SOCIAL SKILLS
AND HELPING SCHOOLS CREATE SAFE
AND SUPPORTIVE CLIMATES AT A
PREVENTION AND PROMOTION LEVEL
TO WORKING ON THE BEHAVIORAL
HEALTH MODEL AND SANDY HOOK
PROMISE AND PARTNERSHIPS TO
DOING PEER TOORS IS TARGETED
SOCIAL AND EMOTIONAL BEHAVIORAL
HEALTH FOR KIDS AT RISK AND
INTENSIVE SERVICES LIKE CRISIS
RESPONSE, INDIVIDUAL COUNSELING,
FUNCTIONAL BEHAVIOR ASSESSMENTS
AND BEHAVIORAL INTERVENTION
PLANS.
THIS GROUP OF 80 CENTRAL OFFICE
STAFF DURING THE 2017-'18 SCHOOL
YEAR RESPONDED TO 2,787 CRISIS
EVENTS.
THEY CONDUCTED 312 SUICIDE RISK
ASSESSMENTS.
253 THREAT ASSESSMENTS.
AND RESPONDED TO 66 LARGE-SCALE
DISTRICT CRISIS.
SO THE SCHOOL'S VERY
COMMITTED -- SCHOOL STAFF -- I'M
SORRY.
MY STAFF IS SUPPORTED TO THE
NEEDS OF STUDENTS ACROSS THE
STRICT.
ONE OF OUR LARGE INITIATIVES
THAT MANY OF ARE YOU FAMILIAR
WITH IS A COMPREHENSIVE
BEHAVIORAL HEALTH MODEL.
IT'S CURRENTLY IN 70 SCHOOLS
SUPPORTING OVER 31,000 STUDENTS.
AND THE MODEL IS BASED ON THE
PREMISE THAT IF WE SUPPORT
STUDENTS' BEHAVIORAL HEALTH
EARLY, WE CAN MITIGATE THE
IMPACT THAT BEHAVIORAL HEALTH
ISSUES HAVE ON ACADEMIC
OUTCOMES.
WE CAN ALSO SUPPORT SCHOOL STAFF
TO INCREASE THEIR CAPACITY TO
ADDRESS BEHAVIORAL HEALTH IN
SCHOOLS.
A COUPLE OF KEY FEATURES OF THE
MODEL IS A UNIVERSAL SCREENING,

AND I'LL SHOW YOU SOME DATA ON
THAT.
WE'RE ONE OF THE FEW NATIONS
IN -- I'M SORRY -- SCHOOLS IN
THE NATION THAT USE A UNIVERSAL
BEHAVIORAL HEALTH SCREENING TOOL
TO FIND STUDENTS WITH BEHAVIORAL
HEALTH RISK AND INTERVENE EARLY.
ANOTHER ESSENTIAL COMPONENT OF
THE MODEL IS BUILDING STRONG
PARTNERS AND MANY OF OUR
PARTNERS ARE HERE TODAY.
YOU'LL HEAR FROM SOME OF THEM.
WE ALSO WORK TO PROVIDE DIRECT
SOCIAL SKILLS INSTRUCTION IN
70 BPS SCHOOLS.
OUR UNIVERSAL STRAINSCREENING
TOOL IS THE BMOF2.
AND IT LOOKS AT BOTH ISSUES THAT
WE WANT TO REDUCE CONCERNS AND
CONDUCT NEGATIVE AFFECT AND
COGNITIVE ATTENTION.
IT ALSO LOOKS AT POSITIVE
BEHAVIORAL HEALTH THAT WE WANT
TO ENCOURAGE AND INCREASE.
THOSE ADAPTED BEHAVIORAL SKILLS
OF SOCIAL AND ACADEMIC
FUNCTIONING.
THIS SCREENING TOOL ALLOWS US TO
FIND THE VERY KIDS THAT WE'RE
CONCERNED AND TALKING ABOUT HERE
TODAY.
THOSE STUDENTS WITH
INTERNALIZING RISK THAT ARE AT
RISK FOR SOCIAL ISOLATION,
DEPRESSION, SUICIDE, AND THE
EXCITING NEWS IS BY DOING THE
COMPREHENSIVE BEHAVIORAL HEALTH
MODEL, WE'RE ABLE TO HAVE
INCREDIBLE EFFECT AND IMPACT ON
STUDENTS' PERFORMANCE.
SO BECAUSE I DIDN'T HAVE A LOT
OF TIME TO SHOW YOU ALL OF OUR
DATA, I JUST WANT TO SHARE ONE
SIDE THAT SHOWS THAT THE IMPACT
OF CBHM IS GREATEST AMONG
STUDENTS WITH HIGH NEEDS AND
NEGATIVE AFFECT.
AGAIN, THESE ARE THE KIDS THAT
ARE EXPERIENCING SOME LEVELS OF
ANXIETY AND DEPRESSION.
WE'RE EXCITED TO SAY THAT WE
KNOW WHEN YOU DO BEHAVIORAL
HEALTH WELL IN PUBLIC SCHOOLS,

KIDS CAN GET BETTER.
AND SO, STUDENTS ARE HAVING A
POINT A EFFECT SIZE IN COGNITIVE
ATTENTION, A 1.0 EFFECT SIZE IN
CONDUCT, AND PARTICULARLY WHAT
WE'RE TALKING ABOUT HERE TODAY,
NEGATIVE AFFECT, A 1.2 EFFECT
SIZE.
THAT EFFECT SIZE IS SHOWING THE
EFFECT THAT OUR INTERVENTIONS
AND CBHM ARE HAVING ON STUDENTS.
ACADEMIC FUNCTIONING AND SOCIAL
SKILLS.
SO, AGAIN, WE'RE REALLY EXCITED
TO SHOW THAT WHEN YOU DO
INTENTIONAL WORK WITH BEHAVIORAL
HEALTH STUDENTS ARE GETTING
BETTER.
BUT WE'RE NOT DOING THIS WORK
ALONE.
WE'RE DOING IT IN CONJUNCTION
WITH OBVIOUSLY WITH SCHOOL
STAFF.
OUR BIGGEST LEVEL WE'RE WORKING
CLOSELY WITH PRINCIPALS AND PRINCIPALS   PRINCIPALS AND
TEACH HE WAS TO DEVELOP A
CONTINUUM ON INTERVENTIONS.
WE ALSO WORK VERY CLOSELY WITH A
LARGE NUMBER OF PARTNERS
INCLUDING UNIVERSITIES AND I
KNOW SOME OF THEM ARE IN THE
ROOM TODAY, UMASS BOSTON,
WILLIAM JAMES TUFTS AND
NORTHEASTERN ARE LOCAL
UNIVERSITIES, THAT WE WORK TO
TRAIN UNIVERSITY STUDENTS TO
BECOME THE NEXT GENERATION OF
MENTAL HEALTH PROVIDERS IN
SCHOOLS AND SCHOOL SIGH
COLLINGSS.
WE ALSO WORK CLOSELY WITH
HOSPITALS, CHILDREN'S HOSPITAL
IS ONE OF OUR FOUNDING PARTNERS.
AND WE'RE ABLE TO BRING THE
RESOURCES OF HOSPITALS INTO THE
SCHOOLS.
WE ALSO HAVE VERY DEEP
PARTNERSHIPS WITH A WIDE VARIETY
OF COMMUNITY PARTNERS LIKE
BOSTON PUBLIC HEALTH COMMISSION,
THE BEST TEAM DMA, BOSTON POLICE
HELP US WITH A GREAT DEAL OF OUR
MENTAL HEALTH RESPONSES.
ONE OF OUR LATEST IMPORTANT

PARTNERS IS WITH SANDY HOOK
PROMISE.
THE MAYOR HAS COMMITTED TO
BRINGING SANDY HOOK PROMISE TO
THE BOSTON PUBLIC SCHOOLS.
THEY'RE HELPING US DO AN ARRAY
OF SUPPORT INCLUDING SUICIDE
PREVENTION, THREAT ASSESSMENT.
WE'RE ALSO TEACHING KIDS TO SAY
SOMETHING IF THEY SEE
SOMETHING -- IF THEY SEE
SOMETHING, SAY SOMETHING AND
MAKE RELATIONSHIPS WITH THEIR
KIDS AND PEERS.
AND THIS YEAR WE'RE PILOTING AN
ANONYMOUS REPORTING APP SO
STUDENTS CAN REPORT ANY THREATS
OF SUICIDE, HOMICIDE, BULLYING
THAT THEY SEE IN THEIR
COMMUNITY.
AND THESE ARE THE DIFFERENT
ASPECTS OF THIS SANDY HOOK
PROMISE PROGRAM.
SAY SOMETHING, THE ANONYMOUS
REPORTING APP AND THE THREAT
ASSESSMENT.
AND AS I MENTIONED, A WIDE
VARIETY OF OUR COMMUNITY
PARTNERS HELPING US CROSS THE
CONTINUE UP WITH THINGS LIKE
BREAK FREE FROM DEPRESSION TO
INTERVENTIONS THAT ARE FOR
GROUPS OF STUDENTS, AND WE HAVE
ALSO GIVEN ADDITIONAL
INFORMATION ABOUT THE WORK WE'RE
DOING.
WE WOULD JUST LIKE TO THANK THE
MAYOR AND THE COUNCIL FOR GIVING
US TEN BEHAVIORAL HEALTH
POSITIONS IN THIS YEAR'S
FUNDING.
THAT'S MADE A BIG DIFFERENCE IN
THE AMOUNT OF SUPPORT WE HAVE
AVAILABLE TO SCHOOLS AND
STUDENTS AND STAFF.
SO THANK YOU FOR THAT.
>> THANK YOU, ANDRIA.
AND LAST BUT NOT LEAST, KELLY.
SPLO DEUCE YOURSELF, PLEASE.
AND THANK YOU FOR BEING HERE.
>> GOOD MORNING.
MY NAME IS KELLY CUNNINGHAM.
AND I AM THE DIRECTOR OF THE
SUICIDE PREVENTION UNIT AT THE

MASSACHUSETTS DEPARTMENT OF
PUBLIC HEALTH.
I WANT TO TAKE A MOMENT AND
THANK YOU FOR INVITING US TO
SPEAK ABOUT THIS VERY IMPORTANT
TOPIC.
FOR MY PART, I WOULD LIKE TO
TALK TO YOU ABOUT WHAT IS
HAPPENING AT THE STATE LEVEL.
WITH MORE THAN 45,000 PEOPLE
DYING BY SUICIDE EACH YEAR IN
THIS COUNTRY, SUICIDE HAS BECOME
THE TENTH LEADING CAUSE OF DEATH
AND THE SECOND LEADING CAUSE OF
DEATH FOR AGES 15 TO 34.
ALTHOUGH MASSACHUSETTS HAS ONE
OF THE THIRD LOWEST SUICIDE
RATES IN THE COUNTRY, IT HAS
SEEN A 30% INCREASE IN THE LAST
15 YEARS.
MOST RECENT DATA SHOWS THAT IN
2016, THERE WERE 638 SUICIDES.
ONE REASON WHY MASSACHUSETTS
RATES ARE LOWER THAN OTHER
STATES IS WE HAVE ONE OF THE
STRONGEST GUN SAFETY LAWS IN THE
COUNTRY.
THE MASSACHUSETTS 2014 ACT TO
REDUCE GUN VIOLENCE REQUIRES THE
DEPARTMENT OF PUBLIC HEALTH TO
SUBMIT AN ANNUAL LEGISLATIVE
REPORT DETAILING SUICIDE DEATHS
AND COLLECTING DATA ON FIREARMS.
SUICIDE PREVENTION IS TYPICALLY
BROKEN DOWN INTO THREE PARTS --
PREVENTION, INTERVENTION, AND
POST-VENTION.
THE SUICIDE PREVENTION UNIT AT
DPH FUNDS OVER 20 PROVIDERS
THROUGHOUT THE COMMONWEALTH WHO
PROVIDE SERVICES IN ALL THESE
AREAS, PAYING PARTICULARLY CLOSE
ATTENTION TO THOSE WHO ARE AT
HIGHER RISK OF SUICIDE,
INCLUDING OLDER ADULTS, LGBTQ
COMMUNITY, VETERANS, YOUTH, AND
MIDDLE-AGED MEN.
PREVENTION, WHICH IS DEFINED AS
SERVICES PROVIDED TO PREVENT A
SUICIDE FROM OCCURRING,
GENERALLY BEGINS WITH TRAINING
AND AWARENESS.
THE SUICIDE PREVENTION UNIT
PROVIDES A NUMBER OF TRAINING

THROUGHOUT THE YEAR TO ANYONE
WHO IS INTERESTED IN GAINING
MORE SKILLS OR KNOWLEDGE ON A
TOPIC OF SUICIDE.
WE ALSO OFFER AN ANNUAL TWO-DAY
SUICIDE PREVENTION CONFERENCE
EVERY SPRING AS A RESOURCE FOR
THE COMMUNITY, WHICH IS ATTENDED
BY OVER 500 PARTICIPANTS EACH
DAY.
THE CONFERENCE IS ATTENDED BY
PROVIDERS, CLINICIANS, SCHOOL
PERSONNEL, LOST SURVIVORS AND
ATTEMPT SURVIVORS.
INTERVENTION SUPPORTS AN
INDIVIDUAL WHEN THEY ARE
ACTIVELY IN CRISIS.
STATE FUNDING SUPPORTS THIS WORK
THROUGH OUR HELP LINE AND
TREATMENT SERVICES.
THE STATEWIDE HELP LINE NUMBER,
1-877-870-HOPE IS ANSWERED BY
FOUR INDIVIDUAL SAMARITAN
BRANCHES AND ANSWERS MORE THAN
100,000 CALLS PER YEAR.
MASSACHUSETTS IS ALSO FORTUNATE
TO BE PART OF THE NATIONAL
SUICIDE PREVENTION LIFELINE
FUNDED BY SAMHSA, WHICH IS
SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICE ADMINISTRATION.
AND INCLUDES APPROXIMATELY 160
CRISIS CENTERS FROM ACROSS THE
COUNTRY.
THEIR SERVICE IS SIMILAR TO OUR
STATEWIDE HOTLINE NUMBER.
HOWEVER, IT IS A NATIONALLY
RECOGNIZED NUMBER THAT SOME MAY
PREFER TO USE.
WHEN YOU CALL 1-800-273-TALK,
YOU ARE DIRECTED TO A HELP LINE
IN YOUR STATE.
ADDITIONAL INTERVENTION WORK
BEING DONE ACROSS THE
COMMONWEALTH IS A NEWER STRATEGY
CALLED ZERO SUICIDE.
THE ZERO SUICIDE GOAL IS TO
REDUCE THE NUMBER OF SUICIDES
THROUGH QUALITY IMPROVEMENT
WITHIN HEALTH-CARE AND
BEHAVIORAL HEALTH-CARE SYSTEMS.
THIS WORK INCLUDES
EVIDENCE-BASED STRATEGIES SUCH
AS UNIVERSAL SCREENING,

TREATMENT, SAFETY PLANNING, AND
FOLLOW-UP.
THERE ARE MORE THAN A DOZEN
SYSTEMS IN THE COMMONWEALTH
COMMITTED TO THIS ENDEAVOR.
SOME AS CLOSE AS BOSTON, AS FAR
WEST AS THE BERKSHIRES, AND
CURRENTLY BEGINNING WORK ON THE
CAPE AND THE ISLANDS.
AND ALSO IT'S IMPLEMENTED ZERO
SUICIDE THROUGHOUT THEIR AGENCY.
I ASSURE YOU, THIS IS NOT WORK
THAT CAN BE COMPLETED OVERNIGHT.
IT REQUIRES LEADERSHIP AND
SYSTEM CHANGE TO MAKE THIS WORK.
A COMMITMENT TO ZERO SUICIDE IS
A COMMITMENT TO TREATING
SUICIDALITY AS YOU WOULD ANY
ILLNESS AND TREATING THE PATIENT
BEYOND THE WALLS OF THE
HOSPITAL.
INTERVENTION STRATEGY ALSO
INCLUDES WORK WITH ATTEMPT
SURVIVORS.
WHEN I STARTED IN IN TOLD.
11 YEARS -- FIELD 11 YEARS AGO
WE WERE HEARING FROM LOST
SURVIVORS.
OVER THE LAST SEVERAL YEARS WE
HAVE LEARNED MORE FROM THOSE WHO
HAVE BEEN SUICIDAL OR WHO
ATTEMPTED SUICIDE THAN WE EVER
EXPECTED.
SUPPORT GROUPS FOR ATTEMPT
SURVIVORS AND FAMILY MEMBERS OF
ATTEMPT SURVIVORS HAVE BEEN
FORMED THROUGHOUT THE
COMMONWEALTH.
AND FOLKS WITH EXPERIENCES ARE
NOW REQUIRED MEMBERS OF MANY
COMMITTEES.
UNFORTUNATELY, WE ALL KNOW TOO
WELL THAT SUICIDES DO OCCUR.
WHEN THIS HAPPENS, POST-VENTION
WORK IS CRITICAL.
POSTVENTION DESCRIBES SERVICES
THAT OCCUR AFTER A SUICIDE.
THERE ARE A NUMBER OF SUPPORT
GROUPS FOR THOSE WHO HAVE LOST
THEIR LOVED ONE TO SUICIDE
THROUGHOUT THE STATE.
THEY PROVIDE AN OPPORTUNITY FOR
THE LOSS SURVIVOR TO BE WITH
OTHERS WHO HAVE LOST A FRIEND OR

FAMILY MEMBER TO SUICIDE.
THIS CAN BE A VERY HEALING
EXPERIENCE AS PEOPLE SHARE THEIR
STORIES AND EXPERIENCES.
I BELIEVE YOU'LL HEAR MORE ABOUT
THIS FROM TWO OF OUR OTHER
PROVIDERS ON THIS PANEL.
POST-VENTION WORK IS PROVIDED
THROUGH STATE FUNDING TO
COMMUNITIES AND SCHOOLS WHEN A
YOUNG PERSON DIED DIES ABOUT
SUICIDE.
IN THEIR INSTANCES, POSTVENTION
PROVIDER RIVERSIDE TRAUMA CENTER
WILL GO TO A SCHOOL OR COMMUNITY
TO HELP THROUGH THE LOSS.
SERVICES CAN INCLUDE IMMEDIATE
STEPS TO TAKE AFTER A SUICIDE,
GUIDING SCHOOLS TO UNDERSTAND
HOW THIS AFFECTS OTHERS, AND
PROVIDING ADDITIONAL CLINICAL
SUPPORT TO THE SCHOOL.
IT SHOULD BE MENTIONED THAT OUR
WORK COULD NOT BE DONE WITHOUT
THE SUPPORT OF OUR SISTER
AGENCIES.
A FEW INCLUDE THE DEPARTMENT OF
MENTAL HEALTH, VETERANS
SERVICES, DEPARTMENT OF
ELEMENTARY AND SECONDARY
EDUCATION AND ELDER AFFAIRS.
OUR WORK CONTINUES TO EXPAND AS
WE LEARN MORE ABOUT THE ISSUES
RELATED TO SUICIDE.
EXAMPLES INCLUDE PROBLEM
GAMBLING AND THE OPIOID CRISIS.
BOTH REPRESENT AREAS WHICH ARE
HIGH RISK FACTORS FOR SUICIDE.
WE ARE CURRENTLY WORKING ON
PROJECTS WHICH WILL HELP FOSTER
AWARENESS AND SUPPORT TO THE
INTERSECTIONALITY OF BOTH TOPICS
IN SUICIDE.
THE CONTINUED WORK WE DO WOULD
NOT BE POSSIBLE WITHOUT THE
BACKING OF THE MASSACHUSETTS
COALITION FOR SUICIDE
PREVENTION.
NCSP IS RESPONSIBLE FOR
ADVOCATING FOR FUNDING FOR
SUICIDE PREVENTION IN THE STATE,
AND THEY ARE RESPONSIBLE FOR THE
STATE STRATEGIC PLAN FOR SUICIDE
PREVENTION WHICH IS CURRENTLY IN

REVIEW.
THEY HAVE TEN REGIONAL
COALITIONS LOCATED ACROSS THE
COMMONWEALTH WHO ALSO BRING
ADDITIONAL TRAINING TO THE
COMMUNITIES.
IN CLOSING, YOU CAN SEE THERE IS
A LOT OF WORK BEING DONE.
WE ARE HOPEFUL THAT THE EXPANDED
WORK AROUND INTERVENTION
SERVICES AND DISCUSSIONS LIKE
THIS TODAY CAN MAKE A DIFFERENCE
IN PART BY KEEPING A PUBLIC
FOCUS ON REDUCING THE NUMBER OF
SUICIDES WE SEE EACH YEAR.
ON BEHALF OF THE MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH, I
THANK YOU ONCE AGAIN FOR THE
OPPORTUNITY TO SPEAK TODAY.
>> 2, KELLY.
AND THANK YOU, ALL.
REALLY VERY INFORMATIVE
PRESENTATION FROM ALL OF YOU.
AND I'VE LEARNED A LOT, AND I
WOULD CAUTION MY COLLEAGUES THAT
WE COULD GO DOWN SOME RABBIT
HOLES TODAY AND REALLY TALK IN
LENGTH ABOUT THIS TOPIC.
SO, JUST AS A REMINDER TO
EVERYBODY THAT WE DO HAVE TWO
MORE.
S FOLLOWING.
SO, I'M GOING TO OFFER MY
COLLEAGUE COUNCILOR FLYNN AN
OPPORTUNITY TO ASK ANY QUESTIONS
OF THIS PANEL.
>> THANK YOU, COUNCILOR ESSAIBI
GEORGE, AND TO THE PANELISTS FOR
YOUR INFORMATIVE DISCUSSION.
I LEARNED A LOT BY LISTENING TO
YOU.
I DID TAKE SOME NOTES AND MAYBE
I COULD TRY TO ASK A COUPLE
QUESTIONS IF I MAY.
DR. LO, THIS PART OF BOSTON
PUBLIC HEALTH COMMISSION, I
NOTICED THE RATE OF SUICIDES BY
ASIANS SEEMED HIGH.
WAS THERE A REASON FOR THAT?
>> ACTUALLY, --
THE MICS WILL JUST COME ON.
OKAY.
SORRY.
THE RATES OF SUICIDE BY ASIANS,

FROM WHAT I RECALL, WE NEED A
SPECIFIC NUMBER OF SUICIDE
DEATHS FOR THE DATA TO BE
SIGNIFICANT.
SO I'LL HAVE TO CHECK WITH MY
EVALUATION OFFICE BUT I BELIEVE
IN COMPARISON IT'S ACTUALLY
LOWER.
>> OKAY.
IT SEEMED LIKE IT WAS KIND OF IN
THE MIDDLE IN THAT CHART.
>> OKAY.
I REPRESENT CHINATOWN.
YEAH.
SO THAT WOULD BE A CONCERN
FOR ME.
I DO PLAN TO WORK WITH PUBLIC
HEALTH AND HAVE A CONFERENCE
SOMETIME IN JANUARY IN CHINATOWN
ON PUBLIC HEALTH CONCERNS FOR
THE ASIAN COMMUNITY BUT MAYBE WE
CAN TALK ABOUT THAT BEFORE.
>> I CAN -- YES, I CAN TOUCH
BASE WITH MY RESEARCH AND
EVALUATION OFFICE AND GET YOU
SOME DATA POINTS BEFORE THAT
CONVENING.
>> OKAY.
ALSO, DEPUTY STRATTON, I HAD AN
OPPORTUNITY TO BE AT SEVERAL
MEETINGS WITH YOU OVER THE LAST
SEVERAL MONTHS, AND JUST WANT TO
THANK YOU FOR YOUR OUTREACH TO
SO MANY PEOPLE, ESPECIALLY ON
MASS OF A, SOUTHAMPTON STREET.
I THINK YOU AND THE POLICE ARE
DOING A VERY GOOD JOB WITH
LIMITED RESOURCES.
I WOULD CERTAINLY, AS I
MENTIONED BEFORE, SUPPORT YOU
AND YOUR PROGRAM TO HAVE A
DEDICATED GROUP OF POLICE
OFFICERS THAT CAN KIND OF TRACK
MENTAL HEALTH IN THE HOMELESS
COMMUNITY.
SO I THINK THAT WOULD BE GREAT
PROGRAM.
WHAT SPECIFICALLY CAN THE CITY
COUNCIL DO TO BE HELPFUL TO YOU
ON THAT PROGRAM?
I KNOW YOU -- YOU'RE ALSO
LOOKING AT SECTION 35 IN WORKING
DARK WORKING WITH THE COURT
SYSTEM IN IDENTIFYING PEOPLE

THAT MAY NEED IMMEDIATE ACCESS
TO MENTAL HEALTH COUNSELING EVEN
IF THEY DON'T WANT TO GET IT.
BUT IS THERE A ROLE OF THE CITY
COUNCIL CAN PLAY IN TERMS OF
MAKING SOME OUTREACH TO THE
COURT SYSTEM?
>> WELL, THEY'RE ALREADY DOING
SOME OF IT.
IT'S A FAUNDING ISSUE.
A LOT OF THE THINGS THAT WE'RE
UNDERTAKING REQUIRE MANPOWER AND
RESOURCES AND TIME.
SO, AFTER SPEAKING WITH THE
COMMISSIONER AND SUPERINTENDENT
WHITE, WE DISCUSSED MY
INITIATIVE AND THERE'S AN
ACADEMY CLASS THAT'S STARTING
TODAY, COINCIDENTALLY.
WHEN THAT CLASS COMES OUT, IT
PROVIDES MORE MANPOWER.
SO ONCE WE HAVE THE STAFFING
LEVELS INCREASED, I'M ABLE TO
DRAW FROM THE DISTRICT'S
SPECIFIC MANPOWER TO ADDRESS
THESE ISSUES.
THE DISTRICTS AND THE OFFICERS
ARE DOING PHENOMENAL WORK IN
ADDRESSING IT.
THE TRAINING THAT WE'RE
RECEIVING IS VERY HELPFUL.
YOU HAVE TO HAVE A BETTER
UNDERSTANDING OF WHAT YOU'RE
DEALING WITH IN ORDER TO PROVIDE
SERVICES AND WE'RE GETTING THAT
TRAINING.
BUT I WANT TO BE ABLE TO BE MORE
COMMITTED.
THE OFFICERS DO A GREAT JOB
RESPONDING TO CALLS AND HANDLING
THE CALL FOR SERVICE.
I WANT TO DO MORE IN THE FIELD
OF, WHALE DO WE DO AFTER THAT?
BECAUSE WE'RE SEEING THE SAME
PEOPLE OVER AND OVER COME BACK
TO THE STREETS, WHETHER IT'S A
MENTAL HEALTH ISSUE OR A
SUBSTANCE USE DISORDER ISSUE.
THEY'RE GOING FOR TREATMENT AND
THEN THEY'RE COMING RIGHT BACK
TO THE STREET.
SO, I WANT TO GET MORE INVOLVED
IN THE HEARINGS OF THE COURT
WITH RESPECT TO SECTION 35

INVOLUNTARY COMMITMENT.
I WANT TO BE ABLE TO HAVE MEN
AND WOMEN GO THE TO HEARINGS AND
FOLLOW THROUGH.
WHAT'S THE DISPOSITION?
WHERE ARE THEY GOING TO?
WHAT KIND OF TREATMENT ARE THEY
RECEIVING?
AND WHEN THOSE PRELIMINARY
TREATMENTS ARE DONE, DETOX OR
REHABILITATION, THEY'RE
INTRODUCED BACK TO THE STREET.
AND IN MOST CASES WITH NO
RESOURCES.
SO I WANT TO BE MORE INVOLVED IN
THAT PROCESS SO WE CAN VISIT
WITH THEM WHILE THEY'RE IN
TREATMENT, LET THEM KNOW WE'RE
STILL IN THEIR CORNER FIGHTING
WITH THEM, AND HAVE AN IDEA OF
WHEN THEY'RE GOING TO BE COMING
OUT TO THE STREET SO THE
OFFICERS CAN WORK ON SECURING
LONG-TERM HOUSING, FURTHER
REHABILITATIVE SERVICES, AND
MAYBE DO JOB TRAINING.
BUT WE DEFINITELY NEED A GROUP
THAT HAS THE TIME.
IT'S ALL ABOUT TIME AND
COMMITMENT.
THE OFFICERS HAVE THE
COMMITMENT.
THEY DON'T HAVE THE TIME.
THE CALLS FOR SERVICE THAT TIE
US UP FOR MOST OF THE DAY.
SO IF I HAD THIS TEAM OF
DEDICATED OFFICERS AND SEVERAL
HAVE REACHED OUT TO ME ALREADY
WANT TO BE A PART OF THIS UNIT,
I THINK WE'LL BE VERY EFFECTIVE
BECAUSE WE'RE GOING TO BE IN IT
FOR THE LONG TERM NOT JUST GOING
TO PEOPLE'S HOMES OR ON THE
STREETS AND PROVIDING AN INITIAL
RESPONSE, AND THEN WE'RE OUT OF
THEIR LIVES.
I WANT TO STAY INVOLVED AND
ULTIMATELY BE ABLE TO WORK WITH
THE FAMILIES AS WELL, BECAUSE
WHEN YOU BECOME INVOLVED WITH
SOME OF THESE FOLKS ON STREET
AND YOU TALK TO THEM AT LENGTH,
THE FAMILIES HAVE BECOME
DISENFRANCHISED BECAUSE OF THE

DIFFICULTIES OF THE SUBSTANCE
USE DISORDER.
I WANT TO BE ABLE TO REACH OUT
TO FAMILIES AND LET THEM KNOW
WE'RE WORKING WITH THEIR
CHILDREN AND I THINK THAT WILL
HELP THEM GET BACK INVOLVED IN
THEIR CHILDREN'S LIVES AND OFFER
THAT SUPPORT, BECAUSE I THINK
THAT'S GOING TO BE A BIG FACTOR
IN CONTINUING THEIR
REHABILITATION AND ULTIMATELY
MAINTAINING THEIR SOBRIETY.
>> THANK YOU, DEPUTY AND JENNA.
I KNOW BOSTON POLICE -- BOSTON
FIRE, EMS, THEY EXPERIENCE
TRAUMA ALMOST EVERY DAY OR EVERY
SHIFT OR EVERY OTHER DAY OR SO.
WHAT TYPE OF MEDICAL CARE OR
WHAT TYPE OF SERVICES ARE
PROVIDED TO BOSTON FIRE, BOSTON
POLICE, EM -- ESPECIALLY EMS,
EMT?
THEY EXPERIENCE SO MUCH TRAUMA
ALMOST EVERY SINGLE DAY THAT, AT
SOME POINT, IT HAS TO TAKE A
TOLL ON THEM.
WHAT COULD WE DO TO HELP OUR
DEDICATED CITY EMPLOYEES?
>> WELL, LIKE JENNA SAID
EARLIER, COMMISSIONER GROSS, ONE
OF HIS NUMBER ONE PRIORITY IT'S
IS OFFICER WELLNESS AND THE PEER
SUPPORT UNIT THAT WE HAVE IS
CRITICAL.
IT'S BEEN EXPANDED.
ONE OF THE SUPERVISORS OVER
THERE DOES A WONDERFUL JOB
TALKING WITH THE OFFICERS,
TALKING WITH THE LEADERSHIP, AND
HE STAYS INVOLVED.
AND I THINK THAT MAKES IT MORE
COMFORTABLE WITH OFFICERS BEING
ABLE TO GO TO HIM TO SEEK ANY
HELP THAT THEY NEED.
BUT THAT PEER SUPPORT UNIT IS
THERE.
IT'S BEING INCREASED.
AND WE JUST HAVE TO DO A BETTER
JOB OF GETTING RID OF THE STIGMA
SO OFFICERS WILL FEEL MORE
COMFORTABLE AND GOING AND
SEEKING OUT THESE RESOURCES.
>> AND FOR ANDRIA, WHAT CAN WE

DO BETTER IN THE CITY INSTEAD OF
HAVING MENTAL HEALTH COUNCILORS
WORKING -- COUNSELORS WORKING AT
A SCHOOL 2 DAYS A WEEK, 2 1/2
DAYS A WEEK AND THEN GOING TO
ANOTHER SCHOOL FOR 2 DAYS A
WEEK?
I DON'T LIKE THAT SYSTEM.
I WANT A DEDICATED MENTAL HEALTH
COUNSELOR IN EVERY SCHOOL FIVE
DAYS A WEEK.
WHEN YOU'RE AT A SCHOOL FOR TWO
DAYS A WEEK AND THEN YOU HAVE TO
GO TO ANOTHER SCHOOL FOR THREE
DAYS A WEEK, WHAT HAPPENS TO
THAT OTHER SCHOOL THAT IS LEFT
UNOCCUPIED?
AND HAVING SAID THAT, I'M ALSO
CONCERNED ABOUT LANGUAGE ACCESS.
OUR MENTAL HEALTH COUNSELORS,
ARE THEY CHUNCATING --
COMMUNICATING IN THE STUDENT'S
LANGUAGE AND IS THAT MENTAL
COUNSELOR ALWAYS AVAILABLE FOR
THAT STUDENT?
DO THEY SPEAK CANTONESE?
DO THEY SPEAK MANDARIN?
DO THEY SPEAK SPANISH?
DO THEY SPEAK OTHER LANGUAGES?
IT HAS TO BE A BETTER SYSTEM
THAN THAT.
>> LET ME START BY SAYING I
SINCERELY APPRECIATE YOUR
SUPPORT AND THE COUNCIL'S
SUPPORT.
IT'S THROUGH THE SUPPORT OF YES
AND DEPUTY SUPERINTENDENT
CHARLES SCRANTON THAT WE DO HAVE
71 SCHOOL PSYCHS.
SO IN BOSTON PUBLIC SCHOOLS WE
HAVE SCHOOL PSYCHOLOGISTS WHO
ARE LICENSED MENTAL HEALTH
PROVIDERS WHO CAN PROVIDE THAT
CONTINUAL SUPPORT.
WHEN I FIRST STARTED AS AN
ADMINISTRATOR IN OUR DISTRICT,
WE HAD 48 SCHOOL PSYCHOLOGISTS.
SO CURRENTLY HAVING 71 WE'VE
MADE A LOT OF PROGRESS BUT
THERE'S A LOT MORE PROGRESS TO
GO.
WE AGREE WITH YOUR VISION OF
HAVING BEHAVIORAL HEALTH
SUPPORTS IN EVERY SCHOOL EVERY

DAY.
AND WE'VE GOTTEN THERE THROUGH
BLENDING LOTS OF FUNDS FROM
PRINCIPLES -- PRINCIPALS BEING
ABLE TO BUY TIME FROM THE
CENTRAL OFFICE, THE COMMITMENT
FROM THE MAYOR'S OFFICE.
WE ALSO WORK WITH COMMUNITY
MENTAL HEALTH PROVIDERS, AND OF
THEM ARE IN THE ROOM TODAY, LIKE
HOME FOR LITTLE WANDER ESTHAT
BRINGS IN MENTAL HEALTH
COMMISSIONS TO ADD TO THE
SUPPORT THAT WE HAVE INTERNALLY.
SO IT IS A MULTIPRONGED APPROACH
OF INCREASING BEHAVIORAL HEALTH
SERVICES TO STUDENTS.
IN TERMS OF YOUR LING QUISTIC
QUESTION, OUR STAFF IS VERY
DIVERSE IN BEHAVIORAL HEALTH
SERVICES.
WE'VE MADE A VERY CONCERTED
EFFORT SINCE 2007 TO HIRE
RACIALLY AND LING GUESSTICLY
STAFF.
WE DO THAT THROUGH PARTNERING
VERY INTENTIONALLY WITH OUR
UNIVERSITY PARTNERS WHO ARE
AGAIN IN THE ROOM TO TAKE
BILINGUAL CANDIDATES AT THE
UNIVERSITY, BRING THEM TO BPS AS
INTERNS, AND THEN HOPEFULLY HIRE
THEM.
SO WE HAVE SCHOOL PSYCHOLOGISTS
THAT SPEAK SPANISH, RUSSIAN,
HAITIAN CREOLE, PORTUGUESE,
CHINESE CANTONESE, CHINESE
MANDARIN, ARABIC, FRENCH, SIGN
LANGUAGE, AND WE CONTINUE TO,
WITH EVERY NEW HIRE, LOOK FOR,
AGAIN, RACIALLY AND LINGUIST
TICKLY DIVERSE CANDIDATES SO
THEY CAN MEET THOSE LING WISTIC
NEEDS OF OUR STUDENTS.
>> IS THERE A RUNNING LIST OF
KIND OF HOLES IN THE SYSTEM
WHERE IF A STUDENT IS LOOKING
FOR A MENTAL HEALTH COUNSELOR
AND THAT COUNSELOR IS NOT THERE,
DO WE DOCUMENT THAT?
DO WE DOCUMENT THAT, LIKE, SIX
HOURS LATER, THE COUNSELOR IS
ABLE TO SPEAK TO THEM?
>> SO, LET ME JUST START MAYBE

WITH A LITTLE BIT OF CONTEXT
THAT CURRENTLY, MENTAL HEALTH
FUNDING FOR OUR PARTNERS COMES
THROUGH HEALTH AND HUMAN
SERVICES AND DEPARTMENT OF
MENTAL HEALTH TO THE FUNDERS,
NOT DIRECTLY TO SCHOOLS.
SO, THERE'S KIND OF TWO SYSTEMS
TRYING TO WORK TOGETHER TO DO
BEHAVIORAL HEALTH.
THERE'S SCHOOL STAFF AND THEN
THERE'S COMMUNITY PARTNERS THAT
ARE PAID THROUGH MEDICAL
INSURANCE.
AND WHAT WE'VE DONE IN BPS IS
TRY TO BE VERY INTENTIONAL ABOUT
BRAIDING THOSE TWO SYSTEMS TO
GET ACCESS TO CARE FOR STUDENTS.
SO, ONE THING WE HAVE AS AN
EXAMPLE IS OUR SCHOOL-BASED
MENTAL HEALTH COLLABORATIVE, AND
EACH MONTH I LEAD A
COLLABORATIVE WITH DMH AND WE
BRING THOSE PARTNERS IN TO MEET
WITH BPS STAFF SO THAT WE'RE
TRYING TO BRAID THOSE TWO
SYSTEMS OF CARE, AND ACTUALLY,
TODAY AT THIS TIME IS OUR
MONTHLY MEETING, SO SOME OVOUR
PARTNERS CAME TODAY AND ILL
THINK THEY'LL -- I THINK THEY'LL
BE SPEAKING DURING THE OPENING
TESTIMONY SECTION TO TELL BUT
THE WORKS THAT WE'RE DOING.
AND SO, WHEN A STUDENT NEEDS
HELP -- AND IT COMES TO SCHOOLS.
SOMETIMES FAMILIES CHOOSE TO
SEEK HELP THROUGH THEIR PRIMARY
CARE DOCTOR, AND THEY GET HELP
THAT WAY OR THROUGH THEIR
COMMUNITY HELP CENTER.
BUT WHEN THE ISSUE IS KNOWN TO
THE SCHOOL, WE HAVE SCHOOL
STUDENT SUPPORT TEAMS AT EACH
BUILDING THAT.
THAT TEAM IS COMPRISED OF
NURSES, BEHAVIORAL HEALTH
SERVICES STAFF, THE PRINCIPAL,
TEACHERS, AND THEY SIT AND
DISCUSS THE NEEDS OF THE
STUDENT, AND THEY DETERMINE
WHICH INTERVENTIONS MIGHT BE THE
BEST FIT.
AND THEN DO REFERRALS.

AND SOMETIMES SCHOOLS HAVE
PARTNERS IN THEIR BUILDING, AND
THEY CAN REFER THE STUDENT
DIRECTLY TO THE PARTNER THAT'S
IN THEIR BUILDING.
IF NOT, THEN THEY'RE REFERRING
TO THE FAMILIES TO PARTNERS
WITHIN THE COMMUNITY.
SO, IN 125 SCHOOLS, THAT
SYSTEM -- STUDENT SUPPORT SYSTEM
LOOKS A LITTLE DIFFERENT
DEPENDING ON IF IT'S A HUGE
SCHOOL THAT HAS A BROAD STUDENT
SUPPORT TEAM AND MANY MENTAL
HEALTH PARTNERS OR A SMALL
SCHOOL.
BUT THE BEHAVIORAL HEALTH
SERVICES TEAM IS THERE TO HELP
MAKE CONNECTION TO SERVICES FOR
FOLKS.
FOR STUDENTS AND STAFF.
WE DO TRACK WHICH STUDENTS ARE
REFERRED TO FOR SUPPORT AND
WHICH STUDENTS -- AND WHICH
SUPPORT THEY'RE REFERRED TO.
>> I THINK GOING FORWARD, IN MY
CASE, AS A CITY COUNSELOR, I'M
GOING TO HAVE TO SPEND MORE
EFFORT MAKING SURE THAT WE TRY
TO HAVE AS MANY COUNSELORS IN
EACH SCHOOL IN EACH ONE -- YOU
KNOW, WE PARTNER UP WITH THE
VARIOUS LANGUAGE -- THERE'S ALSO
A EARN CAN.
BUT I DIDN'T -- MY FIRST YEAR, I
CAN'T FOCUS ON THAT ALL THAT
MUCH, BUT I SHOULD HAVE DONE A
BETTER JOB RESEARCHING THAT.
BUT HAVING A HANDFUL OF
COUNSELORS AND MOVING THEM FROM
SCHOOL TO SCHOOL IS NOT A GOOD
SYSTEM.
IT'S A SYSTEM FOR FAILURE.
AND WE NEED MORE COUNSELORS IN
THERE.
THE CITY IS BOOMING.
THERE'S SO MUCH MONEY IN THE
SYSTEM, IN THIS SCHOOL, THAT TO
HAVE A HANDFUL OF COUNSELORS AND
NOT ONE COUNSELOR IN EACH SCHOOL
IS -- IS NOT A GOOD SYSTEM.
SO THAT'S SOMETHING GOING
FORWARD I THINK WE'RE GOING TO
HAVE TO FOCUS ON.

I JUST HAVE ONE MORE QUESTION.
>> QUICK.
PLEASE.
THANK YOU.
>> THAT'S OKAY.
NO, WE'LL DO ANOTHER ROUND.
THAT'S OKAY.
YOU SURE?
I'M FINE.
THANK YOU, COUNCILOR.
COUNCILOR CAMPBELL.
>> THANK YOU, COUNCILOR ESSAIBI
GEORGE.
AND THANK FOR YOU HOSTING THIS
AND FOR YOUR WORK THROUGH THE
COMMITTEE ON THIS WORK, ON THIS
IMPORTANT ISSUE.
THANK YOU TO ALL THE PANELISTS
AS WELL FOR BEING HERE.
I MAY NOT BE ABLE TO STAY FOR
THE WHOLE HEARING BUT I'LL
ABSOLUTELY REVIEW THE TAPE AND I
KNOW THERE'S A LOT WE'RE TAKING
IN.
I THINK COUNCILOR ESSAIBI GEORGE
DESIGNED THE HEARING SO THAT WE
CAN HAVE INTERACTION AND BE ABLE
TO FOLLOW UP.
I WAS FOCUSED ON THE DATA PIECE.
I REPRESENT DISTRICT 4, WHICH IS
LARGELY DORCHESTER, MATTAPAN, A
LITTLE BIT OF JAMAICA PLANE AND
ROSLINDALE.
SO THE DATA THAT YOU PUT FORTH
REFLECTS WHAT WE SORT OF TALK
ABOUT ON THE GROUND IN THE
COMMUNITY, THE LARGEST IMPACT
AFFECTING BLACK MEN AND BLACK
YOUNG MEN.
AND THAT DATA POINT IS PROBABLY
TRUE FOR SO MANY DIFFERENT
CATEGORIES.
RIGHT?
SO WE KNOW THAT RACE PLAYS A
ROLE IN THIS.
WE KNOW THAT SYSTEMIC RACISM AND
OTHER THINGS PLAY A ROLE IN
THESE NUMBERS.
SO I APPRECIATE DEEPLY THE WORK
THAT YOU GUYS ARE DOING TO
ADDRESS IT.
I JUST WANT TO, I GUESS, A
COUPLE OF FOLLOW-UP QUESTIONS.
ONE WAS SPECIFICALLY AROUND

REACH.
HOW DO YOU REACH THOSE
INDIVIDUALS THAT ARE TOUGH TO
REACH?
AND WHAT I MEAN BY THAT IS I
HOSTED A PUBLIC SAFETY MEETING
RECENTLY IN THE DISTRICT.
THERE WAS A SHOOTING RIGHT
OUTSIDE MEETING LITERALLY AS WE
WERE HAVING THE MEETING.
AND WE SORT OF WERE TALKING
ABOUT MENTAL HEALTH AT THE TIME
THAT INCIDENT WAS HAPPENING
OUTSIDE.
IN TALKING ABOUT THE IMPORTANCE
OF NOT JUST REACHING RESIDENTS
OR, QUOTE-UNQUOTE, VICTIMS BUT
MAYBE THOSE WHO ARE GANG
INVOLVED, IMPACT PLAYERS,
PERPETRATORS, WHO ALSO HAVE
SERIOUS MENTAL HEALTH CONCERNS
AND ARE BEST PARTICIPATING IN
CERTAIN TYPES OF BEHAVIORS AS A
RESULT.
SO I'M CURIOUS HOW WE GO AFTER
REACHING THOSE INDIVIDUALS.
AND ANYONE CAN SORT OF SPEAK TO
THIS QUESTION.
>> IT'S A VERY IMPORTANT
QUESTION THAT YOU RAISE, AND
REACHING THE UNDERSERVED AND THE
PARTICULARLY VULNERABLE
POPULATION IS AN ESPECIALLY
DIFFICULT CHALLENGE FOR ALL
COMMUNITIES.
MANY OF THESE PEOPLE WHO ARE
DEALING WITH MENTAL ILLNESS,
SUBSTANCE USE DISORDER, THAT IS
PROBABLY, IF NOT TOO LATE, BUT
AT LEAST ONE PORTAL OF ENTRY FOR
SERVICES.
I'D LIKE TO MENTION OUR VETERAN
JUSTICE OUTREACH PROGRAM IN THE
VA, WHICH WORKS WITH A NUMBER OF
DIFFERENT VETERAN JUSTICE COURTS
TO PROVIDE TREATMENT AND
DIVERSION TO INVOLVEMENT IN THE
CRIMINAL JUSTICE SYSTEM,
INCARCERATION, ETC.
SO FOR THAT POPULATION AT RISK
WHO ARE ENGAGED IN CRIMINAL
BEHAVIOR, I THINK THAT'S AN
IMPORTANT PIECE THAT WE NEED TO
KEEP ON THE TABLE WORKING WITH

BOSTON POLICE AND LOCAL COURTS
TO IDENTIFY THOSE MENTAL HEALTH
NEEDS AND PROVIDE TREATMENT,
EITHER AS DIVERSION TO
SENTENCING OR TRUE MENTAL HEALTH
TREATMENT WITHIN THE CONTEXT OF
OUR JAILS AND PRISONS.
30% OF THE MENTAL HEALTH-CARE
THAT GOES ON IN THE UNITED
STATES HAPPENS IN THE CONTEXT OF
PRISONS AND JAILS.
SO, THIS POPULATION IS
VULNERABLE TO ENGAGING IN
UNLAWFUL BEHAVIOR AND OFTEN GETS
TREATED WITHIN THAT CONTEXT.
I'D LIKE TO SEE A SYSTEM WHERE
THESE PEOPLE ARE DIVERTED FROM
INCARCERATION, WHO ARE TREATED
IN THEIR COMMUNITIES, GET
RECONNECTED WITH THE SUPPORT
SYSTEMS IN THEIR COMMUNITIES TO
REBUILD PRODUCTIVE LIVES.
>> HI.
I'D LIKE TO JUST MENTION OUR
VISION OF VIOLENCE PREVENTION.
SO THE IDEA BEHIND THE
NEIGHBORHOOD TRAUMA TEAMS AS
WELL AS OUR VILLAGE IN PROGRESS
PROGRAMS IS TO CONNECT
CLINICIANS AND COMMUNITY
ORGANIZATIONS THAT ARE FAMILIAR
WITH COMMUNITY MEMBERS.
SO, SPEAKING TO YOUR POINT ABOUT
THOSE OUT IN THE COMMUNITY WHO
MIGHT BE PERPETRATORS, WHO ARE
JUST IN THE COMMUNITY IN NEED
SERVICES, BY UTILIZING COMMUNITY
ORGANIZATIONS, THEY BECOME --
THEY ARE AWARE OF THESE -- OF
THESE INDIVIDUALS WHO MIGHT NEED
HELP AND ARE RESPEETEDLY --
REPEATEDLY AVAILABLE, SO THAT
THEY CAN BUILD THAT TRUST IN
ORDER TO CONNECT THESE CLIENTS
BACK INTO SERVICES.
SO, IT'S ABOUT -- IT'S ABOUT
ACTUALLY GOING OUT ON A REGULAR
BASIS.
I THINK THE VILLAGE IN PROCESS
PROGRAM REALLY SPEAKS TO THAT.
THEY FORM PARTNERSHIPS WITHIN
THE COMMUNITY NOT JUST BECAUSE
THEY ARE SUFFERING A SPECIFIC
TRAUMA BUT THEY'RE BUILDING THE

RESILIENCY HOPEFULLY TO PREVENT
THE TRAUMA IN THE FUTURE.
>> A FEW THINGS THAT JUST CAME
TO MIND WHEN YOU ASKED THAT
QUESTION IS ONE IS THE HUB TABLE
WHICH I THINK IS REALLY KEY WHEN
SOMEBODY IS CRIMINALLY INVOLVED
OR AT RISK FOR SUICIDE.
THE BOSTON POLICE INVEST AND A
LOT OF THE OTHER PARTNERS IN THE
ROOM HAVE BEEN IDLY INVOLVED IN
THE COMMUNITY JUSTICE WORKSHOP
WHICH IS A STATEWIDE EFFORT
WHERE THEY DO MAPPINGS.
I THINK THESE ARE REALLY
IMPORTANT BECAUSE THEY LOOK AT
THE ENTIRE CRIMINAL JUSTICE
SPECTRUM AND THE WAY PEOPLE CAN
BE INTERCEPTED FROM THE CRIMINAL
JUSTICE SYSTEM SO EVEN IF YOU'RE
PRETTY FAR IN, YOU'VE ALREADY
SERVED TIME FOR A VIOLENT
OFFENSE, WHATEVER, IT'S NEVER
TOO LATE TO TRY AND INTERVENE
AND TRY TO GET YOU THE RESOURCES
YOU NEED AND THE HELP FROM THE
COMMUNITY, FROM INTERCEPT ZERO
ALL THE WAY TO RE-ENTRY, FIVE.
AND FINALLY, I'LL DEFER OVER TO
DEPUTY STRATTON BUT I ALSO
THOUGHT IMMEDIATELY OF IF WE
WERE ABLE TO DO THIS PROACTIVE
UNIT, FOCUSING ON THOSE HIGH
UTILIZERS, I THINK THAT'S REALLY
KEY IN WORKING WITH EMS AND
BEST.
IF THE SAME PEOPLE ARE BEING
SEEN OVER AND OVER AGAIN FOR
CRIME AND OVERDOSES, THESE ARE
HIGH UTILIZERS OF THE SYSTEM AND
I THINK HAVING A PROACTIVE UNIT
THAT CAN ADDRESS THAT AND
PROVIDE FOLLOW-UP I THINK WILL
BE REALLY KEY.
>> YEAH, I THINK IT'S CONTINUED
OUR REACH IN COMMUNICATION.
COMMUNICATION IS THE KEY.
WE'VE GOT TO WORK WITH ALL OF
OUR PARTNERS.
IT'S NOT JUST THE POLICE.
DEPARTMENT OF MENTAL HEALTH,
OUTREACH WORKERS, COUNSELORS,
THE BEST TEAM, CLINICIANS, THE
RECOVERY SERVICES.

I THINK IF WE GET INVOLVED AND
BRING ALL THE PEOPLE TO THE
TABLE THAT CAN OFFER THE
DIFFERENT RESOURCES THAT THEY'RE
GOING TO NEED, WE'RE GOING TO BE
MORE EFFECTIVE.
BUT IT'S THE COMMUNICATION,
BRING THE CHURCH BACK INTO THE
EQUATION, CONSTANT OUTREACH, AND
BREAK DOWN THE BARRIERS.
WE GOT TO DO BETTER JOB AT
MEETING PEOPLE IN THEIR HOMES
AND ON THE STREET AND JUST
ENGAGING IN COMMUNICATION AND
LETTING THEM KNOW WE'RE THERE TO
HELP.
DIVERSION WHERE NECESSARY.
THE INTERCEPT MODEL, WE'RE GOING
TO BE ENGAGED IN FOLKS AT MANY
DIFFERENT LEVELS.
HOPEFULLY, WE CAN GET THEM SOON
OR THROUGH EDUCATION IN THE
SCHOOLS.
BUT WE'RE NOT GOING TO GIVE UP,
AT MANY DIFFERENT LEVELS AND IT
GOES BACK TO SECTION 35 AND
SECTION 12 HEARINGS, GOING TO
THE COURT AND BE A PART OF THAT
DISPOSITION FROM THE COURT.
WHERE ARE THEY GOING?
WHAT KIND OF TREATMENT ARE THEY
RECEIVING?
AND HOW CAN WE HELP?
AND WHAT ARE WE GOING TO DO WHEN
THEY COME BACK OUT?
I THINK IF WE CONTINUE THE
OUTREACH AND THE TEAM CONCEPT
WITH ALL OF OUR PARTNERS, WE'LL
BE EFFECTIVE.
>> THIS IS EXTREMELY HELPFUL.
AND I DO WANT TO GO ON RECORD AS
WE GO INTO THE NEW FISCAL YEAR
NEXT YEAR AND BUDGET HEARINGS,
FULLY SUPPORT THE UNIT YOU'RE
TALKING ABOUT, MORE BEST
CLINICIANS.
I THINK WE DO HAVE THE RESOURCES
TO DO THIS WORK.
I WILL TELL YOU I THINK WE PUT A
LOT ON OUR PUBLIC SAFETY
AGENCIES IN RESPONDING,
PARTICULARLY POLICE, AND THIS
EXPECTATION THAT YOU GUYS CAN
SOLVE ALL THIS BY THEMSELVES.

I DO THINK A LOT ABOUT THE
OFFICERS WHO HAVE TO DAY IN AND
DAY OUT DEAL WITH INCIDENTS OF
VIOLENCE OR EVEN THINGS THAT MAY
BE SMALL BUT SOMEONE SPITTING IN
YOUR FACE OR SOMEONE THROWING
SOMETHING AT YOU, AND THERE'S NO
SORT OF REQUIREMENT THAT YOU GO
BACK TO COUNSELING AFTER
SOMETHING LIKE THAT.
SO, I WANT TO DEFINITELY
CONTINUE THE CONVERSATIONS
AROUND WELLNESS.
I WILL ADD AND JUST TO ME
MINDFUL OF TIME, THE PIECE ABOUT
STIGMA, THE ADDITIONAL LAYER
THAT YOU WERE TALKING ABOUT,
THAT FOLKS IN THE COMMUNITY
FEELING AS THOUGH FEELING SAD OR
DEPRESSED IS A NORMAL WAY OF
BEING.
RIGHT?
A NORMAL WAY OF BEING IN THIS
SORT OF LIFE.
THAT IS HUGE AMONGST YOUNG
PEOPLE.
A LOT OF THE THINGS WE DID A LOT
OF THE LISTENING IN THIS
MEETING.
THAT'S WHAT IMCAUP FROM THE --
CAME UP FROM THE 19-YEAR-OLD KID
TO THE 71-YEAR-OLD MAN WHO WAS
IN OUR MEETING IN TALKING ABOUT
FEAR AND FEELING FEAR AND BEING
AFRAID, AND THINKING THAT'S SORT
OF A COMMON WAY OF LIVING,
WHICH, OF COURSE, IT ISN'T.
SO I LOOK FORWARD TO BEING A
PART OF THE WORK.
AND CIRCLING BACK WITH MANY OF
YOU ON HOW WE PUSH THE CITY TO
PUT THE RESOURCES TO THESE TYPES
OF INITIATIVES AND TO COME
TOGETHER AROUND THIS.
BUT THANK YOU SO MUCH FOR THE
WORK YOU DO AND FOR THE FOLKS IN
THE AUDIENCE AS WELL.
THANK YOU, COUNCILORS.
>> THANK YOU, COUNCILOR
CAMPBELL.
I DO THINK WHAT DR. BRADLEY
STARTED WITH CERTAINLY IS
MEANINGFUL TO SERVICE MEMBERS.
I JUST WANT TO READ FROM YOUR

PRESENTATION BECAUSE I THINK WE
CAN REPLACE SERVICE MEMBER WITH
ANY OTHER CONSTITUENCY IN THE
CITY OF BOSTON CERTAINLY.
BUT WHEN SERVICE MEMBERS
TRANSITION SUCCESSFULLY INTO
THEIR COMMUNITIES, BECOME WELL
INTEGRATED INTO SUPPORT SYSTEMS
AND ACHIEVE FINANCIAL AND
OCCUPATIONAL STABILITY WITHIN
THEIR COMMUNITIES -- THOSE
COMMUNITIES, THE RIS, OF
MALADJUSTMENT AND ULTIMATELY
SUICIDE IS DIMINISHED.
WE CAN TAKE ANY ONE OF THE OTHER
DEMOGRAPHICS WE TALKED ABOUT
TODAY.
I APPRECIATE YOU SHARING THAT.
ALSO, DR. BRADLEY, IN YOUR
PRESENTATION, YOU MENTIONED THE
REGIONAL REFERRAL SYSTEM FOR
ACUTE AND SUBACUTE PSYCHIATRIC
AND PATIENT CARE.
WITH THE 124 BEDS, CAN YOU TALK
ABOUT WHERE THOSE BEDS ARE
SITUATED?
>> CERTAINLY.
THOSE BEDS ARE SITUATED AT VA
BOSTON'S BROCKTON CAMPUS.
SO JUST OUTSIDE OF THE CITY.
AND 55 OF THOSE ARE FOR ACUTE
PSYCHIATRIC STABILIZATION AND
THEN WE HAVE A 55 OF HAD BED
STEPDOWN UNIT AND 14 BEDS THAT
ARE DEDICATED SPECIFICALLY FOR
SUBSTANCE USE, DETOXIFICATION.
>> CAN YOU TALK ABOUT JUST
BRIEFLY ABOUT THE -- BECAUSE I
KNOW DEPUTY STRATTON TALKED
ABOUT THE IMPACT ON SOME OF OUR
OFFICERS AND ON OUR
FIREFIGHTERS.
BUT THERE'S A VERY -- THERE'S
OFTEN A COMMON RELATIONSHIP TO
VETERANS SERVICES.
CAN YOU TALK A LITTLE BIT ABOUT
THE OVER-HAPPEN LAP THAT --
OVERLAP THAT NIGHT EXIST?
>> CERTAINLY.
AS DEPUTY AS MENTIONED, MANY OF
THE POLICE AND FIRE AND FIRST
RESPONDERS WITHIN THE CITY AND
AROUND THE COMMONWEALTH ARE
VETERANS THEMSELVES.

I'VE HEARD ESTIMATES UP TO 80%
IN SOME DEPARTMENTS.
SO THERE'S A HUGE OVERLAP BOTH
IN THEIR OCCUPATIONAL EXPOSURES
TO COMBAT MILITARY SERVICE AND
VIOLENCE ON THE STREET AND ALSO
AN OVERLAP IN TERMS OF THEIR
ELIGIBILITY FOR ALL SORTS OF
SUPPORT SERVICES, BOTH WIN.
THE VA -- WITHIN THE VA AND MANY
WHO MIGHT CHOOSE TO USE THEIR
PRIVATE HEALTH INSURANCE FOR
CARE.
SO, THERE'S A TREMENDOUS
OPPORTUNITY FOR PARTNERSHIP
WITHIN POLICE AND FIRE AND FIRST
RESPONDERS WITH THE VAMENT IN --
VA IN MANAGING THESE VETERAN
SERVICE MEMBER PUBLIC SERVANTS
AND PROVIDING RESOURCES TO THEM
AND ASSISTANCE WITH ADJUSTMENT
IN THE WAKE OF TRAUMA.
>> IS THAT MODEL AT ALL FOLLOWED
IN OTHER SECTORS?
WHEN WE THINK ABOUT OUR YOUNG
PEOPLE WE THINK ABOUT THE LGBT
COMMUNITY.
WE THINK ABOUT OTHER SPECIFIC
DEMOGRAPHICS THAT ARE
DISPROPORTIONATELY IMPACTED.
HAS YOUR MODEL BEEN COPIED IN
OTHER SECTORS?
>> I'M NOT CERTAIN TO THE DEGREE
IT'S BEEN COPIED FOR LGBT GROUPS
OR OTHER DEMOGRAPHICS.
I KNOW THERE IS A PILOT PROJECT
THAT WE'RE EMBANGING ON HERE IN
THE -- EMBARKING ON HERE IN THE
COMMONWEALTH BETWEEN VA BOSTON
AND THE BEDFORD VA AND MANY OF
THE UNIVERSITIES IN THE
COMMONWEALTH TO PROVIDE VETERAN
ADJUSTMENT SERVICES TO
EDUCATIONAL BENEFITS AND
COUNSELING FOR INTEGRATION BACK
INTO THE EDUCATION SYSTEM AFTER
A PERIOD OF SERVICE.
SO, THAT'S ANOTHER, I THINK,
PROMISING COLLABORATIVE THAT IS
GOING ON.
>> THANK YOU FOR THAT.
AND THANK YOU FOR YOUR WORK AND
FOR BEING HERE TODAY.
ON THE BEST CLINICIANS,

COUNCILOR PRESSLEY AND I WORKED
HARD A COUPLE YEARS AGO,
PROBABLY TWO BUDGETS AGO, ON
GETTING FOUR CLINICIANS FUNDED
THROUGH OUR OPERATIONAL BUDGET,
PLUS THE TWO GRANT FUNDED
POSITIONS WHICH WOULD BE SIX.
I KNOW WE'RE TALKING ABOUT FIVE
BECAUSE OF SOME OF THE NUANCES
WITH FUNDING.
HOW MANY WOULD YOU LIKE, DEPUTY
STRATTON?
[LAUGHTER]
>> 11 DISTRICTS, I THINK?
22.
>> NO, I THINK IT'S IMPORTANT TO
KNOW THOSE NUMBERS.
I KNOW IT'S CERTAINLY AIMING FOR
SOMETHING BUT WE NEED GOALS TO
SET WHEN WE'RE LOOKING FOR
RESOURCES.
>> WE'D LOVE TO HAVE ONE IN
EVERY STATION.
AND IF THEY COULDN'T BE WITH
EVERY OFFICER ON EVERY SHIFT, AT
LEAST THEY WOULD BE A RESOURCE
FOR THE OTHERFICERS TO
COMMUNICATE WITH THROUGH THE
SHIFTS AND JUST GET SOME ADVICE
ON HOW TO HANDLE CERTAIN
SITUATIONS.
LIKE, EVEN IF THE CLINICIAN
WASN'T ON THE SPECIFIC CALL,
THEY COULD COME BACK TO THE
STATION, ARE TALK WITH THE
CLINICIAN, GET SOME ADVICE ON
HOW IT COULD HAVE BEEN HANDLED A
LITTLE DIFFERENTLY, A LITTLE
BETTER OR, AGAIN, CALL THEM OVER
THE RADIO IF THEY'RE AVAILABLE.
WE'RE GETTING MORE AND MORE
CALLS -- MENTAL HEALTH-RELATED
CALLS FOR SERVICE.
SO I THINK THE MORE CLIPITIONS
WE HAVE, THE BETTER WE CAN
ADDRESS THOSE RADIO CALLS.
>> JENNA WANTS TO ADD.
WE WERE GOING TO ASK FOR A
NUMBER, I WOULD SAY IT WOULD BE
CLOSE TO 30, ACTUALLY, BECAUSE
IF YOU HAVE -- THE 11 DISTRICTS,
TWO SHIFTS, THAT'S 22, PLUS
WEEKENDS WHICH WE'VE NEVER HAD
COVERAGE FOR.

PLUS I THINK IT WOULD BE
IMPORTANT TO HAVE CLINICIANS
ASSIGNED SPECIFICALLY TO THOSE
PROACTIVE UNIT SO I'D SAY UP TO
30 WOULD BE GREAT.
>> I ALSO KNOW THAT THE TRAINING
THAT OUR OFFICERS GO
THROUGH THROUGH THE TRAINING
PROGRAM THROUGH SCHOOL,
THROUGH --
>> ACADEMY.
THE ACADEMY.
THANK YOU.
THROUGH THE ACADEMY IS REALLY
HELPFUL AND THAT HAS CHANGED
OVER TIME.
SO, AS WE INCREASE AND SUPPORT
THAT WORK, IT'S REALLY
IMPORTANT.
I KNOW WE HAVE A BEST CLINICIAN
WHO IS A FORMER POLICE OFFICER.
>> WE DO.
HICH IS REALLY FANTASTIC
WHEN WE THINK ABOUT THE WAY THAT
HE AND HIS NEW LINE OF WORK CAN
REALLY SUPPORT OUR RESIDENTS
ACROSS THE CITY.
SO, I LOOK FORWARD TO THAT AND
THINK THAT IT WILL BE VERY
HELPFUL GOING FORWARD.
AND WE HAD A PRESENTATION HERE
MAYBE TWO MONTHS AGO, CITY
COUNCIL CHAMBERS ON SUICIDE
PREVENTION AND WE'LL HEAR FROM
THEM LATER BUT ONE OF THE
CONCERNS I HAVE -- AND, KELLY,
THIS QUESTION IS FOR YOU,
BECAUSE YOU GAVE US A COUPLE OF
NUMBERS, PHONE NUMBERS, IT WOULD
BE REALLY WONDERFUL IF ALL OF
THE ORGANIZATIONS AND THE
AGENCIES THAT PROVIDE THIS WORK
COULD SETTLE ON ONE PHONE
NUMBER.
>> [OFF MIC]
MASSACHUSETTS.
AND THEY ALL HAVE DIFFERENT
NUMBERS.
FOUR OF THEM ARE SAMARITANS
BRARCHS SO THEY FOLLOW THE
STATEWIDE NUMBER IS THE FIFTH
ONE DOES NOT.
SO I AGREE WITH YOU.
I THINK THAT WOULD BE CRITICAL.

I'M NOT SURE IF PEOPLE ARE AWARE
THAT THE NATIONAL SUICIDE
PREVENTION LIFE LINE IS -- THERE
WAS CURRENTLY ENACTED THERE'S A
STUDY GOING ON, A SURVEY OF
ABOUT IMPLEMENTING A
THREE-NUMBER CALL.
LIKE A 911.
SO THAT WHEN YOU CALL THAT
NUMBER, IT WOULD GET YOU JUST TO
NFPL.
AND THEY ALSO HAVE PRESS 1 FOR
VETERANS.
SO THAT'S ANOTHER WAY FOR
VETERANS TO BE A PART OF THAT.
IN MASSACHUSETTS,
SPANISH-SPEAKING CALLERS WHO
CALL THE NFPL NUMBER, THEY'RE
THE SECOND HIGHEST NUMBER OF
CALLERS IN THE COUNTRY.
SO I THINK IT'S REALLY CRITICAL
FOR US TO BE ABLE TO HAVE THE
ONE NUMBER LIKE THAT AS WELL.
>> I DIDN'T REALIZE THAT NUMBER.
WOW.
THANK YOU FOR SHARING THAT.
AND I WANT TO HAVE AN
OPPORTUNITY TO SHARE THOSE
NUMBERS AGAIN.
AND ANDRIA, CERTAINLY SUPPORT
AND ECHO COUNCILOR FLYNN'S
DESIRE TO HAVE SUPPORT
PROFESSIONALS IN ALL OF OUR
SCHOOL BUILDINGS FULL TIME.
WITH SOME OF THE ACTS THAT YOU
PRESENTED TO US THROUGH THE
SANDY HOOK PROMISE AND THEIR
WORK, WHO'S MONITORING THE APPS?
>> SO, ONCE THEY GET LAUNCHED,
WE HAVE A CENTRAL OFFICE SAFETY
TEAM THAT ALREADY EXISTS FOR THE
CRISIS RESPONSE.
THE WAY WE'RE HANDLING IT IS WE
ALREADY HAVE A VERY ROBUST
DISTRICT-LEVEL CRISIS TEAM THAT
WORKS VERY CLOSELY WITH THE
BOSTON POLICE DEPARTMENT AND
SERGEANT DETECTIVE SEXTON.
SO IT WILL BE OUR SAME TEAM AT
THE CENTRAL OFFICE AND
SCHOOL-BASED OFFICE RESPONDING
WITH A NEW SOURCE OF
INFORMATION.
SO IT WILL BE MY STAFF, THE

SCHOOL PSYCHOLOGIST AND SOCIAL
WORKERS THAT WORK FOR ME THAT
ARE ON THE CRISIS TEAM.
WE WILL BE WORKING IN
CONJUNCTION WITH SCHOOL-BASED
SOCIAL WORKERS IF THAT SCHOOL
HAS ONE, AND IF NOT, THE
BEHAVIORAL HEALTH SERVICES TEAM
WILL OWN THAT RESPONSE.
>> GREAT.
I WORRY ABOUT BRINGING A NEW APP
ONLINE THAT I THINK IS IMPORTANT
TO HAVE, BUT WE NEED TO MAKE
SURE WE'RE ABLE TO PICK UP THOSE
COMMUNICATION THAT SOMEONE IS
RESPONSIBLE FOR THAT
COMMUNICATION ALONG THE WAY.
BECAUSE I THINK IT COULD BE A --
IT'S A REALLY WONDERFUL TOOL --
WONDERFUL TOOL THAT WE NEED TO
HAVE.
WE JUST NEED TO MAKE SURE THAT
WE CAN UTILIZE IT, BECAUSE IF
SOMEONE'S SENDING MESSAGES AND
WE'RE NOT ABLE TO RESPOND, THAT
CAN CREATE A GREATER CRISIS THAT
WE WOULD LIKE TO AVOID.
>> SO, THE ANONYMOUS REPORTING
6TILE GETS MONITORED 24 HOURS
DAY BY A NATIONAL CALL CENTER
AND THEN THE CALLS GET PUSHED
BACK DOWN TO BPS AND BPD TO WORK
COLLABORATIVELY TO ADDRESS THEM.
>> GREAT.
THAT'S THE ANSWER I WANTED.
I APPRECIATE THAT.
THANK YOU VERY MUCH.
COUNCILOR FLYNN, DO YOU HAVE
#QUESTION FOR THIS PANEL BEFORE
WE LET THEM GO?
>> I DON'T HAVE ANY QUESTIONS.
I JUST WANT TO SAY THANK YOU FOR
BEING HERE AND MORE IMPORTANTLY
THANK YOU FOR ALL YOUR DEDICATED
YEARS OF HELPING SO MANY PEOPLE
ACROSS BOSTON.
THANK YOU.
>> THANK YOU, COUNCILOR FLYNN.
YOU'RE CERTAINLY WELCOME TO
STAY.
I APPRECIATE YOUR TIME THIS
MORNING.
WE RAN OVER.
BUT I THINK WE RAN OVER WITH

GOOD REASON.
AT THIS POINT, I'M GOING TO --
WHILE YOU ARE EXISTING, I'M
GOING TO CALL UP A FEW PEOPLE
FOR AN OPPORTUNITY FOR PUBLIC
TESTIMONY PRIOR TO THE SECOND
PANEL.
IS BRANDY OAKLEY HERE?
YOU'RE GOING TO TESTIFY ON
BEHALF OF BRANDY.
ARE YOU BLAKE?
OKAY.
>> [OFF MIC]
ABOUT SOFT WORK WE'VE DONE.
SO MY NAME IS JAKE.
I'M AN OUTREACH DIRECTOR AT
ADVOCATE EXCELLENCE FOR BOSTON.
WE'RE A BOSTON-BASED NONPROFIT
THAT'S FOCUSED ON GIVING A VOICE
TO TEACHERS AND EDUCATORS.
AND THIS MORNING I'LL BE SHARING
QUOTES FROM TEACHERS WHO COULD
NOT BE HERE IN PERSON TODAY.
THANK YOU FOR PROVIDING ME THE
OPPORTUNITY TO SHARE THEIR
THOUGHTS WITH YOU.
AS PART OF OUR EFFORTS, WE'VE
SURVEYED MORE THAN A THOUSAND
BOSTON EDUCATORS ABOUT THEIR
EXPERIENCES OVER THE 2016-2017
SCHOOL YEAR.
91% STATED STUDENT TRAUMA POSES
A MAJOR PROBLEM IN THEIR
CLASSROOM.
WELL OVER 500 OVERWHELMINGLY
IDENTIFIED BUILDING STRONG
RELATIONSHIPS AS A KEY FACTOR TO
FOCUS ON WHEN WORKING TO IMPROVE
SCHOOL CULTURE.
LAST THING TEACHER MEMBERS CAME
BEFORE YOU TO ADVOCATE ON BEHALF
EVER OF THEIR STUDENTS AND URGE
BPS TO HIRE MORE EXPERTS.
I'VE BEEN HARDENED TO HEAR BETH
OF YOU HIGHLIGHT HOW IMPORTANT
IT IS TO HAVE THOSE STAFF IN
THAT SCHOOL.
SO IT'S GREAT.
SOUND IT'S LIKE WE'RE BUILDING
MOMENTUM.
THE STORIES THEY SHARED THIS
PAST SPRING IN MAY, A EDGE TOER
AT NEW MISSION HIGH SCHOOL
SHARED WITH YOU THE NEED SHE

SEES FOR INCREASED SUPPORT
SAYING THAT NEARLY EVERY TEACHER
HAS STUDENTS IN THEIR CLASS WHO
HAVE EXPERIENCED TRAUMA.
I'M USING HER WORDS.
I AM ASKING YOU TO MAKE SURE
STUDENTS ALL HAVE ACCESS TO ACCESS TO
APPROVAL PROFESSIONALS -- ACCESS
TO PROFESSIONALS, WHO CAN DEAL
WITH HOMELESSNESS, DEPRESSION
AND MENTAL HEL IILLNESS.
STUDENTS DEALING WITH THESE AND
OTHER CHALLENGES EVERY DAY AND
WHAT I'VE SHARED TODAY IS BASED
EXCLUSIVELY ON WHAT MY STUDENTS
HAVE EXPERIENCED OVER THE LAST
THREE SCHOOL YEARS.
ALSO ANOTHER TEACHER SHARED A
STORY ABOUT A STUDENT NAMED
KATHERINE WHOSE EMOTIONAL PAIN
WAS KEEPING HER FROM ATTENDING
SCHOOL.
THE STUDENT OPENED UP TO HER
TEACHER ABOUT WHAT WAS GOING ON.
AND THOUGH HE WAS ABLE TO CALL A
MEETING WITH HIMSELF, THE
STUDENT AND A SCHOOL
PSYCHOLOGIST, THEY WERE ABLE TO
ENSURE SHE WOULD BE SAFE AND
CREATED A LONG-TERM PLAN FOR
SUCCESS.
IMMEDIATELY AFTER THIS MEETING,
THEY OBSERVED A DRASTIC
IMPROVEMENT IN HER ATTENDANCE
AND ACADEMIC PERFORMANCE BUT IT
TOOK A COLLECTIVE INTERVENTION
OF A TEAM AND HER FAMILY TO MAKE
THIS HAPPEN.
I'LL JUST WRAP UP BY SAYING OUR
ACCESS TO MENTAL HEALTH --
BUILDING BETWEEN STUDENTS AND
STAFF BEYOND ACADEMIC SUPPORT.
AGAIN, I'M REALLY APPRECIATIVE
THAT YOU GUYS ARE HIGHLIGHTING
THIS ISSUE AND I HOPE TO KEEP
PARTNERING WITH YOU.
IN ADDITION TO THIS
CONVERSATION, THE CITY COUNCIL
SHOULD ENSURE FUNDING SHOULD BE
ALLOCATED FOR STUDENTS TO GET
THE RECOMMENDED RATIOS AND THAT
THE DISTRICT IS PRIORITIZING
EMOTIONAL WELLNESS FOR EDUCATORS
AND STUDENTS.

WE ALSO NEED TO CONTINUE TO
ENCOURAGE SCHOOL TO SUPPORT
EDUCATORS AND OTHER SCHOOL-BASED
TO BUILD BONDS TRUSTS WITH THEIR
STUDENTS.
THANK YOU FOR TAKING THE TIME
TODAY AND THANKS FOR YOUR
CONTINUED EFFORTS TO SUPPORT
BOSTON'S NEXT GENERATION.
>> THANK YOU.
I HAVE --
WE'LL COME COLLECT THEM.
THANK YOU.
AND THEN LESLIE FEINBERG FROM
HOME BASE.
>> THANK YOU, COUNCILORS.
FOR YOUR LEADERSHIP AND INVITING
HOME BASE TO ATTEND THIS
IMPORTANT HEARING ON MENTAL
HEALTH AND SUICIDE PREVENTION.
MY NAME IS LESLIE FEINBERG.
I'M THE DIRECTOR OF GOVERNMENT
RELATIONS AND SPECIAL PROJECTS
AT HOME BASE, MASSACHUSETTS
GENERAL HOSPITAL PROGRAM.
MASSACHUSETTS IS HOME TO
APPROXIMATELY 380,000 OF THE
MORE THAN 21 MILLION INDIVIDUALS
WHO FORMERLY SERVED IN THE U.S.
ARMED FORCES.
AN AVERAGE OF 20 VETERANS DIE BY
SUICIDE EACH DAY.
THIS TROUBLING STATISTICS
HIGHLIGHTS THE CRITICAL NEEDS
FOR ACCESS TO MENTAL HEALTH-CARE
FOR OUR RETURNING VETERANS.
HOME-BASED OPERATES THE FIRST
AND LARGEST PRIVATE SECTOR
CLINIC IN THE NATION DEVOTED TO
HEALING THE INVISIBLE WOUNDS OF
WAR SUCH AS POST-TRAUMATIC
STRESS, TRAUMATIC BRAIN INJURY,
ANXIETY, DEPRESSION, SUBSTANCE
USE DISORDER, MILITARY SEXUAL
TRAUMA, FAMILY RELATIONSHIP
CHALLENGES AND OTHER ISSUES
ASSOCIATED WITH MILITARY
SERVICE.
HOME BASE HAS SERVED 19,000
VETERANS AND FAMILY MEMBERS WITH
CARE AND SUPPORT AND TRAINED
MORE THAN 70,000 CLINICIANS,
EDUCATORS, AND COMMUNITY MEMBERS
THROUGHOUT THE COUNTRY.

HOME BASE IS COMMITTED TO
ELIMINATING BARRIERS TO MENTAL
HEALTH-CARE.
WE ARE UNIQUE IN THAT ONE, WE
TREAT THE ENTIRE FAMILY, TWO, WE
TREAT VETERANS AND THEIR
FAMILIES REGARDLESS OF THEIR
ABILITY TO PAY, AND THREE,
DISCHARGE STATUS DOES NOT AFFECT
ACCESS TO CARE.
IN SEPTEMBER, 2018, HOME BASE
OPENED ITS NEW NATIONAL CENTER
OF EXCELLENCE IN THE CHARLESTOWN
NAVY YARD.
THIS ALLOWED US TO DOUBLE OF
NUMBER OF PATIENTS WE CAN SAVE.
HOME BASE IS PROUD TO CALL
BOSTON HOME, A CITY THAT IS
UNBELIEVABLY DEDICATED TO THEIR
VETERAN COMMUNITY.
IT IS A PRIVILEGE TO WORK
ALONGSIDE A GROUP OF INCREDIBLE
VETERANS, CLINICIANS, AND ININ
STRAIGHTERS AT HOME BASE THAT
ARE DEDICATED TO VETERANS AND
THEIR FAMILIES MOST IN NEED.
I THANK YOU FOR PROVIDING ME
WITH THE OPPORTUNITY TO SHARE
ABOUT HOME BASE TODAY.
>> THANK YOU.
AND THEN WE DO HAVE LINDA
FREEMAN IS GOING TO BE OUR LAST
PERSON FOR OUR PUBLIC TESTIMONY
WHILE SHE'S MAKING HER WAY DOWN,
I JUST WANT TO PREPARE OUR PANEL
2, IF YOU'D LIKE TO QUIETLY
START MAKING YOUR WAY DOWN.
DR. HENDERSON, DR. LANDA, CRAIG
AND SEAN.
>> GOOD MORNING.
MANY IF.
THANK YOU FOR GIVING ME THIS
OPPORTUNITY TO ADDRESS THE ISSUE
OF THE ASIAN COMMUNITY.
I CAN PROBABLY ANSWER THAT AND
HOPEFULLY MY ASIAN COMMUNITY
WILL NOT BE OFFENDED.
THANK YOU, COUNCILOR ESSAIBI
GEORGE AND COUNCILOR FLYNN AND
COUNCILOR CAMPBELL.
IN THE ASIAN COMMUNITY, YOU HAVE
TO REMEMBER THERE ARE DIFFERENT
ETHNIC GROUPS IN ASIA.
AND AS THEY TRAVEL OVER HERE.

THEY'RE CULTURALLY HELD TO A
HIGHER STANDARD OF NON-FAILURE.
OTHERWISE, IT'S A STIGMA IN A
COMMUNITY AND IN
MULTIGENERATIONAL -- AMONG THE
MULTIGENERATION PEERS.
YOU'RE TALKING ABOUT PEERS AS IN
FAMILIES OF -- GRANDPARENTS,
GREAT-GRANDPARENTS AND THEY LOOK
AT THE WHOLE THING.
THE OTHER THING IS THE EXAMPLE
IS LIKE ACADEMICS.
THE TRANSITION FROM HOME TO
UNIVERSITY, THEY'VE NEVER BEEN
AWAY FROM SO-CALLED HOME.
YOU'VE ALWAYS BEEN AROUND YOUR
FAMILY AND WITHIN THE COMMUNITY.
AND IF GO FURTHER AWAY FROM
HOME, YOU -- THEY BECOME
HOME-SICK.
THEY ISOLATE -- THEY FEEL
ISOLATED IN COMPARISON TO OTHER
STUDENTS WHO MAY HAVE A STRONGER
SUPPORT WITH PEERS OR FAMILY
MEMBERS.
PART OF IT IS COMMUNICATION.
WHEN THEY'VE LEFT HIGH SCHOOL
WITH STRAIGHT "AS" AND THEY'VE
GONE INTO A HIGHER POST
SECONDARY, THE HOME 6NESS, THE
ISOLATION, AND THEN THE RIGOR OF
THE ACADEMICS COMES AS A BIT OF
A SHOCK.
SO, IF THEY HAVE ALWAYS HAD
"As" AND THEY END UP WITH A
"B," IT LOOKS LIKE A "B" IS A
FAILURE WHEN IT IS NOT.
OKAY?
AND THE OTHER THING TO BE AWARE
OF IS CULTURAL SENSITIVITY.
THERE ARE MANY DIELECTS AMONG
THE MAIN LANGUAGES, AMONG
CANTONESE AND MANDARIN.
OKAY?
THE CHINESE ARE -- IT'S AN
ETHNICITY BUT IF YOU LOOK AT
ASIA AS AN ENTIRE CONTINENT, YOU
HAVE ALL THE VARIOUS COUNTRIES,
INCLUDING MIDDLE ASIA.
THE FIRST LANGUAGE THAT PROBABLY
ARRIVED HERE IN THE STATES WAS
TWICE NICE AND THOSE ARE THE
PEOPLE OF TWOI SANT.
THERE I FOUND THAT EVEN THOUGH I

DID NOT GROW UP HERE AND I GREW
UP IN NONAFFLUENT SECTION OF
WASHINGTON, D.C., I FOUND OUT
THERE WERE TWO DIAELECTS OF TUA
SANT.
I FOUND OUT HERE THERE WAS A
THIRD.
SO NOW I'M A LOST CAUSE ON
TRANSLATION AND ANYTHING
WRITTEN, HEARD, SPOKEN, SORT OF
I CAN FORGET IT.
CANTONESE AND MANDARIN ARE TWO
SEPARATE DIE ACTS EVEN THOUGH
IT'S WRITTEN -- WRITTEN BUT
THEY'RE SPOKEN DIFFERENTLY.
AND IF YOU HAVE MAINLAND CHINA,
WHICH IS MAIN CHINA AND THEN
TAIWANESE MANDARIN, THEY'RE
SECOND DIALECTS.
OKAY.
AND FOR WHY WE HAVE THE OTHER
PARTS OF A HIGH RATE OF SUICIDE
IS WE STILL HAVE -- THERE'S
STILL THE OLD MENTALITY OF THE
EYE FOR AN EYE AND TOOTH FOR A
TOOTH.
AND, UNFORTUNATELY, THAT HAS NOT
DE-ESCALATED IN THE WAY IT
SHOULD HAVE CONSIDERING THAT WE
ALL HAVE THE SAME COMMONALITIES
COMMENT WHEN IT COMES TO FAMILY
AND TO EXCEL.
>> THANK YOU VERY MUCH.
.
AND THANK YOU TO OUR PANEL
HERE.
I'M SORRY I DIDN'T HAVE AN
OPPORTUNITY TO PROPERLY GREET
YOU, YOU ABOUT I WELCOME YOU,
AND I AM GOING TO GUESS THAT YOU
ARE DR. LANDA?
IF YOU WOULD -- WOULDN'T MIND
INTRODUCING YOU THEMSELVES AND
YOU CAN OFFER YOUR REMARKS.
THANK YOU AGAIN FOR BEING HERE.
>> [OFF MIC]
MEDICINE, ASSOCIATE DIRECTOR FOR
CLINICAL SERVICES AT BOSTON
UNIVERSITY STUDENT HEALTH
SERVICE.
YOUR ALMA MATER.
>> THANK YOU.
SO, MY ROLE IS TO OVERSEE THE
CLINICAL AND EMERGENCY SERVICES

AS WELL AS OUTREACH AND
PREVENTION FOR THE 33,000
STUDENTS AT BOSTON UNIVERSITY.
AND BEFORE I TALK MORE
SPECIFICALLY ABOUT WHAT WE DO IN
OUR OFFICE, I JUST WANT TO GIVE
YOU SOME DATA ABOUT THE COLLEGE
STUDENT POPULATION IN GENERAL.
THERE ARE 35 COLLEGES AND
UNIVERSITIES IN BOSTON
ACCOUNTING FOR OVER 150,000 OF
THE MEMBERS OF THE BOSTON
COMMUNITY.
ON ANY COLLEGE CAMPUS, THE DATA
ESSENTIALLY PREDICTS THAT WE'LL
EXPERIENCE ONE SUICIDE IN 12,000
STUDENTS.
SO FOR A UNIVERSITY OF BOSTON
UNIVERSITY'S SIZE, THAT'S ABOUT
THREE OF OUR STUDENTS PER YEAR
THAT WE MIGHT LOSE TO SUICIDE.
COLLEGE AGE BETWEEN THE AGES OF
18 AND 24 IS AN AGE OF ONSET FOR
MANY MAJOR MEANT ILLNESSES, AND
THAT HAS A RIPPLE EFFECT TO OUR
COMMUNITY WHEN STUDENTS ARE
LIVING CLOSELY IN HOUSING,
ATTENDING CLASSES TOGETHER, AND
REALLY PART OF A TIGHT-KNIT
COMMUNITY.
COLLEGE CAMPUSES ARE SEEING
INCREASES IN SEXUAL ASSAULT AND
DOMESTIC VIOLENCE, SUBSTANCE
ABUSE OBVIOUSLY.
THERE ARE SEVERAL DATA POINTS
THAT INDICATE THAT THERE ARE
POPULATIONS AMONG OUR COLLEGE
STUDENTS AS WELL AS GRADUATE
STUDENTS, VORS, THAT HAVE HIGHER
RISKS OF SUICIDE RATES INCLUDING
THE LGBTQ POPULATION, MINORITY
STUDENTS.
THERE IS MORE RECENT DATA THAT
INDICATES THAT SURVIVORS OF
SEXUAL ASSAULT HAVE A 50% HIGHER
RATE OF ATTEMPTED SUICIDE THAN
THEIR PEERS.
IN ANY GENERAL STUDENT
POPULATION, ABOUT 10% OF OUR
STUDENTS THINK ABOUT SUICIDE ON
A REGULAR BASIS AS AN OPTION TO
ESCAPE THEIR PROBLEMS AS THEY
DESCRIBE IT.
20% ENGAGE IN SELF-INJURIOUS

BEHAVIOR AND WE ALL KNOW ABOUT
THE RATES OF SUBSTANCE USE IN
COLLEGE POPULATION WHICH IS
OFTEN A CO-MORBID INDICATOR.
THE SOCIAL PRESSURES, FAMILY
PRESSURES, THE ACADEMIC
PRESSURES AND THE DEMAND THAT
COLLEGE COUNSELING CENTERS ARE
SEEING HAVE SKYROCKETED AND IS
OFTEN REFERRED TO AS AN
EPIDEMIC.
THE PRESSURE, THE LACK OF COPING
AND SOCIAL ENGAGEMENT THAT WE'RE
SEEING EITHER BECAUSE OF SOCIAL
PRESSURES OR SOCIAL MEDIA HAS
REALLY INCREASED MUCH THE
STUDENTS PRESENTING TO ALL OF
OUR OFFICES IN BOSTON AS WELL AS
NATIONALLY.
IN TERMS OF WHAT OUR OFFICE DOES
AS WELL AS OFFICES OF MY
COLLEAGUES DO, I'M NOT JUST HERE
RETURNING BOSTON UNIVERSITY BUT
OTHER INSTITUTIONS IN OUR CITY,
WE OFTEN -- MANY OF US OFFER
CLINICAL SERVICES AS WELL AS
EMERGENCY SERVICES FOR ALL OF
OUR STUDENTS IN OUR COMMUNITY.
THE CLINICAL SERVICES CAN RUN
THE GAMUT OF INDIVIDUAL
TREATMENT, PSYCHOTHERAPY AS WELL
AS PSYCHIATRY AND ED INCATION
MANAGEMENT, SOME OF US HAVE
ROBUST GROUP AND WORKSHOP
PROGRAMS TO BE ABLE TO MANAGE
THE OVERFLOW OF STUDENTS.
WE HAVE CRISIS SERVICES THAT ARE
24/7.
WE MANAGE ALL SEXUAL ASSAULT,
DOMESTIC VIOLENCE ON CAMPUS,
COMMUNITY-BASED VIOLENCE, SO
ANYTHING THAT REALLY IMPACTS OUR
STUDENTS AND THE STUDENT
POPULATION.
WE HAVE PREVENTION SERVICES
WHICH RANGE FROM OUTREACH AND
GATEKEEPER TRAINING PROGRAMS,
WHICH REALLY ARE OUR CAMPUS
SUICIDE TRAINING PROGRAMS.
WE'RE ON OUR CAMPUS WE TEACH
FACULTY, STAFF AND STUDENTS HOW
TO RECOGNIZE SIGNS DISTRESSED
STUDENTS BUT NOT ONLY RECOGNIZE,
KNOW WHERE THE APPROPRIATE

RESOURCES TO REFER STUDENTS TO
ARE.
WE HAVE SCREENINGS ON CAMPUS FOR
DEPRESSION, ANXIETY AS WELL AS
COLLABORATIONS WITH NUMEROUS
AGENCY ACROSS BOSTON, HOSPITALS,
ACADEMIC INSTITUTIONS, TO HAVE
GREATER ACCESS FOR STUDENTS.
ONE OF THE GOALS IS CREATING
MULTIPLE ACCESS POINTS BECAUSE
WE KNOW THAT ONLY 25% OF
INDIVIDUALS ON COLLEGE CAMPUSES
WHO MIGHT BE A STRUGGLING WILL
REACH OUT FOR HELP SO WE WANT
STUDENTS TO KNOW THAT THERE
AREN'T ANY WRONG DOORS TO GO TO.
ON A CAMPUS LIKE BU THAT DOES
HAVE SO MANY STUDENTS, SO MANY
FACULTY AND STAFF, NOT EVERYONE
KNOWS THAT THERE'S A CENTER THAT
OFFERS SUPPORT FOR STUDENTS
AROUND MENTAL HEALTH ISSUES SO
OUR GOAL REALLY IS TO ENGAGE THE
COMMUNITY IN KNOWING WHERE TO
REFER STUDENTS IF NEEDED.
THE UNIVERSITY CONDUCTS
ENVIRONMENTAL SCANS TO DECREASE
ANY MEANS THAT WE MIGHT BE
POSING TO STUDENTS AROUND
SUICIDE PREVENTION.
WE HAVE THREAT TEAMS WHEN
STUDENTS MIGHT PRESENT A CONCERN
TO THE COMMUNITY, THE BU
COMMUNITY AS WELL AS THE GENERAL
COMMUNITY, OTHER CONCERNS FOR
THEIR OWN SAFETY OR SAFETY IN
THE COMMUNITY IN GENERAL.
WE HAVE TEAMS THAT CONVENE --
THAT INVOLVES OUR BOSTON
UNIVERSITY POLICE DEPARTMENT TO
DEVELOP AN APPROPRIATE PLAN FOR
INTERVENTION.
WE PARTICIPATE -- I ACTUALLY
PARTICIPATE IN THE TRAINING OF
OUR POLICE OFFICERS FOR THE BUPD
AS WELL AS THE BOOKLINE --
BROOKLINE POLICE DEPARTMENT AND
HAVE INTENTION TRAINING TO
ENGAGE WITH INDIVIDUALS WHO
MIGHT BE STRUGGLE WITH A MENTAL
HEALTH ILLNESS.
WE WORK WITH THE COMMUNITY
AROUND AMNESTY POLICIES FOR
STUDENTS SEEKING SUPPORT FOR

SUBSTANCE ABUSE.
ALL OUR OFFICERS ARE -- OUR
CAMPUS CENTER HAS NALOXONE FOR
ANY STUDENTS REACHING OUT
BECAUSE THEY'RE STRUGGLING.
LASTLY, WE RENTCILY LAUNCHED A
CAMPAIGN AND BECAUSE WE ARE A
LINEAR CHASMUS IN THE MIDDLE OF
BOSTON THAT HAS LOT OF
VISIBILITY TO BON BU STUDENTS OR
FACULTY AND STAFF, THAT IT
REALLY INFORMS INDIVIDUALS WILL
SERVICES, INFORMS INDIVIDUALS
ABOUT WHAT MENTAL HEALTH CAN
LOOK LIKE OR WHAT MENTAL ILLNESS
CAN LOOK LIKE.
THE INTENTION IS TO DECREASE
BARRIERS AND DECREASE STIGMA.
WE HAVE STUDENTS FROM EVERY
STATE IN THIS COUNTRY AS WELL AS
25% INTERNATIONAL STUDENT
POPULATION AT BU.
SO IT'S REALLY IMPORTANT FOR US
TO BE ABLE TO INFORM STUDENTS
ABOUT HOW TO ACCESS SUPPORT,
WHAT SUPPORT CAN LOOK LIKE, WHAT
ILLNESS CAN LOOK LIKE, AND HOW
TO NOT JUST ENGAGE IN
PREVENTATIVE CARE BUT
INTERVENTION WHEN NEEDED.
THANK YOU, AGAIN, FOR HAVING US
BE A PART OF THIS IMPORTANT
CONVERSATION.
BU, IT'S A REALLY -- OBVIOUSLY,
LARGE INSTITUTION BUT WE
CONSIDER OUT OF THE A CITY
WITHIN THE CITY JUST IN TERMS OF
THE SERVICES THAT WE PROVIDE AND
OFFER FOR OUR STUDENTS BUT COULD
CERTAINLY NOT DO THE WORK THAT
WE DO WITHOUT THE PARTNERSHIPS
THAT WE HAVE WITH MANY OF THE
FOLKS THAT ARE IN THIS ROOM ALSO
REPRESENTED ON THIS PANEL.
SO, AGAIN, I THANK YOU FOR
BRINGING TOGETHER THIS GROUP TO
TALK ABOUT SUCH AN IMPORTANT
ISSUE.
>> THANK YOU FOR BEING WITH US.
I WOULD ALSO NOTE WE'VE BEEN
JOINED BY COUNCILOR McCARTHY.
THANK YOU FOR JOINING US.
I DON'T KNOW IF YOU ARE
MR. CAHILL OR DR. HENDERSON.

>> HELPEDERSON.
-- HENDERSON.
GOOD MORNING.
>> GOOD MORNING.
THANK YOU FOR INVITING ME TO
PRESENT IN FRONT OF THE COUNCIL.
IT'S A GREAT OPPORTUNITY.
MY NAME IS DAVID HENDERSON.
I'M A PSYCHIATRIST.
I'M THE CHIEF OF PSYCHIATRY AT
BOSTON MEDICAL CENTER AND
PROFESSOR AND CHAIR OF
PSYCHIATRY AT BOSTON UNIVERSITY
SCHOOL OF MEDICINE.
SO WE KNOW EACH OTHER VERY WELL.
AS YOU KNOW, BOSTON MEDICAL
CENTER IS THE CITY OF BOSTON'S
SAFETY NET HOSPITAL.
AND HAS BEEN A STRONG PARTNER
WITH THE CITY FOR DECADES AND
PRIOR TO BEING BOSTON MEDICAL
CENTER WITH BOSTON CITY
HOSPITAL.
BOSTON MEDICAL CENTER IS UNIQUE
IN THAT WE REALLY CARE FOR
ANYBODY IN THE CITY, AND IT'S
A -- AN EXTREMELY DIVERSE
POPULATION, AS WE SAY, THAT
PEOPLE FROM 70 DIFFERENT
COUNTRIES WALK THROUGH THE DOORS
EVERY DAY.
AND WHICH IT MEANS IT'S ACTUALLY
QUITE A CHALLENGE, AND THE
QUESTION I OFTEN ASK IS, HOW DO
YOU DEVELOP A HEALTH SYSTEM THAT
ADDRESSES PEOPLE FROM 70
DIFFERENT COUNTRIES?
AND, SO -- SO, IT'S NOT DONE
VERY EASILY.
IN THE DEPARTMENT OF PSYCHIATRY,
WE HAVE HAD -- WE HAVE
COMPREHENSIVE PROGRAMS.
IN PARTICULAR, WE'VE ALREADY
HEARD ABOUT THE BEST PROGRAM,
WHICH IS I THINK IS REALLY A
CRITICAL PIECE TO WHAT WE DO IN
THE EARLY INTERVENTION AND
PREVENTION ARENA.
THE BEST PART IS THE BOSTON
EMERGENCY SERVICES TEAM.
WE HAVE BEST AND ASSESS IN
CAMBRIDGE.
WE ALSO HAVE THE SOUTH SHORE.
BUT IT REALLY IS THE PROGRAM, A THE PROGRAM, THEMOBILE PROGRAM WHERE WE CAN SEND

PEOPLE.
WE HAVE OUR CRISES LINE, PEOPLE
CALL ALL DAY 3ND NIGHT.
WE CAN SEND OUT CLINICIANS FOR
EVALUATION, SEND THEM TO
PEOPLE'S HOSE.
WE HAVE A RIDE ALONG PROGRAM BUT
WE REALLY DO NEED TO EXPAND
BECAUSE WE CAN HAVE A
SIGNIFICANT IMPACT THERE.
WE HAVE ACCESS TO TWO URGENT
CARE WALK-IN SERVICES.
WE HAVE ACCESS TO CRISES UNITS.
SO ONE CAN PREVENT ONE FROM
BEING HOSPITALIZED.
WE CAN PUT THEM IN THIS UNIT,
GET INDIVIDUALS BACK ON THEIR
MEDICINES AND RECONNECT IT TO
THEIR OUTPATIENT CARE.
IN ADDITION, THE EMERGENCY
SERVICES WE COLLABORATE WITH THE
COURT SYSTEMS.
WE HAVE MENTAL HEALTH COURT AND
THEREBY TRYING TO PREVENT
PATIENTS FROM MENTAL ILLNESS
FROM BEING INCARCERATED AND
THEREBY IMPACTING THEIR CARE SO
WE, PEOPLE CAN AGREE TO
PARTICIPATE IN THE MENTAL HEALTH
COURT AND THEN WE GET THEM SET
UP WITH AN OUTPATIENT CARE
PROGRAM AND TRY TO PREVENT
REHOSPITALIZATION AND THE
REINCARCERATION AS WELL.
NOW, THE BEST TEAM REALLY IS,
REPRESENTS THE, THIS ACUTE
PEOPLE, CARE FOR PEOPLE IN ACUTE
CRISES.
SO IN THE PAST 15 YEARS, THE
BEST TEAM HAS SEEN OVER 80,000
PEOPLE.
22,000 OF THOSE HAVE BEEN
CHILDREN AND ADOLESCENTS AND OF
THOSE, THE CHILDREN AND
ADOLESCENTS, ABOUT A THIRD OF
THOSE COME DIRECTLY FROM THE
SCHOOLS ITSELF.
AND SO WE KNOW THAT THERE IS A
LOT OF STUFF GOING ON IN THE
CITY AND THAT THE BEST TEAM IS
ACTUALLY RESPONDING TO A GREAT
DEAL.
NOW UNFORTUNATELY, THE BEST TEAM
IS NARROW IN ITS FOCUS AS FAR AS

WHO IT CAN ACTUALLY CARE FOR
ALTHOUGH WE NEVER TURNED ANYONE
AWAY BUT IT IS PRIMARILY FUNDED
BY MPHB SO FOR MEDICAID PATIENTS
AND THERE'S A FEW PRIVATE
VENDORS, PRIVATE INSURERS THAT
PAY TO HAVE ACCESS TO A
COMPONENT WHICH IS REALLY THE
CRISES LINE.
BUT REALLY WHAT I THINK THE CITY
OF BOSTON NEEDS IS TO HAVE A
BEST PROGRAM FOR THAT
COMPREHENSIVE AND AVAILABLE TO
ANYONE IN THE CITY, NOT SIMPLY
BASED ON INSURANCE.
AND THAT'S A GOOD STARTING POINT
FOR US TO BE ABLE TO REALLY GET
TO THE PREVENTION OF THESE
REALLY HORRIFIC OUTCOMES.
AND SO THIS IS SOMETHING THAT WE
CERTAINLY ARE ADVOCATING.
NOW, OUR OUTPATIENT CLINIC IS
PRETTY COMPREHENSIVE AND
INCLUDES I THINK WE GET ABOUT
10,000 REFERRALS A YEAR WHICH IS
A CRAZY NUMBER WHICH WE REALLY
CAN'T HANDLE.
BUT WE, AS A RESULT OF THIS AS
WELL AS LOOKING AT OUR OWN DATA,
AND THIS IS SOMETHING I REALLY
ADVOCATE THAT THE USE OF DATA IS
ACTUALLY REREHELPFUL AND SO WHEN
WE STARTED TO LOOK AT OUR OWN
DATA AT THE HOSPITAL, WE SAW
THAT ONE OF THE BIGGEST DRIVERS
OF HEALTHCARE COSTS WAS MENTAL
HEALTH.
AND NOT JUST IN THE MENTAL
HEALTHCARE BUT IT WAS ALSO IN
THE MEDICAL CARE.
WHEN YOU LOOK AT THE
CATASTROPHIC MEDICAL EVENTS IT
WAS TIED TO MENTAL HEALTH AND
SUBSTANCE USE.
AS A RESULT THE HOSPITAL DECIDED
WE REALLY NEEDED TO ADDRESS THIS
AND SO NOT ONLY DID WE
SIGNIFICANTLY INCREASE OUR
CAPACITY FOR OUTPATIENT CLINIC
BUT WE ALSO INCREASE CAPACITY
FOR MENTAL HEALTH AND SUBSTANCE
ABUSE CARE EVERYWHERE IN THE
HOSPITAL.
SO THE NOTION OF INTEGRATED

BEHAVIORAL HEALTH SO THAT WE
KNOW THAT ANYWHERE, ANY SERVICE
A PATIENT WALKS INTO, IF THEY,
AND WE DO SCREENINGS AS WELL BUT
IF THEY ARE IDENTIFIED AS
NEEDING HEALTHCARE THERE IS
USUALLY PROVIDERS RIGHT THERE
THAT CAN PROVIDE IT.
AND SO WE REALLY, I TELL THE
PRESIDENT OF THE HOSPITAL,
PRESIDENT OF THE BMC THAT WHAT
WE REALLY HAVE IS A MENTAL
HEALTH HOSPITAL WITH SOME
MEDICAL SPECIALTIES.
BUT THAT'S BASICALLY IT.
AS YOU KNOW, THE POPULATION THAT
HAVE USED THE HOSPITAL MANY ARE
IMMIGRANTS AND REFUGEES.
ARE SUFFERING FROM ALL OF THE
SOCIAL DETERMINANTS OF HEALTH
THAT EVERYONE TALKS ABOUT,
HOUSING AND SECURITY, VIOLENCE,
POVERTY, FOOD INSECURITY,
LANGUAGE DIFFICULTIES, SUBSTANCE
USE AND SO THE HOSPITAL REALLY
HAS PROGRAMS DESIGNED TO ADDRESS
ALL OF THOSE SOCIAL DETERMINANTS
OF HEALTH AND WE'RE TRYING TO DO
IT IN A MUCH MORE INTEGRATED WAY
IN A SENSE OF GET PEOPLE WHAT
THEY NEED WHEN THEY NEED IT.
I'M STRUCK WHEN I SIT IN
MEETINGS WHERE WE LOOK AT THE
REIMBURSEMENTS BY SPECIALTY AND
MENTAL HEALTH AND PSYCHIATRY
CONTINUES TO BE THE LOWEST
REIMBURSED AREA.
EVEN IF A AS A PSYCHIATRIST I'M
REIMBURSED AT ONE RATE.
IF A NEUROLOGIST MAKES THE SAME
DIAGNOSIS THEY ARE REIMBURSED AT
A HIGHER RATE.
SO WE'VE YET TO ACHIEVE MENTAL
HEALTH PARITY IN THIS COUNTRY
AND BUT I THINK IT'S ONE OF THE
KEY FACTORS THAT'S HOLDING US
BACK FROM REALLY HAVING A
COMPREHENSIVE SYSTEM OF CARE.
AND SO THAT WE COULD ACTUALLY
GET TO PREVENTION.
AND I THINK THE FINAL THING I'LL
SAY IS THAT WE KNOW THAT IN NEW
YORK CITY, THEY'VE CONDUCTED
SOME LANDMARK PROJECTS CALLED I

GUESS THE THRIVE WHICH WAS
FUNDED BY THE CITY OF NEW YORK
BUT IT REALLY IS A COMPREHENSIVE
APPROACH TO MENTAL HEALTHCARE
FOR THE WHOLE CITY AND INCLUDES
STIGMA REDUCTION BUT ALSO
CAPACITY BUILDING AND ACROSS A
WHOLE SPECTRUM, YOU KNOW,
TEACHING PEOPLE TO MENTAL HEALTH
FIRST-AID AND BASICALLY HOW DO
YOU HELP SOMEBODY IN DISTRESS
AND ROLLING IT OUT TO THOUSANDS
AND THOUSANDS OF PEOPLE.
SO THERE IS BUT PRINTS FOR A
CITY REALLY PUTTING TOGETHER A
COMPREHENSIVE PLAN AND I THINK
THIS IS SOMETHING THAT THE CITY
OF BOSTON ACTUALLY NEEDS AS
WELL.
OWE THANK YOU VERY MUCH.
>> I DON'T WANT TO EVER HEAR
THAT NEW YORK DOES ANYTHING
BETTER THAN WE DO HERE.
>> WE GOT TO GET THEM BACK.
>> THANK YOU FOR THAT
DR. HENDERSON.
SEAN.
THANK YOU FOR BEING HERE.
>> THANK YOU VERY MUCH MAD
UNCHAIR, MADAM PRESIDENT.
ENTHUSIASTIC FOR THIS HEARING.
I'M SEAN CAHILL DIRECTOR OF
POLICY RESEARCH AT THE FAMILY
INSTITUTE AND THAT'S THE
RESEARCH, EDUCATION AND TRAINING
AND POLICY ARM OF FAMILY COMMUNE
TWO HEALTH CENTER.
WE SERVE 35,000 PATIENTS.
ABOUT HALF ARE LGBT.
ABOUT 10%OR TRANSGENDER AND
ABOUT 2500 OF PEOPLE WITH HIV.
OUR EXPERTISE IS IN LGBT
HEALTHCARE AND HIV/HCI
PREVENTION AND CARE.
WE HAVE PRIMARY CARE AND USE A
TRAUMA-INFORMED APPROACH TO
CARE.
I'M GOING TO SPEAK PREVIOUSLY ON
SUICIDE AND LGBT COMMUNITY,
RACIAL ETHNIC DIFFERENCES AND
HOW DO REDUCE THE RISK OF
SUICIDE AND HOW YOU CAN SUPPORT
THESE EFFORTS.
AS YOU NOTE IN THE ORDER FOR

THIS HEARING, LGB USE ARE NEARLY
FIVE TIMES AS LIKELY AS HEATER
SIX WULZ TO -- HETEROSEXUALS TO
ATTEMPT SUICIDE.
2017 INDICATE THAT 23% OF
LESBIAN AND GAZE 25% MORE THAN
HETEROSEXUAL USE.
THOSE NOT SURE ARE THREE TIMES
AS LIKELY TO ATTEMPT SUICIDE.
14% VERSUS 5%.
MASSACHUSETTS SHOWS SIMILARLY
HIGH RATE OF SUICIDE ALITY AMONG
SEXUAL MINORITY USE.
LGBT I DON'T IN MASSACHUSETTS
ARE MORE THAN FOUR TIMES MORE
LIKELY THAN HETERO RE SEXUAL
PEERS TO CONSIDER ATTEMPTING
SUICIDE.
48% VERSUS 11%.
MORE THAN THREE TIMES MORE
LIKELY TO REPORT HAVING MADE A
SUICIDE PLAN AND FIVE TIMES MORE
LIKELY TO REPORT ATTEMPTING
SUICIDE IN THE PAST YEAR.
25% VERSUS 5%.
ALMOST IDENTICAL TO WHAT WE SEE
AT THE NATIONAL LEVEL.
LESBIAN GAY AND BISEXUAL USE ARE
AT INCREASED RISK OF DEPRESSIVE
SYMPTOMS.
IN MASSACHUSETTS LGBT USE ARE
TWO AND-A-HALF TIMES AS LIKELY
AS HETEROSEXUAL USE TO REPORT
FEELING SAD OR HELPLESS ALMOST
EVERY DAY OR TWO MORE WEEKS.
ABOUT 61% REPORTED THIS INTENSE
SADNESS OR HELPLESSNESS VERSUS
ABOUT 24% OF HETEROSEXUAL USE.
FEELINGS OF SADNESS AND
HELPLESSNESS GOING UNCHECKED
THEY CAN LEAD TO SERIOUS OUTCOME
INCLUDING LIKELY TO REPORT SELF
HARM AND SUICIDAL IDEATION.
WHAT ABOUT TRANSGENDER USE.
WE KNOW ABOUT 2% OF USE IN
MASSACHUSETTS TAKING THE -- IN
OTHER WORDS 2% OF HIGH SCHOOL
STUDENTS IDENTIFY AS TRANSGENDER
BUT WE DON'T HAVE GOOD
POPULATION BASE DATA ON
SUICIDALLITY ON TRANSGENDER USE.
ACCORDING TO THE 2015
TRANSGENDER SURVEY IN WHICH
NEARLY 28,000 OF ADULTS TOOK

PART.
48% RESPONDED TO ATTEMPTED
SUICIDE POINT IN THEIR LIFE
COMPARED TO ABOUT 5% OF THE
GENERAL U.S. POPULATION.
48% SERIOUSLY THOUGHT ABOUT
KILLING THEMSELVES IN THE PAST
YEAR COMPARED TO 4% OF THE U.S.
POPULATION AND 7% OF ALL
TRANSGENDER PEOPLE SURVEYED IN
THIS NATIONAL SURVEY ATTEMPTED
SUICIDE IN THE PAST YEAR
COMPARED TO ABOUT HALF OF 1% OF
THE GENERAL U.S. POPULATION.
IN THE GENERAL POPULATION MOSTLY
HETEROSEXUAL WE SEE HIGHER RATES
OF SUICIDE AMONG WHITES AND
PEOPLE OF COLOR.
IN THE MOST ME HETEROSEXUAL
YOUTH POPULATION WE SEE HIGHER
RATES OF SUICIDE AMONG NATIVE
AMERICAN OR LATINO OR LATINA
COMPARED TO BLACK OR NON-WHITE
HISPANIC USE.
AMONG LGBT USE WE SEE SIMILAR
RATES OF SUICIDE AMONG YOUTHS OF
COLOR AND WHITE CLEUTS.
RESEARCHES AT FACE UNIVERSITY
MOMENT OUT THAT BASICALLY LGBT
STATUS MODERATE THE RELATIONSHIP
BETWEEN RACE AND SUICIDE
ATTEMPT.
AN ANALYSIS OF DATA FROM CITIES
AND STATES INCLUDING BOXTON
FOUND MIXED RESULTS.
WITH LATINO NATIVE AMERICAN AND
MULTIRACIAL USE HAD HIGHER RATES
OF SUICIDAL INDICATORS IN
FEELING SAD THAN WHITE
NON-HISPANIC USE.
BLACK USE HAD LOWER RATES OF
SUICIDAL IDEATION BUT HIGHER
RATES OF SUICIDE ATTEMPTS AND
LIGHT USE.
WE DO THIS SURVEY HERE IN BOSTON
OF ABOUT 300 LGBT YOUTHS OF
COLOR IN 2014 AND PUBLISHED IN
2015.
WE DID IT WITH BAGGILY AND
BOSTON SERVING YOUTHS
ORGANIZATIONS.
WE FOUND 40% OF THE LGBT OF
COLOR IN GREATER BOSTON REPORTED
SYMPTOMS OF DEPRESSION AND/OR

ANXIETY.
18 PERCENT PERFECT HAD ATTEMPTED
SUICIDE IN THE LAST YEAR AND
ANOTHER 12% DIDN'T ANSWER THE
SUICIDE QUESTION.
WE DON'T HAVE GOOD SUICIDE DATA
ON OLDER AGE COHORTS BUT WE TO
KNOW THERE ARE HIGHER RATES OF
DEPRESSION AMONG MIDDLE AGE AND
OLDER LGBT PEOPLE ACCORDING TO
THE MASSACHUSETTS RISK FACTORS
SURVEILLANCE SURVEY ABOUT 3 % OF
MIDDLE AGED AND OLDER LGB PEOPLE
REPORTED A DIAGNOSIS OF
DEPRESSION VERSUS ABOUT 20% OF
THE HETERO RESOIKS WUL -- SEXUAL
POPULATION IN THAT AGE COHORT.
AMONG LGB PEOPLE ARE AT HELL
LIVES OF VICT ACTUALIZATION,
RELATIONSHIP STIGMA AND
BEHAVIORAL HEALTH BURDEN
AFFECTING THESE POPULATIONS.
A NUMBER OF FACTORS CAN
CORRELATE WITH MENTAL CONSULTANT
COMES AMONG LGBT USE.
THESE INCLUDE FAMILY ACCEPTANCE
AND SCHOOL BASE PROGRAMMING AND
POLICIES SUCH AS ANTI-HARASSMENT
AND ANTI-BULLYING LAWS WITH
SPECIFIC NUMERATION OF SEXUAL
ORIENTATION, GAY STRATA LIANCES,
TEACHER AND STAFF TRAINING, SAFE
SCHOOL PROGRAMS AND TOLERANCE
CURRICULA SUCH AS
ANTI-DEFAMATION LEAGUE HAS
CREATED.
ALSO OPENLY LGBT HAS ADULT ROLE
MODELS ARE RESILIENCY FACTOR FOR
LGBT USE.
SOCIAL ISOLATION IS A BIG
CORRELATE WITH HIGHER RATES OF
DEPRESSION SUBSTANCE USE AND
SUICIDALLITY.
MAKING SURE ELDERS CAN ACCESS
MAINSTREAM SERVICES AND RECEIVE
COMPETENT LGB SERVICES IS
IMPORTANT.
ONE THING IS USING OLDER
AMERICANS ACT FUNDS FOR MALE
PROGRAMS FOR LGBT ELDERS AND
THEIR FRIENDS.
WE'RE A LEADER IN THIS AREA.
WE HAVE 23 CURRENT MALE SITES
ACROSS THE COMMONWEALTH AND FOUR

OF THEM ARE HERE IN BOSTON.
SO WHAT THE CITY COUNCIL AND THE
BOSTON PUBLIC HEALTH COMMISSION
CAN DO JUST TO WRAP UP, FIRST
EXPRESS SUPPORT FOR THE LGBT
COMMUNITY.
THE CURRENT POLITICAL AND
CULTURAL CLIMATE IN OUR COUNTRY
HAS DETERIORATED IN RECENT YEARS
IN MANY GROUPS.
WE'VE SEEN VIOLENT ACTS AGAINST
BLACK PEOPLE JEWISH PEOPLE,
IMMIGRANTS AND LGBT PEOPLE.
TRANSGENDER PEOPLE FEEL UNDER
ATTACK BY COMPLAINTS LIKE THE
ONE WE JUST HAD HERE IN
MASSACHUSETTS.
EVEN FROM THE WHITE HOUSE, THE
JUSTICE DEPARTMENT, THE
DEPARTMENT OF EDUCATION,
DEPARTMENT OF DEFENSE, THE STATE
DEPARTMENT, THE PEACE CORPS
WHICH ARE ALL IMPLEMENTING
ANTI-LGBT POLICIES AT THE MOMENT
AND TRANS GENDER POLICIES.
ALL PEOPLE TO BE TREATED WITH
RESPECT AND DIGNITY IS SOMETHING
YOU AS LEADERS SHOULD DO
FREQUENTLY AND MANY OF YOU DO DO
THAT AND WE APPRECIATE IT.
SECOND INSURING YOUTH SERVING
ORGANIZATIONS AND ELDER SERVING
PREVENTING BULLYING AND
PROVIDING SERVICES AND EDUCATION
TO OUR POPULATION IS IMPORTANT.
SCHOOLS, YOUTH ORGANIZATIONS,
SENIOR CENTERS.
ALSO INSURING THESE
ORGANIZATIONS ARE COLLECTING
DATA ON SEXUAL ORIENTATION AND
GENDER IDENTITY SO WE KNOW
MEMBERS OF OUR COMMUNITY ARE
ACCESSING THESE SERVICES AT THE
SAME RATE AND HAVING GOOD
EXPERIENCES IN THEM.
FINALLY INSURE ALL GOVERNMENT
AGENCIES ARE YOU SERVING THE
LGBT COMMUNITY AS WELL.
IN SUPPORT WITH THE BOSTON
FOUNDATION SIX MONTHS AGO
LOOKING AT THE LGBT COMMUNITY IN
MASSACHUSETTS AND WE FOUND THAT
15% OF HIGH SCHOOL STUDENTS IN
MASSACHUSETTS ARE LGBT EITHER BY

IDENTITY OR SAME SEX BEHAVIOR.
16% OF 18 TO 24 YEAR OLDS IN
MASSACHUSETTS IDENTIFY AS LGBT.
THAT'S ONE IN SIX YOUNG PEOPLE
IS LGBT IN THIS COMMONWEALTH
WHICH IS REALLY KIND OF AMAZING.
AND SO ALL AGENCIES THAT ARE
SERVING LGBT PEOPLE AND THEY
SHOULD BE PROVIDING COMPETENT
AND AFFIRMING CARE.
SO INSURING THAT ALL STUFF AND
VOLUNTEERS ARE TRAINED IN
PROVIDING CARE TO THIS
POPULATION IS REALLY KEY.
THIN FINALLY CONDUCTING SUICIDE
PREVENTION CAMPAIGNS AND
CAMPAIGNS TO THE STIGMATIZED
MENTAL ILLNESS AND ADDICTION ARE
REALLY IMPORTANT.
SO THANK YOU AND I LOOK FORWARD
TO ANY QUESTIONS THAT YOU HAVE.
>> THANK YOU VERY MUCH SEAN FOR
YOUR PRESENTATION.
WE'VE ALSO BEEN JOINED BY
COUNCILOR O'MALLEY AND COUNCILOR
FRANK BAKER.
WOULD YOU BE INTRODUCE
YOURSELF -- WOULD YOU PLEASE
INTRODUCE YOURSELF FOR THE
RECORD.
>> MY NAME IS -- AND I'M A
LICENSED CLINICAL PSYCHOLOGIST
AND I WORK WITH THE HOMELESS
PROGRAM -- OUTREACH BEHAVIORAL
HEALTH CENTER.
THE HOMELESS PROGRAM IS A
NON-PROFIT COMMUNITY HEALTH
CENTER AND WE SEE THE POPULATION
OF BOSTON.
WE SEE PATIENTS REGARDLESS OF --
WE AIM TO PROVIDE LOW BARRIERS
BEHAVIOR HEALTHCARE IN
PARTICULAR AND SEE APPROXIMATELY
10,000 PATIENTS ANNUALLY.
WE HAVE MULTIPLE SITES ACROSS
THE CITY.
WE'RE VERY WELL-KNOWN ESPECIALLY
FOR THE MCGUINNESS HOUSE WHERE
PEOPLE ARE SEEING LEVEL OF CARE
IN PATIENT LEVEL SERVICES.
WE HAVE OTHER SITES AND
SPECIALTY TEAMS INCLUDING OUR
FAMILY TEAMS FOR CHILDREN AND
FAMILIES ACROSS THE CITY.

THE STREET TEAM WHICH INCLUDES
ROUGHñr SEEKERS WHO ARE THOSE WHO
DON'T SLEEP INÑi CITY SHELTERS AND
STAY ON THE STREETS.
WE HAVE SHELTER CLINICS ACROSS
THE CITY AND VARIOUS SHELTERS
INCLUDING -- SOUTH HAMILTON
SHELTER AND VARIOUS OTHERS.
SOME OF OUR SPECIALTY TEAMS ARE
AN HIV TEAM -- AND OUR OFFICE
BASE TREATMENT TEAM.
WE WHAT'S INTERESTING IS A LOT
OF OUR CLIENTELE ARE HOUSED IN
SUPPORT HOUSING AND WE DO HOME
VISITS TO THESE.
IT'S REALLY INTERESTING WHAT
WE'VE SEEN LATELY IS WE'VE HAD A
LOT MORE QUALITATIVE DATA
RECENTLY ABOUT DEPRESSION AMONG
YOUTHS AND INDIVIDUALS AND HOPE
TO ASSESS THAT FURTHER.
ABOUT THE HOMELESS POPULATION.
ABOUT 50 TO 0% OF THE POPULATION
IN VARIOUS STUDIES HAVE BEEN
SHOWN TO HAVE MOOD DISORDERS
WHETHER IT'S DEPRESSION OR
OTHERS AND AS MENTION 50% OF THE
HOMELESS POPULATION HAVE
SUICIDAL THOUGHTS OR SUICIDAL
IDEATION.
IT'S ACTUALLY INTERESTING IN
THAT THIS IS SUCH A HARD TO
REACH POPULATION WE HAVE NO MORE
DATA AMONG SUICIDE OR ATTEMPTS
AMONG THE POPULATION SO THERE'S
GREATER NEED FOR BEHAVIOR HEALTH
SERVICES, BEHAVIOR HEALTH
RESEARCH AND BEHAVIORAL HEALTH
IN GENERAL FOR THIS POPULATION.
IN TERMS OF OUR ORGANIZATION WE
HAD REALLY INCREASED EFFORTS TO
INCREASE HEALTH SERVICES ACROSS
ORGANIZATIONS.
WHAT HAVE OPEN ACCESS BEHAVIORAL
HEALTH THAT'S REALLY JUST A
WALK-IN VITE MONDAY THROUGH
FRIDAYS IN A LOCATION IN THE
SOUTH END.
HERE ANY PERSON REGARDLESS OF --
CAN WALK IN FOR BEHAVIORAL
HEALTH VISITS.
WE OPERATE IN INTEGRATED PRIMARY
CARE AND BEHAVIOR HEALTH TEAMS.
OF THESE TEAMS HAVE THERAPISTS

WHO ARE EITHER PSYCHOLOGISTS,
SOCIAL WORKERS, HEALTH
COUNSELORS AND INTERNS FROM
VARIOUS SCHOOLS ACROSS THE CITY.
AND ALSO PSYCHO FARM CULTURAL
SUBSCRIBERS INCLUDING
PSYCHIATRISTS AND NURSE
PRACTITIONERS.
WE'VE INCREASED OUR DEPRESSION
SCREENING THROUGHOUT OUR
OWINGION.
SIMILARLY PEOPLE ARE SEEN
ANNUALLY BY PLIERM CARE DURING
PRIMARY CARE VISITS AND BY
BEHAVIORAL HEALTH PROVIDERS
HOWEVER WHAT WE'VE DONE IS
INCREASED OUR SCREENING TO HAVE
CASE MANAGERS, MEDICAL
ASSISTANTS SCREEN OUR CLIENTELE
WITH DEPRESSION SCREENS.
THIS IS REALLY IMPORTANT BECAUSE
THESE PEOPLE ARE USUALLY THE
FRONT LINES OF OUR ORGANIZATION
SO THEY SEE PEOPLE IN THE
COMMUNITY OUT IN THE CITY ON THE
STREETS IN VARIOUS CLINICS AND
VARIOUS SHELTERS.
AND SO TO HAVE THE CASE MANAGERS
BE ABLE TO ASSIST US, OUR
CLIENTS AND PATIENTS FOR
DEPRESSION COULD REALLY HELP
REACH THE POPULATION THAT'S VERY
HARD TO REACH.
WE'VE ALSO SEEKING THE BEST TEAM
ARE GOING TO HAVE TRAININGS FOR
THE CASE MANAGERS AND HOW TO USE
THE BEST TEAM WHICH IS SOMETHING
THAT IS UNIQUE THAT WE ARE
DOING.
ANOTHER THING THAT IS REALLY
PERTINENT OF PREVENTION IS
SUBSTANCE USE GIVEN THAT
SUBSTANCE USE DISORDER COULD
REALLY INCREASE THE CHANCE OF
SUICIDE AMONGST THIS POPULATION
IN PARTICULAR.
WE HAVE A VERY INTERESTING AND
SOMETIMES CONTROVERSIAL PROGRAM
CALLED THE SPOT PROGRAM.
THIS IS A SUPPORTED PLACE FOR
OBSERVATIONAL TREATMENTS AND IT
IS FOR PERSONS WHO ARE ACTIVELY
USING OPIATES.
IT IS OUR ANSWER TO THE OPEN

EPIDEMIC WHICH AFFECTS HOMELESS
POPULATION.
WHAT'S INTERESTING IN
APPROXIMATELY 14 VISITS, AFTER
APPROXIMATELY 14 VISITS, PERSONS
WHO ATTEND OUR SPOT PROGRAM HAVE
CARE.
THIS MAY SOUND LIKE A LOT BUT
GIVEN THIS IS A HARD TO REACH
POPULATION THIS IS ACTUALLY
SOMETHING WE'RE PRETTY PROUD OF.
THESE INDIVIDUALS MAY NOT
TYPICALLY BE CONNECTED TO
BEHAVIOR HEALTH CARE OR CARE IN
GENERAL.
BECAUSE OF THE SUCCESS OF THIS
PROGRAM, I'M ALSO TASKED WITH
OPENING ANOTHER PROGRAM SIMILAR
TO SPOT IN OUR SHELTER
ORGANIZATION PARTNERS, THE
ST. FRANCIS HOUSE.
THE SPOT PROGRAM HOPES TO HAVE
ANOTHER RECOVERY COACH AND
SPECIALIST IN ORDER TO COMPLETE
OUR MULTIDISCIPLINARY TREATMENT
TEAMS AND ENGAGE OUR CLIENTS FOR
SERVICES.
LASTLY WE HAVE REALLY A UNIQUE
AND INTERESTING ENDEAVOR THAT
WE'RE TRYING TO HELP OUR STAFF
TO REDUCE BURNOUTS.
WE HAVE A NEW CONSULTING
PSYCHOLOGIST THAT IS PROVIDING
EMOTIONAL SUPPORT JUST FOR OUR
STAFF AND THIS CONSULTING
PSYCHOLOGIST VISITS OUR CLINIC
OUR MAIN CLINIC EVERY WEEK TO
PROVIDE SERVICES FOR STAFF WHO
MAY BE AT RISK FOR BURNOUT WHO
HAS RECENTLY KIND OF ENCOUNTERED
A REALLY STRESSFUL OR YOU KNOW
ANXIETY PROVOKING ENCOUNTER WITH
ONE OF OUR PATIENTS OR CLIENTS.
WE'RE HOPING TO INCREASE THE
SERVICE TO OUR SHELTER CLINIC AS
WELL.
LASTLY BECAUSE MEDICAID IS OUR
MAJOR PLAYER WE ARE REALLY
HOPEFUL THAT AGENCIES THROUGH
THE CITY AND STATE WILL KIND OF
HELP US TO FURTHER INCREASE THE
OPPORTUNITY TO PROVIDE MEDICAID
FOR THIS VERY VERY VULNERABLE
POPULATION.

THANK YOU FOR YOUR TIME HERE
TODAY.
>> THANK YOU VERY MUCH FOR YOUR
PRESENTATION.
I DO WANT TO JUST APPRECIATE THE
EFFORTS THAT YOU ARE UNDERTAKING
TO REDUCE FAST BURNOUT.
I THINK THAT WE NEED THAT ACROSS
OUR STROY.
WE TALKED IN LENGTH ABOUT SOME
OF THE SERVICES THAT THE POLICE
DEPARTMENT IS OFFERING AND WE
TALK ABOUT WHAT'S HAPPENING IN
THE BOSTON PUBLIC SCHOOLS AND WE
ALSO KNOW THERE'S A SHORTAGE OF
MENTAL HEALTH PROFESSIONALS
ACROSS BY INSTITUTIONAL DESIGN
BECAUSE OF THE EXPENSE OR THE
COST BUT ALSO BECAUSE OF LACK OF
PROVIDERS.
SOMETIMES PROVIDING THOSE
SUPPORT SERVICES I THINK IS KEY
INTERNALLY BECAUSE THOSE
PROVIDERS LEAVING THAT WORK IN
PARTICULAR GOING INTO PRIVATE
PRACTICE CHANGING THEIR WORK
LOAD THAN INDIVIDUALS WHO NEED
ACCESS.
THANK YOU FOR THAT RECOGNIZE
THAT EFFORT.
CAN YOU JUST TALK A LITTLE BIT
EARLIER CALL ABOUT THE 14 VISITS
THE INDIVIDUALS WHO USE THE SPOT
SITE ARE THEN ENTERING INTO
BEHAVIORAL HEALTH PROGRAMS.
>> SURE, WE'RE ACTUALLY JUST
BEGINNING TO ANALYZE THE STATUS.
WE DON'T KNOW TOO MUCH ABOUT IT
BUT BASICALLY AS I MENTIONED,
THIS IS A VERY HAZARD TO REACH
VULNERABLE -- HARD TO REACH
VULNERABLE POPULATION, A
POPULATION THAT DOESN'T OFTEN
COME TO OUR CLINIC.
THE VISITS WHO COME TO OUR SPOT
PROGRAM IS DIFFERENT FROM THOSE
WHO Z OUR CLINIC ON A REGULAR
BASIS.
THIS IS A HARDER TO REACH SET OF
ON OUR POPULATION.
PEOPLE WILL SEE OUR HOME
DEDUCTION SPECIALATIONS WE HAVE
AND OUR NURSING STF WE HAVE IN
OUR SPOT CLINIC IN OUR MAIN

LOCATION AND WE'LL HAVE BRIEF
INTERACTIONS WITH OUR STAFF AND
ORGANIZATION AND HOPEFULLY WHAT
THEY DO IS HAVE REALLY NOT,
REALLY REALLY OPEN ARM AND
REALLY LACK OF A PRESSURED
EXPERIENCE AND SO A LOT OF
ORGANIZATIONS MAY ACT IN A
DIFFERENT MANNER WHERE PEOPLE
MIGHT BE APPRECIATED TO
SECRETARY SEEK SERVICES THAT
DON'T HAVE A HOME REDUCTION
APPROACH WHERE PEOPLE ARE JUST
COMING IN AND THERE'S NO
JUDGMENTS, THERE'S NO OBLIGATION
SO THEY JUST COME AS THEY ARE.
WITH THIS THROW LOASH HOLD WE
HOPE TO HAVE MORE OF THESE
DIFFICULT TO REACH PERSONS COME.
WE'VE SEEN AFTER 14 VISITS OR SO
THEY WANT TO SEEK OUR SERVICES.
OF COURSE ALL ALONG THE WAY OUR
HOME REDUCTION SERVICES, OUR
NURSING STAFF ARE ENCOURAGING
THESE INDIVIDUALS TOO IN A VERY
GENTLE MANNER.
>> GREAT I APPRECIATE YOU ADDING
TO THAT.
GENERALLY FOR THE SORT OF ONE
QUESTION IF YOU WANT TO RESPOND
PLEASE DO AND I'LL OPEN UP THE
QUESTIONS FOR MY COLLEAGUES.
ONE OF THE CHALLENGES I THINK
WHETHER IT'S INSURANCE LACK OF
PROVIDERS IS FORGET STIGMA.
WE KNOW THAT CONTRIBUTES TO
PEOPLE NOT ACCESSING SERVICES.
CAN WE TALK ABOUT SOME OF THE
OTHER BARRIERS THAT YOU ARE
SEEING IN YOUR ORGANIZATION
SPECIFIC TO PEOPLE NOT ACCESSING
SERVICES.
I DON'T KNOW, AT BU IS THERE A
WAIT LIST ARE PEOPLE ABLE TO
ACCESS THOSE SERVICES AND IN
PARTICULAR OUR OFF CAMPUS
STUDENTS THAT ACCESS THOSE
SERVICES.
>> ALL ARE ELIGIBLE FOR SERVICES
EVEN PART TIME STUDENTS,
STUDENTS THAT ARE PART TIME AND
DON'T HAVE OR SUBSCRIBE TO THE
STUDENT HEALTH INSURANCE OR HAVE
MORE LIMITED ACCESS.

HOWEVER WE DON'T TURN ANYONE
AWAY FROM EVALUATION AND
DEFINITELY NOT FOR CRISES OR
EMERGENCY SERVICES.
FOR NOW EVERY ONE OF OUR
STUDENTS ARE SEEN WITHIN 48-72
HOURS FOR AN INITIAL EVALUATION
WHICH COMPARED TO ACCESS IN THE
COMMUNITY IS A MUCH QUICKER TURN
AROUND.
WE HAVE THE UNFORTUNATE TIME CRUNCH
LIVING IN A SEMESTER OF 13 TO 14
WEEKS SO 14 WEEKS FOR A STUDENT
SEEMS LIKE ETERNALLY.
THAT INITIAL EVALUATION A IS A
20 MINUTE EVALUATION BY A
LICENSED COLLISION THAT DOES AN
ASSESSMENT AND THAT COULD HAVE A
DISPOSITION TO A NUMBER OF
DIFFERENT THINGS.
IT COULD BE INTERNAL TUNE INTAKE
TO ONE OF OUR SUBSCRIBERS OR
THAIRMS, IT COULD BE OUR LOOP
PROGRAM OR OUR EMERGENCY SERVICE
WHICH WOULD FURTHER AWE SELLS
THE STUDENTS AND ASSESS THE
HOSPITALIZATION IS NEEDED OR
SAFETY PLANNING IS NEEDED AND
SOMETIMES IT'S NOT FOR MENTAL
HEALTH THAT A STUDENT IS SENDING
IN BUT WITH AN INSTITUTION AS
BIG AS OURS SOMETIMES DISEUNT
DON'T KNOW WHERE TO GO SO IT
COULD BE SOMETHING AS EASY AS
TIME MANAGEMENT FOR EXAMPLE AND
WE JUST REFER THEM TO THE
APPROPRIATE PLACE ON CAMPUS BUT
WE WORK FOR A LOT OF THOSE
ISSUES THAT MIGHT ARISE.
IN TERMS OF BARRIERS THOUGH AL
ONE TIME THERE WAS A FOUR TO
FIVE WEEK WAIT WHICH IS A MAJOR
ISSUE AND WE CHANGED OUR MODEL
TO BE ABLE TO ACCOMMODATE THE
DEMAND WE WERE SEEING.
IN TERMS OF OTHER BARRIERS
STUDENTS ARE REALLY FEARFUL THAT
INFORMATION IS NOT CONFIDENTIAL.
WE ARE BOUND BY THE SAME
CONFIDENTIAL ACTUALITY THAT ANY
HEALTHCARE PROVIDER IS IN ANY
ACADEMIC INSTITUTION THAT'S
GOVERN BY FAMILY EDUCATION
RIGHTS AND PROTECTION ACT.

WE ARE NOT UNDER THEM, WE FOLLOW
AND COMPLY WITH HIPAA GUIDELINES
JUST LIKE ANY OTHER HEALTHCARE
PLIERD.
OUR ETHICAL AND LICENSE FOR
GUIDELINES DICTATE WE CAN'T
BREACH CONFIDENTIALITY UNLESS
THERE'S ANY SORT OF EMERGENCY TO
REALLY HAVING STUDENTS
UNDERSTAND THAT WE ARE
CONFIDENTIAL IS REALLY IMPORTANT
AND THEN MAKING THE TIME TO COME
IN.
BU STUDENTS SPEND MORE THAN
AVERAGE COMPARED TO THE NATIONAL
AVERAGE IN STUDYING IN DOING
ACADEMIC WORKOUT SIDE OF THE
CLASSROOM HIGHER THAN THE OTHERS
ACROSS THE RIVER EVEN.
SO BECAUSE IT'S A HIGHER
ACADEMIC FOCUS AT THE
UNIVERSITY, STUDENTS DON'T WANT
TO MAKE TIME TO TAKE CARE OF
THEM WHICH IS ENCOURAGING
PREVENTION AND THE LINK TO
ACADEMIC SUCCESS IS ANOTHER GOOD
PUSH THAT WE'RE ENGAGING IN
RIGHT NOW.
>> THANK YOU.
>> SURE.
>> YOU POINTED OUT STIGMA PLAYS
A HUGE ROLE BUT WE HAVE PRETTY
OPEN ACCESS SO WE CAN SEE MOST
PEOPLE WITHIN THREE DAYS OF
REFERRAL BUT OUR BIGGEST SHOULD PROBLEM
IS THE NO SHOW RATE.
I THINK THE NUMBERS WERE, WHEN
WE WENT THROUGH THIS 100%
REFERRED, 50% WILL HAVE CONTACT
WITH 80% TO GET THEM AN
APPOINTMENT AND THEN WE HAVE AN
ORIENTATION GROUP WHERE THEY
COME AND WE TEACH THEM ABOUT THE
SERVICE.
THAT RATE DROPS DOWN TO 50%.
BY THE TIME WE ACTUALLY SEE
SOMEBODY WE'RE DOWN TO 30% OF
THOSE WHO WERE REFERRED.
WE DON'T KNOW THAT THE OTHER 70%
THEY MAY SHOW UP AGAIN OR
THEY'LL END UP IN THE MARIJUANA
ROOM OR SOMETHING LIKE THAT --
IN THE EMERGENCY ROOM OR
SOMETHING LIKE THAT SO OUR

BUSINESS ISSUE IS THERE REALLY
THE NO SHOW.
PEOPLE WILL TELL YOU SOME OF IT
IS FINANCES FOR THEM, LIKE HOW
DO THEY GET THERE.
THEY TONIGHT HAVE MONEY FOR THE
BUS OR THINGS LIKE THAT.
THEY HAVE TO MAKE TOUGH CHOICES
OR THEY DON'T HAVE CHILD CARE SO
THROUGHS LIKE REALLY, YOU --
THERE'S LIKE REALLY LIFE
PROBLEMS THAT PREVENT PEOPLE
FROM ENGAGING IN CARE.
AND WE TRY TO ONCE WE UNDERSTAND
THOSE PROBLEMS, WE TRY TO
ADDRESS THEM AND GET THEM TRAVEL
MONEY AND THINGS LIKE THAT.
BUT WHAT WE CAN'T FIX WHAT WE
DON'T KNOW.
WHEN THEY DON'T SHOW UP THEN
THEY'RE JUST OUT THERE STILL IN
THE COMMUNITY.
I THINK THE OTHER ASPECT IS THAT
AGAIN YOU BRING BACK THE
CULTURAL ASPECT.
WE HAVE A SYSTEM HERE'S YOUR
APPOINT, YOU COME, YOU SEE THIS
PERSON AND SO ON.
BUT MANY PEOPLE HAVE BEEN
RECEIVED HEALTHCARE FROM THEIR
HOME COUNTRY WHICH WAS VERY
DIFFERENT SO THEY WOULD ONLY GO
TO THE DOCTOR WHEN THEY WERE
REALLY SICK.
AND THEY WOULDN'T HAVE AN
APPOINT, THEY WOULD JUST SHOW UP
AND WAIT ALL DAY UNTIL THEY WERE
SEEN AND THINGS LIKE THAT.
THERE WAS SOME CLEAR CULTURAL
DIFFERENCES AS A HEALTH SYSTEM
WE'RE TRYING TO UNDERSTAND HOW
DO WE ENGAGE PEOPLE WHO AREN'T
USED TO INTERACTING WITH OUR
HEALTH SYSTEM IN A WAY THAT
WE'VE BUILT IT.
SO WE HAVE TO GET OUT MORE INTO
THE COMMUNITY AND SO ON TO TRY
TO GET PEOPLE IN.
>> THANK YOU.
>> -- LACK OF INSURANCE HAS NOT
BEEN A BARRIER TO ACCIDENT CARE.
WE PROVIDE A LOT OF FREE CARE
AND SLIDING SCALE AS WELL.
I THINK ONE OF THE THING THAT

THE FEDERAL GOVERNMENT IS DOING
WHERE THEY'RE GOING TO PENALIZE
ILLEGAL IMMIGRANTS AND
UNDOCUMENTED IMMIGRANTS UNDER
THE PUBLIC CHARGE POLICY FOR
USING WICK AND OTHER HEALTHCARE
AND OTHER KINDS OF SERVICES.
THAT COULD CAUSE EMGRUNTS TO NOT
SEEK HEALTHCARE THAT THEY NEED.
AND WE'RE CONCERNED ABOUT THAT
AND KEEPING AN EYE ON THAT.
ONE THING THAT THE LGBT
COMMUNITY DOES STRUGGLE
SOMETIMES IS FINDING CULTURALLY
COMPETENT AND AFFIRMING MENTAL
HEALTH SERVICES.
SO FOR EXAMPLE, WE RUN
BEREAVEMENT GROUPS FOR OLDER
ADULTS WHO ARE LGBT AND ONE OF
THE PEOPLE WHO CAME TO US
RECENTLY WAS TOLD YOU COULD
PARTICIPATE IN ANOTHER
BEREAVEMENT GROUP BUT SHOULD NOT
DISCLOSE THE SEX OF HIS SPOUSE
THAT HE JUST LOST SO THIS WAS
KIND OF RIDICULOUS AND THAT
STILL OCCURS.
VETERANS SERVICES ARE VERY
IMPORTANT.
THE VA PROVIDES HEALTHCARE
PROVIDES HOUSING ASSISTANCE,
JOBS ASSISTANCE, SUICIDE
PREVENTION WORK.
VETERANS IN THE STRAIGHT
COMMUNITY THERE ARE DATA THAT
SHOW FOR MIDDLE AGED AND OLDER
LGBT PEOPLE ABOUT 10% ARE
VETERANS VERSUS 11% IN THE
STRAIGHT POPULATION AND THE
DIFFERENCE IS NOT PARTICULARLY
SIGNIFICANT BUT BECAUSE A LOT OF
GAY PEOPLE WERE OUT OF MILITARY
AND GIVEN DISHONORABLE
DISCHARGES PEOPLE DON'T KNOW
THEY ARE ELIGIBLE FOR THE
SERVICES OR THEY MAY BE ABLE TO
DO SOMETHING TO ACCESS THE
SERVICES.
THAT'S IMPORTANT TO KNOW THAT
HERE IN BOSTON AND ACROSS THE
COMMONWEALTH VETERANS.
THE LAST THING I'LL MENTION IS
WE HAVE A REALLY GOOD SCHOOL
BASED PROGRAM FOR LGBT YOUTHS

BUT WE ALSO STILL HAVE
CONVERSION THERAPY GOING ON AND
XK THERAPY AND WE HAD A BILL IN
THE LEGISLATURE THAT WOULD HAVE
PROHIBITED THAT FOR YOUTHS FOR
ADOLESCENTS AND THAT WAS NOT
PASSED ON TECHNICALITY BACK IN
JUNE AND HOPEFULLY WE'LL BE ABLE
TO GET IT PASSED THIS YEAR.
>> THANK YOU.
AND THANK YOU ALL.
COUNCILOR MCCARTHY.
>> THANK YOU VERY MUCH I HAVE A
QUICK QUESTION FOR
DR. HENDERSON.
YOU MENTIONED NEW YORK AND MY
EARS GOT PERKED UP TOO.
IS THAT A STATE-BASED PROGRAM OR
A CITY PROGRAM?
IT'S A CITY
PROGRAM?
DO YOU HAVE A COLLEAGUE THERE
THAT WOULD BE WILLING TO HAVE A
CHAT WITH US?
SCHOOL.
>> ABSOLUTELY.
I THINK IT'S ONE OF A KIND BUT
IT'S COMPREHENSIVE.
I DON'T KNOW HOW THEY ARE
FUNDING IT BUT THE CITY IS
FUNDING IT.
THEY'VE PROBABLY GOT SOME GOOD
DONORS AND STUFF BUT IT'S A
PRETTY COMPREHENSIVE PROGRAM.
REALLY DESIGNED TO INTEGRATE IT
ALL.
>> IF YOU COULD FOLLOW UP WITH
THE CHAIR ON THAT CONTACT WE
WOULD CERTAINLY LIKE TO REACH
OUT.
>> SURE, ABSOLUTELY HE.
>> THANKS.
>> THANK YOU.
COUNCILOR BAKER.
>> THANK YOU MADAM CHAIR.
I HAVE A QUICK QUESTION.
I DIDN'T QUITE GET YOUR NAME.
THANK YOU FOR COMING IN TODAY.
CAN YOU EXPLAIN TO ME HOW YOUR,
HOW DO YOU INTERACT WITH THE
BEST TEAM LIKE, HOW DO YOU
DEPLOY THEM OR DO YOU DEPLOY
TOGETHER.
>> I THINK IT REALLY VARIES

ACROSS OUR MULTIPLE VARIOUS
TEAMS AND VARIOUS CLINICS ACROSS
THE CITY.
EVERY CLINIC OPERATES IN A
PRETTY DIFFERENT WAY BUT WE USE
THE BEST TEAM HEAVILY AND THOSE
WHO ARE NOT CLINICIANS
THEMSELVES HAVE LESS OF A
FAMILIARITY AND CONFIDENCE WITH
TALKING WITH AND DISCUSSING
WITH SOME OTHER HOMELESS
PATIENTS WHO MAY BE ENDORSING
SUICIDAL THOUGHTS.
WHEN I PROVIDE THEM WITH
TRAININGS.
AS FOR OUR CLINE CULL STAFF
WE'LL HAVE INSTRUCT OR CALL THE
BEST TEAM AS NEEDED DEPENDING ON
THE AVAILABILITY OF CLINIC STAFF
SOMEONE IS ABLE TO WALK SOMEONE
TO THEIR CRISES UNITS OR
EMERGENCY DEPARTMENT NEARBY.
IT REALLY VARIES ON THE CLINIC
THAT THE PATIENT'S SEEN IN.
>> SO INTERACTIONS EVERY TEE AND
WHATEVER THE SITUATION IS, THIS
IS HOW WE DEPLOY.
>> THAT'S RIGHT.
>> YOU TALK A LITTLE BIT ABOUT
THE SPOT.
YOU SAID FOR THE MOST PART THE
SPOT ARE PEOPLE WHO ARE NOT
NECESSARILY COMING THROUGH YOUR
DOORS EVERY DAY.
>> THAT'S RIGHT.
>> SO WHERE ARE THEY COMING
FROM?
>> THEY ARE COMING FROM THE
STREET OWE JUST TO PROVIDE SOME
INFORMATION ABOUT THAT.
PEOPLE WHO USE THE SPOT PROGRAM
THE SUPPORTED PLACE FOR
OBSERVATION AND TREATMENT THEY
USE OPIATES, HEROIN OR PILLS
OUTSIDE OF OUR WALLS, OUTSIDE OF
OUR CLINIC WALLS.
THEY'VE ALREADY USED AND THEY
COME INTO OUR CLINIC WHERE THEY
ARE SAFELY MONITORED BY OUR
STAFF AS A MEANS TO REDUCE
OVERDOZENS DOSES.
IF THEY SHOW SIGNS OF OVERDOSE
THEY ARE MONITORED QUICKLY AND
SENT TO THE EMERGENCY ROOM TO

PREVENT DEATHS.
>> WOULD YOU NEED TO SEND THEM
TO THE EMERGENCY ROOM IF THEY
WERE IN THE SPOT?
>> NO, NOT NECESSARILY.
A LOT OF TIMES A LOT OF THE
CLIENTS THAT COME TO THE SPOT
APPROACH WILL COME TO THE
PROGRAM AND STAY THERE.
AS THEIR HIGH WEARS OFF AND THEY
ARE SAFE TO BE DISCHARGED WHICH
IS MONITORED BY THE NURSING
STAFF THEY ARE LET GO.
WE PROVIDE THEM WITH EDUCATION
ON OUR SERVICES AND TRY TO
ENCOURAGE THEM TO ENGAGE IN
BEHAVIOR HEALTH.
>> SO I KNOW IT'S A DIFFICULT
POPULATION.
RUB ABLE TO FIGURE OUT HOW MANY
PEOPLE MAY AFTER BEING IN THE
SPOT FOR A COUPLE TIMES, DO WE
HAVE NUMBERS OF WHO MAY GO THERE
THE SPOT AND THEN LOOK TO GET
SOME HELP, LOOK TO GET INTO
TREATMENT.
>> WE'RE JUST DOING SOME INITIAL
OBSERVATION OF THAT DATA.
WE DON'T HAVE MUCH TO SHARE
UNFORTUNATELY YES BUT WE'RE VERY
MUCH INTERESTED IN LOOKING AT
THAT DATA.
WHAT WE DO KNOW SO FAR
QUALITATIVELY IS THIS WAS THE
REAL POPULATION THAT'S REAL HARD
ONCE WE GOT THEM ENGAGED IT'S
REALLY HARD TO KEEP THEM THERE
BUT ALSO OUR TREATMENT TEAM IS
REALLY HARD TO KEEP THEM
ENGAGED.
WHAT WAS REALLY IMPORTANT AGAIN
IS OUR HOME REDEDUCT HUNDRED
PERSON ES AND OUR CASE MANAGERS.
THEY ARE REALLY WONDERFUL
BECAUSE THEY'RE AT THE FRONTLINE
OFTEN MEETING THESE INDIVIDUALS
IN THE MUNI FEE ON THE STREETS
OR CALLING THEM AND REALLY
ENCOURAGING THEM TO COME INTO
OUR CLINIC TO SEE PROVIDERS, TO
SEE A HEALTHCARE PROFESSIONAL.
>> ARE THESE PEOPLE THAT ARE
USING THE SPOT, ARE THEY MAYBE
MORE ON THE FRONT END OF THEIR

FOR LACK OF A BETTER TERM THEIR
JOURNEY.
>> NOT NECESSARILY.
>> BECAUSE THEY ARE MORE
DIFFICULT TO REACH THEY WANT TO
CONTINUE WITH THAT.
>> NOT NECESSARILY IN THE
BEGINNING OF THEIR ADDICTION.
THERE ARE PEOPLE IN STAGES.
>> ALL THE DIFFERENT SPECT
TRUMPS -- SPECTRUMS.
DO YOU HAVE A SENSE HOW MANY
PEOPLE HAVE USED IT AND IS IT
REA PETE, IS IT THE SAME PEOPLE
THAT ARE USING THAT.
>> I DON'T HAVE THAT DATA ON THE
TOP OF MY HEAD BUT IT'S A VERY
GOOD QUESTION.
A PROPORTION OF THEM ARE PEOPLE
THAT REPEAT WHO COME INTO OUR
CLINIC OVER AND OVER AGAIN BUT
WE HAVE PEOPLE THAT WILL PURSUE
THE CLINIC ONE OR TWO TIMES AND
NOT AGAIN.
>> YOU NEVER SEE THEM AGAIN.
>> EXACTLY.
>> THANK YOU MADAM CHAIR.
>> THANK YOU TO THIS PANEL VERY
MUCH FOR YOUR INSIGHT, YOUR
INFORMATION AND MOST IMPORTANTLY
THE WORK THAT YOU ALL DO EVERY
SINGLE DAY WHEN YOU'RE NOT
BEFORE THE CITY COUNCIL.
THANK YOU VERY MUCH FOR BEING
HERE.
I'M GOING TO BE QUICK PROPERLY
THANKING MY GUESTS I'M GOING TO
MOVE ON TO OUR THIRD PANEL JUST
BECAUSE IT'S, WE'RE GETTING LATE
INTO OUR TESTIMONY HERE.
SO WE HAVE STEVE WHO IS THE
EXECUTIVE DIRECTOR OF THE
SAMARITAN, DAVID O'LEARY FROM
THE AMERICAN FOUNDATION OF
SUICIDE PREVENTION AND JEN IS
DIRECTOR OF THE LEGATE GROUP.
THANK YOU ARE FOR BEING HERE.
AND THEN FOLLOWING THIS -- MAKE
SURE TO GRAB IT AFTER THE NEXT
PANEL.
THANK YOU TO THE THREE OF YOU
FOR BEING HERE.
JEN DO YOU FIND IF I START WITH
YOU.

WE'VE BEEN GOING FROM MY RIGHT
TO LEFT THIS MORNING.
SO I'LL CONTINUE WITH IT.
I DO WANT TO ACTUALLY SAY BEFORE
JEN SPEAKS I THINK JUST AFTER I
TOOK OFFICE, COUNCILOR MCCARTHY
CONNECTED UP AND WE TALKED A LOT
ABOUT ACCESSING MENTAL HEALTH
SERVICES ACROSS THE CITY AND FOR
OUR RESIDENTS AND I'M HAPPY THIS
CONVERSATION STILL CONTINUES AND
I'M REALLY VERY HAPPY THAT
YOU'RE HERE WITH US TODAY.
>> THANK YOU.
I REALLY CAN'T THANK YOU ENOUGH
FOR YOUR LEADERSHIP ON THIS
COUNCILOR ESSAIBI GEORGE.
HONORABLE CITY COUNCILS, FELLOW
SPEAKERS AND TRUTH TELLERS AND
CONCERNED RESIDENTS OF BOSS TALK
THANK YOU FOR HAVING ME HERE.
MY NAME IS GENERAL Y AND I'M A
LICENSED INDEPENDENT CLINICAL
SOCIAL WORKER.
I'M HERE TODAY IN THE CAPACITY
AS THE PROUD OWNER OF THE LEGATE
GROUP A SMALL BUSINESS WHICH IS
AN OUTPATIENT POLITE BEHAVIORAL
HEALTH PRACTICE IN ROSLINDALE
WHERE WE SERVE 350 RESIDENTS
EACH WEEK FOR PSYCHO THERAPY AND
NOW PSYCHIATRY SERVICES.
OF NOTE IS THAT WHILE WE ARE IN
PRIVATE PRACTICE WE CONTRACT TO
THE WIDE ARRAY OF INSURANCES AND
WE DO HAVE MEDICAID CONTRACT AND
WORK CLOSELY WITH THE COMMUNITY
HEALTH CENTERS IN OUR
NEIGHBORHOOD.
I'M ALSO PROUD CLINICAL SOCIAL
WORKER AND SPEAK AS A VOLUNTEER
FOR ANY IN MASSACHUSETTS A
SUBGROUP WHICH I SURVEYED FOR
CONCLUSION OF TODAY'S COMMENTS.
I LEAD A GROUP OF PERINATAL THAT
I INCLUDED IN TODAY'S COMMENTS.
I HAVE THE HONOR OF SPEAKING IN
FRONT OF THE CITY COUNCIL IN MAY
OF 2016 WHEN WE SPOKE OF MENTAL
HEALTH AND SUBSTANCE DISORDER.
I PROVISIONED A CONCERN FOR LACK
OF ACCESS TO RESIDENTS AND CITY
EMPLOYERS DUE TO THE LACK OF
PROVIDERS WHO TAKE HEALTH

INSURANCE IN THE CITY.
I WISH I COULD SAY THINGS HAVE
GOTTEN BETTER.
IN FACT I COME REPORTING THE
VOICE OF THE OUTPATIENT
PROVIDERS SAYING STRONGLY THAT
THINGS HAVE GOTTEN WORSE IN JUST
THE AREAS THAT YOU SEEK TO
ADDRESS IN YOUR HEARING ORDER
TODAY.
TO SUMMARIZE THE COMMENTS OF MY
COLLEAGUES WITHIN THE GROUP OF
BOSTON AREA PERI MENTAL HEALTH
CLINICIANS WE NEED YOUR HELP AND
WE NEED IT PASS.
THE QUICKLY DWINDLING NUMBER OF
PSYCHOTHERAPY APPOINTMENTS
AVAILABLE ACROSS THE TOY DUE IN
LARGE PART TO SETTINGS THAT
PREVIOUSLY PROVIDED A LOT OF
THERAPY MAKING THE DECISION TO
STOP DOING SO AT THE NUMBERS
PREVIOUSLY DONE.
THESE DECISIONS SEEM TO BE
DRIVEN PRIMARILY BY THE
ECONOMICS OF HEALTHCARE AND I
TRULY APPRECIATE DR. HENDERSON
TALKING ABOUT RATES EARLIER
BECAUSE IT'S NOT SOMETHING A LOT
OF PEOPLE WANT TO TAKE ON.
BEHAVIORAL HEALTH REIMBURSEMENTS
RATES ARE HISTORICALLY LOW.
SOME HAVE NOT RAISED A DOLLAR IN
OVER 15 YEARS AND AS MORE AND
MORE PROVIDERS LEAVE HEALTH
INSURANCE PANELS DAILY LEAVING
FEWER AND FEWER APPOINTMENTS FOR
RESIDENTS SEEKING CARE.
WHILE WE HAVE HIGH NUMBERS OF
WELL TRAINED AND LICENSED
PROVIDERS IN BOSTON MORE AND
MORE OF THEM TAKE NO INFERENCE
OR HAND SELECT THOSE THAT PAY A
CLOSE TO RESPECTABLE WAGE AND
WITH THE EASE JUST TERMS OF
WORK.
AS A PRACTITIONER WHO HAS
REMAINED COMMITTED SEEING
CLIENTS IN A WIDE RANGE OF
SOCIO-ECONOMIC LEVELS THIS IS
FRUSTRATING AS IT FURTHER
REDUCES THE NUMBER OF SEATS
AVAILABLE FOR THERAPY FOR
PEOPLE.

AS A COMPASSIONATE 3ER7B WHO IS
AWARE OF WORK FORCES SO MANY
SYMPATHETIC OF THE FACT PEOPLE
NEED TO PAY THEIR BILLS AS WELL.
BEHAVIORAL HEALTH TREATMENT HAS
SHOWN CONCLUSIVE IN BENEFICIAL
EFFECTS AND DECREASING PEOPLE
SUFFERING FOR PSYCHICALLY
INVOLVED PATIENTS.
IT CAN HELP IN POWERFUL WAYS
OFTEN VERY QUICKLY WHEN PEOPLE
IN THE TOY JUST CAN'T ACCESS IT,
IT IS TRULY SICKENING.
PROVIDERS I SPEAK WITH ARE
CONCERNED THAT THERE ARE NOT
ENOUGH SERVICES FOR ALL OF THE
FOLLOWING PEOPLE.
NEW PARENTS ESPECIALLY THOSE
FACING POSTPARTUM DEPRESSION AND
OTHER PERINATAL ISSUES
NON-ENGLISH SPEAKERS LOW INCOME
FOLKS PEOPLE WHO ARE HOMELESS
AND COME OUT OF INCARCERATION,
PEOPLE WITH MENTAL ILLNESS,
THESE WITH ANXIETY AND
BEHAVIORAL PROBLEMS, MASS
HEALTH, LGBTQ PEOPLE, PEOPLE OF
COLOR WHO KEY SERVE TO HAVE
SOMEONE LIKE THEM SITTING ACROSS
THE ROOM FROM THEM.
THE CHALLENGE IS IN GEOGRAPHY
AND POOR TRANSIT, FOLKS WHO HAVE
A DIFFICULTY PAYING HIGHER
CO-CAN PAYS, JUGGLING COST OF
LIVING AND MAKING TIME FOR
TREATMENT.
I'M NOT SURE THERE'S ANYONE I
LEFT OUT THAT LIST.
ENHANCED SERVICES IN THIS CITY
INCLUDES DIFFERENCE AND LANGUAGE
IN THE PROVIDER COMMUNITY.
MORE ALLIED SUPPORT SERVICES AND
DOCTORS OFFICERS, ADDITIONAL
CHILD PSYCH BEDS INCREASED
TRAINING AROUND SOCIALLY JUST
AND COMPETENT CROSS CULTURAL
SERVICES.
INCREASED SUPPORT AND ADVOCACY
FOR PEOPLE NEEDING ASSISTANCE
AND SEVERE INCREASE IN
AFFORDABLE HOUSING.
IT'S ISSUES MANY OF YOU WORK ON
ALL THE TIME.
SPECIFIC REQUESTS THAT THESE

CLINICIANS ARE MAKING OF THE
CITY COUNCIL IS A STRONG ACTION
IN ADDRESSING REIMBURSEMENTS
RATES IN BOSTON SO PROVIDERS CAN
AFFORD TO ACCEPT INSURANCE.
EASIER ACCESS TO HIGH SUPPORT
SERVICES THAT WILL KEEP STRESSED
LOW INCOME FAMILIES HOUSED AND
EASIER ACCESS TO EMERGENCY
SERVICES.
REIMBURSEMENT RATES REALLY
MATTER.
THEY MATTER BECAUSE THE
HISTORICALLY LOW RATES PAID TO
BEHAVIORAL HEALTH PROVIDERS LEAD
WHOLE HOSPITAL SYSTEMS E VAST
RATE THEIR THERAPY SERVICES
BECAUSE IT IS MORE PROFITABLE TO
HAVE A HIGHER PAID MEDICAL
SPECIALTY OR EVEN A NUTRITION ES
WHO HAS THE SAME MASTERS LEVEL
OF TRAINING WITH ME BUT RECEIVES
THREE TIMES THE COMPENSATION
FROM INSURANCE THAT WE BEHAVIOR
HEALTH PROVIDERS DO.
PEOPLE NOT ABLE TO GET
PSYCHOTHERAPY IN THEIR DOCTORS
OFFICES AS THEY HAVE IN THE PAST
WHICH WAS AN IMPORTANT SAFETY
NET FOR PEOPLE WITH COMPLICATED
SICKER YAK TRICK HISTORIES WHO
NEED AND DESERVE EXTRA SUPPORT
AN APPOINT WITH NO CANCELLATION
FEE ATTACHED IF THEY MISS THE
BUS AFTER BEING KENLT LATE AT
WORK.
I BELIEVE AN ALARMING AND BUT
SHIFT HAS NOTING FOR YEARS NOW
IN WHICH THEM NOT ALL PRIMARY
CARE SETTINGS ARE ELIMINATING OR
REDUCING THEIR OWN CAPACITY TO
DELIVER MENTAL HEALTH SERVICES
OUT TO THE COMMUNITY AS IT IS A
MONEY LOSING PROSPECTS FOR THEIR
ORGANIZATIONS.
THE PROBLEM IS IN MY MIND ISN'T
THAT THE RESPONSIBILITY OF A
PRIMARY CARE SETTING THAT TREATS
THE WHOLE PATIENTS ESPECIALLY IN
A STATE THAT HAS A CLEAR PARITY
LAW REQUIRING THE SAME CARE FOR
MEDICAL OR MENTAL HEALTH PROBLEM
SHOULDN'T THEY BE REQUIRED TO
RETAIN THE CAPACITY TO TREAT THE

FULL RANGE OF MENTAL HEALTH
ISSUES OF THEIR PATIENTS MOSTLY
WITHIN THEIR OWN WALLS?
I STARTED OUT MY OWN ON MARLBORO
STREET 20 YEARS AGO SEEING 15
PERWEEK.
I INCREASED THAT CAPACITY IN
ROSLINDALE, TO HAVE THE COPY SEE
TO SEE 350 PEOPLE PER WEEK.
MY OFFICE MANAGER REPORTS AS OF
20 MINUTES AGO WE HAVE FOUR
APPOINTMENTS AVAILABLE IN MY
OFFICE.
WE ARE PRETTY FULL.
LAST MONTH WE SIGNED A LEASE TO
CREATE ANOTHER 350 APPOINTMENTS
PER WEEK IN PROGRESSIVE
FRAMINGHAM WHERE THE LEADERSHIP
IS AS INVOLVED AS YOU ALL ARE.
I HAVE FOUNDED THE OUTPATIENT
GROUP PRACTICES IS A PRETTY
SOLID BUSINESS MODEL.
WE SEE PAUL NOT ATTACHED TO A
HOSPITAL ROOM OR MRI MACHINE.
WE KEEP COSTS LOW BUT I
COMPENSATE MY STAFF ADEQUATELY
FOR THE VERY DIFFICULT WORK THEY
DO DUE TO LOW INSURANCE RATES
AND TO POSSIBLE GAIN ACCESS TO
HIGHER RATES FROM SOME
COMPANIES.
HOWEVER WE CANNOT SEE PATIENTS
WHO SHOULD BE IN A SETTING WITH
A TEAM OF PSYCHIATRIST OR MDs
STABLE WHERE THEY CAN BE
HOSPITALIZED EASILY.
THOSE PATIENTS HAVE FEWER AND
FEWER OPTIONS EACH DAY.
I SEE TRENDS AND LISTEN TO HE
PEOPLE CALLING ABOUT THEIR
CONCERNS FOR THEIR MOST PRECIOUS
PEOPLE.
I'M TELLING SOMEONE NEEDS TO BE
MEASURING HOW MANY SEATS THERE
ARE FOR THERAPY IN THE CITY AND
WHO IS CUTTING THE ONES THAT
THEIR INSTITUTIONS DUNE WANT TO
LOSE MONEY O THE NEW SMART
PRESENTED OF IMBEDDING CLINICAL
SOCIAL WORKERS INTO PRIMARY CARE
SETTINGS IS WONDERFUL HOWEVER
THE EFFICACY IS DEPENDENT ON
HAVING CLINICIANS WITHIN THEIR
OWN SETTINGS IN NEED TOO.

WHEN THIS DOES NOT HAPPEN AS A
PAIRING WE SEE IT RISING
DANGEROUSLY IN OUR OWN OFFICES.
CUTTING PSYCHOTHERAPY SERVICES
FOR THE PSYCH ES PEOPLE WHILE
MOVING CLINICIANS INTO A BETTER
ROLE IS NOT PROGRESS WHILE MANY
PEOPLE ARE CALLING IT APPEAR.
WE SEE TRENDS IN IOP SETTINGS
AND BED SETTINGS.
VERY ILL PEOPLE ARE CALLING TO
GET A ONCE A WEEK THERAPY
APPOINT IN MY OFFICE.
NOT THE RIGHT MATCH FOR SOMEONE
WHO IS ACUTELY SUICIDAL AND
NEEDING ROUND THE CLOCK CARE
DESPITE OUR EFFORTS TO INCLUDE
AS MANY PEOPLE AS WE CAN.
AS A RESULT I'VE INVESTED MORE
MONEY IN OUR SCREENING PROCESS
MAKING SURE THE PATIENTS WHO
CALL IN MORE DISTRESS ARE INDEED
THE RIGHT MATCH FOR THE SKILLS
WE HAVE TO OFFER AND TO SPEND
TIME HELPING CONNECT THEM TO
SERVICES THAT THEY DO NEED EVEN
IF THEY'RE NOT WITH US.
I ONLY SEE THIS GETTING WORSE
AND WITH GREATER RISK OF OUR
PAWN LITTLE JUST TRYING TO GET
CARE FOR THEIR LOVED ONES.
THE SADDEST RESULT IT'S A TOUGH
QUESTION TO ANSWER BUT THE CALL
THAT MOST DISTURBED ME IN THE
LAST YEAR MIGHT SURPRISE YOU.
IT'S NOT ABOUT A 13 YEAR OLD
BOARDED FOR NINE DAYS AS THERE
WAS NO BED FOR HER ACROSS THE
STATE, NOT THE MOM I'VE SPOKEN
TO MULTIPLE TIMES OVER THE TOIS
YEARS DESPERATELY TRYING TO FIND
MENTAL CARE FOR HER MENTAL ILL
VIOLENT PRECIOUS SON JUST
RELEASED FROM PRISON -- WHO CAME
TO US FOR AN TAKE WITHOUT A
PROGRAM IN BETWEEN REQUIRING
FOUR HOURS OF STAFF ASSISTANCE
FOR WHICH WE GET REIMBURSED FOR
ONE AND-A-HALF HOUR.
IT'S THE SINGLE MOM WITH THE
ACCENT IN HER VOICE.
THIS MOM WAS CALLING WITH AN
IDEAL BEHAVIORAL HEALTH REQUEST.
HER SEVEN YEAR OLD PREVIOUSLY

HAPPY GO LUCKY SON WAS COMING
HOME FROM SCHOOL WITH REPORTS OF
SERIOUS BEHAVIOR CHOICES IN
SCHOOL AND SHE WANT HIM TO GET
HELP.
SHE WAS WILL TO GO TAKE THE BUS
ANYWHERE FOR HIM AND SHE HEARD
GOOD THINGS ABOUT HIGH OFFICE
AND WOULD BRING HEM HERE FROM
DORCESTER.
WE DON'T SEE KIDS AS YOUNG AS
SEVEN AND DIDN'T HAVE AVAILABLE
APPOINTMENTS.
I WENT THROUGH MY DIRECTOR OF
COLLEAGUES AND GAVE HER FOUR
NAME.
I SUGGESTED SHE CALL HER PCP
WHICH BROUGHT THE MOST TROUBLING
ANSWER.
SHE HAD SPOKEN WITH HER PCP
OFFICE AT THE LARGE MEDICAL
GROUP AND THEY TOLD HER THEY
COULD SEE HER SON IN APRIL FOR
INTAKE.
SHE WAS CALLING IN OCTOBER.
WHEN SHE BEGGED FOR SOMETHING
SOONER THEY TOLD HER SHE WOULD
GIVE YOU ARE A PHONE SCREEN IN
FEBRUARY AND WERE BOOKED OUT TO
BE THEIR RECENTLY REDUCED SMALL
CAPACITY BEHAVIORAL HEALTH
SYSTEM.
HALF A SCHOOL YEAR GONE FOR WHAT
ANY CLINICIAN KNOWS MIGHT BE A
BRIEF TREATMENT SUSTHAT MIGHT
HAVE GOTTEN THIS BOY BACK ON
TRACK IN SCHOOL BY SOLVING
WHATEVER PROBLEM HE WAS HAVING.
I TOLD HER IF NONE OF MY CHEAGZ
COULD HELP HER SON TO CALL ME
BACK SHE THANKED ME FOR MY HELP
AND ASKED IF I HAVE ANY OTHER
IDEAS.
SAY YOU CANNED SHE CALL HER
CENTER COUNCILOR, HER SENATOR
AND BRAMS THE ATTORNEY GENERAL.
SHE WAS SHOCKED I SUGGEST THAT
BUT THEN SAID I CAN'T TELL YOU
HOW MUCH IT MEANS TO HAVE
SOMEONE TAKE ME SERIOUSLY.
I'M ALMOST CRYING NOW.
I'M GOING TO ASK YOU ALL TO
CHECK YOUR AWIONIONS AS YOU
LISTEN TO THE STORY.

HER INSURANCE BLUE CROSS BLUE
SHIELD HER HEALTHCARE SYSTEM NOT
A STRAINED COMMUNITY HEALTH
CENTER BUT A BIG PRIVATE ONE
THAT YOU LIKELY GO TO YOURSELF.
THIS IS A CALL THAT KEEPS ME UP
AT NIGHT.
I WIRNLD HOW THAT BOY IS DOING
TODAY AND IF HE GOT SERVICES.
IT'S NOT GOOD ENOUGH AND IT'S
NOT FAIR TO OUR CITY'S
RESIDENTS.
THANK YOU FOR YOUR TIME AND IF I
CAN DO ANYTHING TO HELP WITH ANY
OF THIS, PLEASE CALL ME.
>> THANK YOU, JEN.
THANK YOU VERY MUCH.
DAVID.
WELCOME BACK.
>> THANK YOU VERY MUCH.
NICE TO BE HERE.
THANK YOU MADAM CHAIRWOMAN,
COUNCILOR ESSAIBI GEORGE,
COUNCILOR MICK CARNII AND
COUNCILOR BAKER, GOOD TO SEE YOU
AGAIN.
WE WORK TO PREVENT SUICIDE AND
BRING HOPE TO THOSE IMPACTED BY
SUICIDE.
I SHOULD ADD IT'S BEEN
INCREDIBLY REWARDING TO BE HERE
THIS MORNING TO HEAR CHALLENGES
IN MANY CASES AND IN SOME CASES
SUCCESSES OF OUR PARTNERS
COMMUNITY PARTNERS WHO WORK IN
THIS SAME SPACE.
AFSP HAD THE OPPORTUNITY JUST A
COUPLE MONTHS AGO TO PRESENT
SOME OF OUR PREVENTION
PROGRAMMING BEFORE THE BOSTON
TOY COUNCIL.
IN TALKING WITH THE COUNCIL AT
THAT TIME I REMEMBER BEING
IMPRESSED AGAIN WITH HOW
CONNECTED WE ALL ARE TO THIS
ISSUE, ALL OF US.
WE ALL KNOW SOMEONE WHO
STRUGGLES WITH MENTAL ILLNESS OR
WORSE HAS SUFFERED A LOSS TO
SUICIDE.
AFSP IS A NATIONAL ORGANIZATION,
HAS CHAPTERS 80 OF THEM IN ALL
IN ALL 50 STATES INCLUDING OUR
GREATER BOSTON CHAPTER I REFNLT.

THAT'S THE OLDEST IN OUR
ORGANIZATION.
WE SEVEN WHO WE SERVE TO FOUR
MAIN AREAS, TO RESEARCH WE'RE
THE LARGEST NON-PROFIT FURND OF
RESEARCH -- FUNNELLER OF
RESEARCH FUNDING OVER $5 MILLION
IN GRANT TO LEARN OF CAUSES OF
SUICIDE, WARNING SIGNS FOR
SUICIDE AND PREVENTION PROGRAMS.
WE HAVE AN ADVOCACY PROGRAM.
WE CONVERGE ON BEACON HERE IN
BOSTON EACH HERE AND CAPITOL
HILL IN WASHINGTON D.C. IN THE
SPRING TO ADVOCATE FOR SUPPORT
FOR OUR WORK.
WE'RE ALREADY WORKING WITH THE
STATEWIDE COLLATION AND WOULD
APPRECIATE THE COUNCIL'S SUPPORT
AS WE LOBBY FOR FUNDING SUPPORT
FOR EDUCATION PROGRAMS AND
INITIATIVES NOT ONLY AS THEY
PERTAIN TO OVERALL PREVENTIONS,
SUICIDE PREVENTION AND MENTAL
HEALTH AND SOCIETY AT LARGE BUT
MORE SPECIFICALLY FOR STUDENTS
AND FOR SCHOOLS.
IT'S WORTH NOTING, I THINK, AND
IT'S BEEN SAID IN OTHER WAYS
THIS MORNING WHEN IT COMES TO
MAJOR HEALTH CRISES AS A NATION
WHEN WE SPEND MONEY ON RESEARCH,
WE SEE RESULTS.
SO IN THE PAST 15 YEAR, WE HAVE
INVESTED A GREAT DEAL OF FEDERAL
FUNDING TO RESEARCH CAUSES OF
DEATH FOR THINGS LIKE HEART
DISEASE, HIV/AIDS, PROSTATE CANS
AND OTHER DISEASES AND
ILLNESSES.
SALER WE HAVE SEEN MAJOR -- AS A
RESULT WE'VE SEEN MAJOR
REDUCTIONS IN MORTALITY RATES.
THAT HAS NOT BEEN THE CASE WITH
SUICIDE AND AS HAS BEEN POINTED
OUT THE RATES HAVE NOT DECREASED
OVER THE YEARS FOR SUICIDE.
IN FACT IN MANY AREAS IN THE
COUNTRY, IN FACT IT'S BEEN A
ROUGHLY 3% INCREASE IN THE RATE
OF SUICIDE NATIONALLY.
4 ,000 TO 47,000 IN THE MOST
RECENT CDC REPORT WHICH WAS JUST
RELIED LAST WEEK.

FURTHER ASFP OFFERS SUPPORT FOR
SURVIVORS IN THOSE IMPACTED BY
SUICIDE.
WE HAVE A SURVIVOR OUTREACH
NETWORK WHO PUTS THOSE WHO
EXPERIENCED A LOSS IN SUICIDE IN
TRAIN WITH A SURVIVOR WITH A
SIMILAR LOSS.
WE HAVE A NATIONAL SURVIVOR DAY
HERE IN BOSTON MASSACHUSETTS.
THERE ARE VARIOUS SAT LIGHT
LOCATIONS ACROSS COUNTRY AND
REALLY ACROSS THE WORLD TO BRING
SUPPORT TO SURVIVORS AND DRAW
ATTENTION TO THIS IMPORTANT
PUBLIC HEALTH ISSUES.
PROGRAM IS ANOTHER AREA WHICH
ASFP OFFERS SUICIDE PREVENTION.
WE HAVE A HANDFUL OF PROBLEMS
AND SPEAKING EARLIER AT THE
COUNSELLING DIRECTOR AT BU NOTED
THERE ARE 150,000 COLLEGE
STUDENTS HERE IN THE BOSTON
AREA.
WE HAVE A PROGRAM SPECIFICALLY
FOR COLLEGE CALLED IT'S REAL
COLLEGE STUDENTS AND MENTAL
HEALTH.
IT'S A FILM DESIGNED TO RAISE
AWARENESS EXPERIENCED BY
COLLEAGUE STUDENTS.
IT'S DWROOD AS PART OF AN
EDUCATIONAL HEALTH PROGRAM FOR
SEEKING HELP FOR COLLEGE
STUDENTS.
ASFP HAS PRODUCED A UNTIL OF
VIDEOS IN OUR VOICES OF HOPE
SERIES WHICH IS A VEERS OF
VIDEOS THAT FEATURES INDIVIDUALS
THAT HAVE STRUGGLED WITH MENTAL
ILLNESS AND SUICIDAL IDEATION TO
SPEAK ABOUT THEIR OWN PERSONAL
EXPERIENCE.
THERE'S A PROGRAM CALLED SAVE
LIVES WHICH WE WERE FORTUNATE
ENOUGH TO PRESENT FOR THE BOSTON
CITY COUNCIL ABOUT A MONTH AWE
GO.
IT'S LIKE A ONE HOUR SUICIDE 101
PROGRAM THAT INTRODUCES HOW TO
SPEAK PRODUCTIVELY ABOUT MENTAL
ILLNESS, WARNING SIZE AND SOME
PREVENTION TECHNIQUES.
WE ALSO OFFER THIS PRESENTATION

IN VARIOUS MODULES INCLUDING ONE
DIRECTED TOWARD LGBTQ COMMUNITY,
FARMS, SENIORS AND OTHER AT RISK
AND TARGETED COMMUNITIES THAT
MAY BE AT HIGH RISK FOR SUICIDE.
A PROGRAM THAT WE'RE MOST PROUD
OF IS OUR ISP.
IT'S AN INTERACTIVE SCREENING
PROGRAM, IT'S AN ON-LINE PROGRAM
THAT ASFP OFFERS.
ES A CONFIDENTIAL SCREENING
PROGRAM THAT WE MAKE AVAILABLE
TO PARTNER ORGANIZATIONS LIKE
THE BOSTON POLICE DEPARTMENT.
WE'RE EXTREMELY PROUD OF THE
PARTNERSHIP WITH THE DEPARTMENT
AND 9 BOSTON POLICE FOUNDATION.
THEY HELP IDENTIFY THOSE WHO MAY
BE STRUGGLING, THOSE AT RISK TO
MAYBE GET THEM CONNECTED TO
SERVICES BEFORE CRISES ARRIVE.
EVEN WHEN PEOPLE KNOW ABOUT
MEMBER ACTUAL HEALTH SERVICES,
SHAME AND FEAR AND STIGMA AND
EMBARRASSMENT OFTEN PREVENT THEM
FROM SEEKING HELP.
BUT THIS CONFIDENTIAL PROGRAM
WE'RE LOOKING TO CHANGE THAT.
WE'RE PROUD TO BE PRESENTING
THIS PARTNERSHIP THAT WE HAVE
WITH THE BOSTON POLICE
DEPARTMENT AT OUR NATIONAL
LEADERSHIP CONFERENCE IN JANUARY
AS A MODEL TO HOPEFULLY
DUPLICATE IN OTHER CITIES WITH
OTHER CHAPTERS AND WITH OTHER
DEPARTMENTS.
THE LINK BETWEEN ELEVATED RISK
FOR SUICIDE WITH PLOWFERSZ AS
WELL AS LAW ENFORCEMENT AND
VETTANCES RUBS IN GENERAL HAS
BEEN WELL DOCUMENTED AND SPOKEN
ABOUT THIS MORNING.
ALL THESE PROGRAMS SAVE LIVES
IT'S REALLY ISP.
WE OFFER FREE OF CHARGE TO
SCHOOLS AND BUSINESSES AND THE
COMMUNITY AT LARGE.
THEY ARE AVAILABLE FREE OF
CHARGE TO ANYONE WHO IS
INTERESTED IN RAISING AWARENESS
ABOUT SUICIDE AND THE IMPORTANCE
OF MENTAL HEALTH.
WE ALSO WORK IN PARTNERSHIP ON A

NATIONAL LEVEL AND LOCALLY WITH
VARIOUS ORGANIZATIONS HERE IN
MASSACHUSETTS CONTRACTORS IN THE
STATE TO PROVIDE MORE INVOLVED
TRAININGS INCLUDING SAFE TALK
WHICH IS EDUCATION FOR THE
COMMUNITY TO IDENTIFY AND
ENCOURAGE INDIVIDUALS TO BECOME
SUICIDE ALERT HELPERS ASSIST
TRAINING WHICH IS APPLIED
SUICIDE INTERVENTION SKILLS
TRAINING, ADULT AND YOUTH MENTAL
HEALTH FIRST-AID WHICH IS
MENTIONED EARLIER.
OUR STAFF AND VOWNTS ARE
TRAINED -- VOLUNTEERS ARE
TRAINED WITH DELIVERING THIS
PROGRAMS.
OUR ORGANIZATIONS OFFERS
STATEWIDE OUT OF THE DARKNESS
WALK INCLUDING BOSTON OUT OF
DARKNESS WALK WHICH TOOK PLACE
HERE ON A RAINY SATURDAY ABOUT A
MONTH AGO.
CLOSE TO 3,000 PARTICIPANTS
THERE TO RAISE MONEY AND RAISE
AWARENESS ABOUT ASFP.
WE HOST TEN CAMPUS WALK AT AREA
COLLEGES AND UNIVERSITIES EACH
SPRING TO HELP BRING OUR MESSAGE
TO HIGH COOL AND COLLEGE
STUDENTS.
THE WALKS CONTINUE TO GROW EACH
YEAR WHICH I BELIEVE SPEAKS TO
THE GROWING NUMBER OF PEOPLE WHO
ARE CONNECTED TO OUR WORK HOOK
IMPACTED BY THIS MENTAL HEALTH
CRISES AND ALSO ABOUT THEIR
WILLINGNESS TO BE OPEN ABOUT
TALKING ABOUT IT AND DEALING
WITH IT.
FIGURE MA HAS BEEN MENTIONED
SELL TIMES THIS MORNING AND A
KNEW DIFFERENT CONTEXTS.
WE BELIEVE REMOVING SIGMA
SURROUNDING SUICIDE AND MENTAL
HEALTH IN GENERAL IS SO
IMPORTANT TO OUR WORK.
WE'RE EXTREMELY PROUD OF THE
BOSTON POLICE DEPARTMENT AND
COMMISSIONER ROSS SHOULD BE
INCREDIBLY UNDERSTANDING ABOUT
THE IMPORTANCE OF IT HAS SAID IT
VERY WELL OVER AND OVER IT'S

OKAY TO NOT BE OKAY.
THE CONNECTION BETWEEN OUR
PHYSICAL HEALTH AND MENTAL
HEALTH IS RELEVANT AND A VERY
IMPORTANT ONE AND I BELIEVE THAT
GOES FOR ALL POLICE OFFICERS FOR
VETERANS HIGH SCHOOL STUDENTS
AND CITY COUNCILORS.
ALL OF US.
WHEN WE HAVE AN OPEN AND HONEST
CONVERSATION ABOUT MENTAL HEALTH
WITHOUT JUDGMENT AND WITHOUT
STIGMA
WITHOUT STIGMA, WE HAVE COME
TOWARDS A LONG WAY WITH HELPING
THOSE WITH MENTAL HEALTH ISSUES
AND SAVING LIVES.
THANK YOU.
>> THANKS VERY MUCH.
WELCOME, STEVE.
THANKS FOR BEING HERE.
>> GOOD MORNING.
GLAD TO BE HERE.
I'M STEVE, THE EXECUTIVE
DIRECTOR OF SAMARITANS.
COUNCILLOR ESSAIBI-GEORGE,
THANKS FOR COORDINATING THIS AND
THANKS FOR JOINING US.
MY STORY BEGINS WITH LOSING A
CHILDHOOD FRIEND, A COLLEGE
CLASSMATE, MY WIFE'S COUSIN, THE
FATHER OF THE MADE OF HONOR AT
OUR WEDDING, MY BROTHER-IN-LAW
TO SUICIDE.
THE MOST TRAUMATIC LOSS I
SUFFERED IS MY SISTER, KATHY.
18 YEARS AFTER HER SUICIDE, MY
OLDEST DAUGHTER WRITE A STORY
CALLED "THE DAD MY DADDY CRIED."
SHE SHARED HOW MY SCREAMS HAD
FRIGHTENED HER.
THE TRAUMA OF SUICIDE LINGERS
WITH SURVIVORS.
I OFTEN THINK THAT IF I KNEW
THEN WHAT I KNOW NOW, I MIGHT
HAVE LISTENED TO KATHY MORE
CLOSELY AND HEARD HER PAIN.
IF IT WASN'T FOR THE LOSS OF
KATHY AND OTHERS THAT MAKE ME SO
PASSIONATE ABOUT SAMARITANS AND
TO ELIMINATE THE MISSION OF
SUICIDE, IT'S REALLY THE HOPE OF
THE ORGANIZATION PROVIDES EACH
AND EVERY DAY IN OUR COMMUNITIES

THAT ATTRACTED ME AND KEPT ME
ENGAGED.
I VOLUNTEERED WITH SAMARITANS
BEFORE JOINING THE STAFF FOUR
YEARS AGO.
I WILL NEVER BE ABLE TO GIVE
BACK TO THE ORGANIZATION THE
GIFT THAT THEY HAVE BEEN TO MY
FAMILY.
THOSE THAT LOST SOMEONE TO
SUICIDE, THE GRIEVING PROCESS
CAN BE SO OVERWHELMING.
WE HELP WITH PERSONAL
VISITATIONS AND PEER MEETINGS.
WE HAD OVER 1,200 PARTICIPANTS
LAST YEAR.
ONE PERSON SAID I WAS DROWNING
AND IT WAS LIKE HAVING A LIFE
PRESERVERS THROWN TO ME.
WE HELP PEOPLE IDENTIFY RISK
FACTORS WITH OVER 17,000
ATTENDEES.
WE COMPLETED SUICIDE PREVENTION
WORKSHOPS.
IT'S OUR HOPE TO HOLD ANNUAL
WORKSHOPS IN EVERY HIGH SCHOOL
IN THE CITY.
WITH COORDINATE WITH OTHER
ORGANIZATIONS.
I WANT TO BE SURE PEOPLE
UNDERSTAND, WE WORK WELL WITH
SANDY HOOK PROMISE AND THE BEST
THING YOU CAN DO FOR THE HIGH
SCHOOL YEARS IS HAVE A PROGRAM
EVERY YEAR FOR THEIR FOUR YEARS
SO THERE'S FOUR TOUCH POINTS FOR
STRUCTURED SUICIDE PREVENTION
WORKSHOPS.
WE'VE DELIVERED WORKSHOPS IN THE
BOSTON HEALTH PUBLIC COMMISSION
WITH THE STREET WORKERS TO MANY
OTHER CITY STAFF AS WELL AS
ORGANIZATIONS ACROSS THE CITY,
INCLUDING THE STAFF OF THE
BOSTON RED SOX.
OUR WORKSHOPS HAVE BEEN
INCORPORATED INTO THE COLLEGE
SOCIAL WORK PROGRAM AND
NORTHEASTERN UNIVERSITY'S
NURSING SCHOOL.
WE'VE HAD NURSES AT BOSTON
CHILDREN'S HOSPITAL SAY THEY
NEVER HAD TRAINING LIKE WHAT
SAMARITANS PROVIDED.

AS NOTED IN THE QUOTE ON THE
SLIDE, LEARNING NOT TO BE AFRAID
TO ASK SOMEONE IF THEY HAVE
FEELINGS OF SUICIDE CAN SAVE A
LIFE.
SAMARITANS IS BEST KNOWN FOR
SUPPORTING THE STATEWIDE HELP
LINE.
WE HAVE OVER 300 VOLUNTEERS
ANSWERING CALLS AND TEXTS AND
DONATED CLOSE TO 30,000 HOURS
SERVING THE TENS OF THOUSANDS OF
CALLERS AND TEXTERS TO OUR
CALLERS.
THE STATEWIDE HELP LINE.
IF YOU DIAL US, TALK IN BOSTON,
THE TALK WILL GET ROUTED TO
SAMARITANS.
SO NEXT, I HOPE THIS WORKS NOW,
WE WANT TO PLAY A VIDEO CLIP OF
A TEXT.
THERE WE GO.
>> SORRY IF THE FONT WAS HARD TO
READ.
YOU'RE LOOKING AT THAT FROM THE
FEED OF THE VOLUNTEER.
IT'S NOT UNCOMMON THAT WE GET A
CALL OR TEXT LIKE THAT WHERE
WE'RE BEING TOLD I'M GOING TO
END MY LIFE BY SUICIDE.
WE KNOW THAT WE NEED TO GIVE
POWER TO THAT INDIVIDUAL
REGARDING THE NEXT STEP.
MIGHT HAVE NOTICED THE COMMENT
FROM THE TEXTER WAS DON'T CALL
THE POLICE.
I DON'T KNOW ABOUT YOU, BUT WHEN
I WATCH THAT, THAT MINUTE AND 30
SECONDS TAKES FOREVER.
IT WAS ACTUALLY CLOSE TO A 4 1/2
MINUTE PERIOD OF TIME THAT OUR
VOLUNTEER WAS STAYING ENGAGED
AND LETTING JESSE KNOW THAT WE
WERE THERE LISTENING, READY TO
HELP.
JESSE DID AGREE TO RECEIVE HELP
AND WE WERE ABLE TO SEND AN
AMBULANCE THROUGH THAT NIGHT.
AS STATED IN THE RESEARCH, WHEN
WE INTERRUPT THE SUICIDE
ATTEMPT, WE DO IN FACT SAVE A
LIFE.
WITH THE WAY OUR ORGANIZATION
WORKS, WE DEPEND ON INDIVIDUALS.

WE'RE A 501 (C)3.
OVER HALF OF OUR FUNDS COME FROM
INDIVIDUALS.
WE GET SUPPORT FROM FOUNDATIONS
AND DPH AND THE STATE OF
MASSACHUSETTS.
WHAT CAN YOU DO TO HELP TO FILL
THE GAP?
PLASTER THAT HELPLINE NUMBER
THROUGHOUT YOUR FACILITIES, ON
YOUR BULLETIN BOARDS, WEBSITES,
COMMUNICATIONS WITH YOUR TEAMS.
GO TO SAMARITANSHOPE.ORG TO
SCHEDULE A WORKSHOP.
TELL YOUR FAMILY, FRIENDS,
GROUPS, HAVE A WORKSHOP.
THEY SHOULD HAVE US IN TO DO A
FREE SUICIDE PREVENTION WORKSHOP
ON-SITE.
EVERY CLINICIAN SHOULD LET THEIR
CLIENTS KNOW THAT OUR MEETINGS
ARE AVAILABLE TO SUPPLEMENT
THEIR TREATMENT.
THEY CAN REACH OUT TO US AS DID
ONE TEEN AFTER A WORKSHOP IN A
BOSTON PUBLIC SCHOOL STAYING HE
WAS GOING TO OVERDOSE THAT
NIGHT.
HE THOUGHT HE WOULD TRY THE
NUMBER ON THE WRIST BAND THE
LADY GAVE HIM THAT CAME BY THE
SCHOOL.
HE AGREED TO CONTACT US AGAIN
BEFORE OUR CONVERSATION
CONCLUDED THAT NIGHT.
SO IF YOU BELIEVE THAT PEOPLE
CAN HELP PEOPLE, YOU'RE ELIGIBLE
TO BE A SAMARITANS VOLUNTEER.
WE RANGE FROM 16 TO RETIREES AND
WORKING PROFESSIONALS, MOST ALL
OF WHOM SAID VOLUNTEERING IS ONE
OF THE MOST REWARDING
EXPERIENCES OF THEIR LIVES.
YOU AND FRIENDS AND NEIGHBORS
AND RELATIVES CAN BE THERE TO
LET OTHERS KNOW THAT THEY CAN BE
ACCEPTED FOR WHO AND WHAT THEY
ARE, THAT THEIR FEELINGS ARE
VALID AND AT SAMARITANS THEY
WON'T BE JUDGED.
SO PLEASE, SHARE THE TREASURE OF
YOUR TIME AND SAVE LIVES WITH
US.
THANK YOU.

>> STEVE, THANK YOU VERY MUCH
FOR YOUR PRESENTATION.
STEVE AND DAVE, THE INFORMATION
THAT WE HEARD EARLIER TODAY
ABOUT THE DEMOGRAPHIC OF
THOSE -- THE HEALTH CRISIS HAVE
SUICIDE IDEATIONS, ARE THEY --
ARE THOSE DEMOGRAPHICS MATCHING
THE PHONE CALLS WILL THAT YOU'RE
ALL GETTING OR THE COMMUNICATION
THAT YOU'RE ALL GETTING?
>> I CAN SPEAK TO -- YEAH, THEY
MATCH.
IT'S FLUID, TOO.
THERE'S A -- THERE'S CERTAIN
DEMOGRAPHICS AT TIMES THAT ARE
HIGHER.
STEVE AND I ARE IN THE
MIDDLE-AGED WHITE MALE
DEMOGRAPHIC, WHICH IS SPIKING AT
ELEVATED RISK FOR WHATEVER
REASONS FOR SUICIDE.
SO IT CAN BE RATHER FLUID.
IT MOVES AROUND A BIT.
LAW ENFORCEMENT, VETERANS,
COLLEGE STUDENTS, THERE'S A
DEMOGRAPHIC IN COLLEGE STUDENTS
THAT ARE ELEVATED FOR SUICIDE
THAT YOU MAY SPEAK TO IN TERMS
OF PHONE CALLS.
>> IF I CAN SHARE, THE NATURE OF
WHAT WE DO, WE KEEP EVERY CALL
ANONYMOUS AND CONFIDENTIAL.
THAT BEING SAID, WE'RE DEPENDENT
ON THE VOLUNTEERS IN THAT
EXCHANGE TO IDENTIFY THE
DEMOGRAPHIC OF THE CALLER OR
TEXTER.
BASED ON THAT COLLECTION OF
INFORMATION, OVER THE VAST
MAJORITY OF CALLERS ARE MIDDLE
AGE WHITE MEN.
IT ALIGNS WELL WITH THE NEED.
WE KNOW OVER HALF THE TEXTS ARE
COMING FROM PEOPLE UNDER THE AGE
OF 30, WHICH MAKES SENSE.
WE'RE THE ONLY MEMBER IN NEW
ENGLAND THAT YOU CAN CALL OR
TEXT THE SAME NUMBER AND GET THE
SAME SERVICE AT THE OTHER END OF
THE LINE.
SO WE DO SEE AN ALIGNMENT WITH
THE NEED IN THE COMMUNITY WITH
THE SERVICE THAT THEY'RE

CHOOSING.
>> WHAT ABOUT THE ROLE OF SOCIAL
MEDIA?
THINKING ABOUT THAT DEMOGRAPHIC.
I HAVE SEEN AN INCREASE ON MY
SOCIAL MEDIA FEED FOR
ADVERTISEMENTS ABOUT -- I DON'T
KNOW WHICH ORGANIZATION, BUT --
>> IT'S SAMARITANS.
COME ON NOW.
>> THE SOCIAL MEDIA PIECE IS
INTERESTING.
THE SOCIAL PART OF SOCIAL
MEDIA -- I HAVE KIDS JUST OUT OF
THEIR TEENS.
THEY HAVE ALL SORTS OF SOCIAL
MEDIA ACCOUNTS.
THE ONE I CAN SEE AND OF COURSE
THE ONE THAT I CAN'T SEE.
I THINK THERE'S A RESPONSIBILITY
FOR US TO TRY TO BE VIGILANT IN
TERMS OF THE CHILDREN AND WHAT
COMMUNICATING THAT THEY'RE DOING
THAT MAY OPEN OUR EYES OR SAY WE
NEED TO INTERCEDE HERE OR
SOMEBODY THAT MAY BE AT RISK.
I WOULD SAY THE SAME TIME,
GENERALLY SPEAKING, IT'S MY
OPINION ANECDOTAL THAT FOR SO
MUCH OF THE LANGUAGE THAT WE USE
WHEN WE TALK ABOUT MENTAL HEALTH
AND WE HAVE THE CONVERSATIONS
ABOUT SUICIDE AND MENTAL HEALTH
IN GENERAL, OUR KIDS ARE FURTHER
ALONG ABOUT TALKING ABOUT THIS
STUFF IN A GENERATION AT MY AGE
WAS.
THEY'RE OVER HAVING TO BE HUNG
UP ABOUT A LOT OF THIS.
THAT GIVES ME HOPE FOR THE
FUTURE.
>> YEAH, THIS LAST YEAR IS THE
FIRST TIME THAT WE DEPLOYED A
SOCIAL MEDIA STRATEGY.
WE'RE SEEING A CLEAR INCREASE IN
CONNECTING ESPECIALLY WITH
YOUNGER PEOPLE.
BECAUSE WE'RE IN HIGH SCHOOLS
EVERY WEEK, THEY'RE TELLING US
WHERE WE NEED TO BE.
THE REPOST, RETWEETS, WE MEASURE
THOSE THINGS AND WE CAN SEE IT
THROUGH YOUNGER PEOPLE,
ESPECIALLY ABOVE THE TEXT

MEMBER.
SOME ARE ABOUT SPECIFIC EVENTS.
WE ASK EVERY APPLICANT HOW DID
YOU HEAR ABOUT IT.
ALSO, THE MBTA ADS, I HOPE
YOU'RE SEEING THEM, ON THE
BUSES, ON THE TRAINS, IN THE
STATIONS, THAT'S A HUGE VEHICLE
FOR THE GREATER BOSTON AREA.
>> THANK YOU.
JOHN, YOU GAVE A PASSIONED PLEA
FOR SOME OF THE CHANGES THAT
NEED TO HAPPEN IN THE HEALTHCARE
SYSTEM TO SUPPORT THOSE IN
CRISIS.
AND NOT IN EXTREME CRISIS, BUT
IF THEY'RE WAITING FROM OCTOBER
TO APRIL FOR SUPPORT SERVICES,
NEAR LIKELY TO BE IN A MORE
EXTREME CRISIS.
CAN YOU TALK BRIEFLY ABOUT THE
CHANGES THAT NEED TO HAPPEN?
>> WELL, WHEN INDEPENDENT
CLINICIANS CONTRACT WITH AN
INSURANCE COMPANY, THEY ARE NOT
ABLE TO COLLECTIVELY BARGAIN
WITH INSURANCE COMPANIES.
IT'S A ONE-TO-ONE RELATIONSHIP.
OVER THE YEARS, THE HEALTH
REIMBURSEMENT RATES HAVE STAYED
THE SAME WHEN MEDICAL SPECIALTY
RATES HAVE RISEN.
WE'RE A FAIRLY PRIVILEGED GROUP
THAT SOMETIMES HAS SPONSORED.
THE DRAW ON OUR COLLECTIVE
FAMILY HOUSEHOLDS, WE CAN AFFORD
TO MAKE LESS BECAUSE MAYBE A
PARTNER MAKES MORE.
THESE ARE OVER.
PEOPLE NEED TO BE PAID FOR THE
WORK THAT THEY DO AND PEOPLE
NEED TO BE PAID FAIRLY.
SO I THINK THAT MEDICAL
SPECIALTIES OFTEN HAVE STRONGER
LOBBYISTS.
THERE'S LOTS OF DIFFERENT
REASONS.
PEOPLE WILL COMPLAIN ABOUT THEIR
CHILD NOT GETTING ACCESS TO
CANCER SERVICES MORE THAN THEY
WILL FACE THE STIGMA OF HAVING
TO ALLOW THE COMPLAINT OF THEIR
CHILDREN NOT GETTING HELP.
SO I THINK THERE'S SO MANY

THINGS THAT I WISH OUR CITIZENS
COULD GET MORE INVOLVED WITH
THAT, TOO.
I FIND THE CITY COUNCIL SO
COMPASSIONATE ABOUT THIS.
YOU AND COUNCILLOR McCARTHY HAVE
HELD HEARINGS ABOUT THIS BEFORE.
ANYTHING YOU CAN DO TO ASK
INSURANCE COMPANIES TO REALLY
STEP UP AND ADEQUATELY PAY FOR
BEHAVIORAL HEALTH SO MORE
CLINICIANS CAN STAY IN NETWORKS
RATHER THAN JUMPING OUT WOULD BE
INCREDIBLY APPRECIATED.
I THINK THE PRESS PUBLISHING
MORE STORIES ON THAT, THE
"BOSTON GLOBE" HAS TACKLED THIS
ISSUE STRONGLY.
I'D LOVE TO SEE MORE COVERAGE OF
THE ACTUAL PROBLEM WITH RATES
BEING AS LOW AS THEY ARE.
WHATEVER YOU CAN DO WILL BE
GREATLY APPRECIATED.
>> THANK YOU.
>> I DON'T HAVE ANY QUESTIONS.
JUST THANK THE THREE OF YOU.
JEN, I LOVE COMING TO YOUR SHOP
AND SEEING YOU AROUND.
IT'S A PLEASURE HAVING YOU A
COUPLE WEEKS AGO.
STEVE, YOU'VE BEEN IN THIS
BUILDING MANY TIMES BEFORE.
I THINK THAT -- JUST TO JUMP ON
TO WHAT COUNCILLOR
ESSAIBI-GEORGE SAID.
SOCIAL MEDIA IS TOUGH.
DAVE ALLUDED TO BEING A CITY
COUNCILLOR.
EVEN WE -- SOCIAL MEDIA IS TOUGH
ON US.
WHETHER IT'S -- IF WE MISS A
MEETING OR IT'S AN ATTACK ON OUR
INTEGRITY OR THOUGHTS OR
WHATEVER.
AND TO BE ON THE OTHER SIDE OF
THAT AS A TEENAGER, YOUNG ADULT,
STRAIGHT, GAY, WHATEVER, I'M
SURE WE'RE DEEPLY ON THEM.
THAT'S TROUBLESOME.
SO I KNOW I'LL CERTAINLY
CONTINUE TO PRODUCE ON MY SOCIAL
MEDIA ASPECT OF IT TO MAKE SURE
PEOPLE KNOW ABOUT IT.
I KNOW THAT THE WRIST BANDS AS

YOU ALLUDED TO DO HELP LAST
YEAR.
I THINK YOU GAVE UP THE WRIST
BANDS LAST YEAR.
COUNCILLOR PRESSLEY SAVE UP THE
WRIST BANDS LAST YEAR.
WE WORE THEM A COUPLE WEEKS.
ANYTHING WE CAN DO TO CONTINUE
TO HELP.
I KNOW THAT WE'LL TRY TO DO
EVERYTHING WE CAN.
LOOKING FORWARD TO SOME
INFORMATION ABOUT THE THRIVE
PROGRAM FROM NEW YORK CITY.
SEE WHERE WE CAN GO AS BUDGET
SEASON IS APPROACHING.
NOW IS THE TIME TO MAKE SOME
CHANGES.
>> IF I WOULD CHIME IN.
>> HERE WE GO.
>> I WOULD ASK EVERYONE HERE
BEFORE YOU LEAVE TO GRAB A
WALLET CARD WITH OUR PHONE
NUMBER AND A WRIST BAND WITH THE
MAYOR'S SEAL AS WELL.
THANK YOU.
>> THANK YOU.
>> I MEAN, FOR ALL OF US, WE'RE
SO GRATEFUL FOR THE OPPORTUNITY
TO HAVE THIS CONVERSATION ABOUT
THE LIGHT OF DAY AND THIS
CHAMBER.
NORMALIZING THIS CONVERSATION,
WHICH FOR SO LONG HAS BEEN
SOMETHING THAT MANY PEOPLE ARE
RELUCTANT TO TALK ABOUT IS WE
BELIEVE ONE OF THE FIRST STEPS
THAT WE CAN TAKE TOWARDS FINDING
PEOPLE THAT ARE STRUGGLING.
THANK YOU FOR THE OPPORTUNITY.
>> AND MANY VIEWERS AT HOME
WATCH THIS.
UNFORTUNATELY MANY FIND
THEMSELVES ISOLATED WILL ALSO
WATCHING AT HOME.
HOPEFULLY YOU USE THIS
INFORMATION TO ACCESS RESOURCES.
>> IT'S WORTH WHILE TO FOLLOW UP
ON, WHEN YOU ASK SOMEONE
DIRECTLY, I'M WORRIED ABOUT YOU.
IS EVERYTHING OKAY?
ARE YOU THINKING OF HURTING
YOURSELF?
ARE YOU GOING TO TAKE YOUR LIFE?

ARE YOU GOING TO -- WHEN YOU SAY
THAT TO SOMEONE, YOU'RE NOT
GOING TO GIVE ANYBODY THE IDEA
OF TAKING THEIR LIFE.
YOU'RE GOING TO OPEN A DIALOGUE.
YOU'RE NOT GOING TO TALK ANYBODY
INTO IT.
USING THAT WORD, ARE YOU
THINKING OF SUICIDE IS VERY
IMPORTANT.
IF YOU'RE WATCHING THIS, JUST
ASK.
>> THANK YOU.
THANK YOU ALL VERY MUCH FOR
BEING HERE.
WE DO HAVE A FEW LAST PEOPLE FOR
PUBLIC TESTIMONY.
I KNOW LON SNYDER WOULD LIKE TO
SPEAK AND ANYBODY ELSE FOR
PUBLIC TESTIMONY GET IN LINE
JUST BEHIND THEM.
THANK YOU FOR BEING HERE.
>> THANK YOU.
IT'S SO IMPORTANT.
>> PULL THE MIC TOWARDS YOU.
THERE YOU GO.
>> THANKS.
>> MY NAME IS LAUREN .CHNEIDER.
I'M A PROGRAM MANAGER WITH
BOSTON MEDICAL CENTERS EMERGENCY
SERVICES TEAM FOCUSING ON
CRIMINAL JUSTICE DIVERSION.
WE'RE POLICE BASED.
PART OF OUR PROGRAM -- I'M
SORRY.
THANK YOU FOR SUPPORT OF OUR
PROGRAM AND FOR GIVING US A
FORUM TO TALK ABOUT SOME WAYS
THAT WE HOPE IN THE FUTURE TO
MOVE FORWARD AND BE ABLE TO
ENHANCE SOME OF WHAT WE'RE
ALREADY DOING AND MORE WAYS TO
MEET THE NEEDS OF THE CITY.
MY ROLE HAS HISTORICALLY BEEN
ONE MORE OF LEADERSHIP AND
SUPERVISORY CAPACITY OVER THE
CLINICIANS WORKING CLOSELY WITH
THE POLICE.
BEEN ABLE THROUGH THE FUNDING
THAT HAS COME THROUGH CITY
COUNCIL TO DO THE WORK MYSELF.
THAT'S REALLY BEEN VERY HELPFUL
TO SEE THE POLICE IN ACTION AND
INTERFACING WITH THE COMMUNITY

IN TIMES OF CRISIS.
>> MAYBE HAVE YOU COME TO THIS
MICROPHONE OVER HERE.
THANK YOU.
THAT'S WHY WE HAVE TWO.
>> ALL RIGHT.
IS IT ME OR -- IT'S GOING TO
FOLLOW ME.
OKAY.
I CONTINUE TO SUPERVISOR THE
CLINICIANS, ONE OF WHOM IS HERE
WITH US TODAY.
AND SERVE ON AN ADMINISTRATIVE
CAPACITY.
I'VE ALSO HAD THE OPPORTUNITY TO
PARTICIPATE IN TRAINING WITH
BOSTON POLICE.
WE'RE DOING MORE AND MORE TO
PROVIDE TRAINING WITH BOSTON
EMS.
WE'RE OFTEN ARRIVING ON SCENE TO
BEHAVIOR HEALTH CRISES TOGETHER
AT THE EMS AND FINDING OURSELVES
IN JOINT DECISION MAKING ABOUT
WHO CAN BE OF BEST SERVICE.
THAT IS -- THAT OPPORTUNITY I
THINK HAS BEEN BENEFICIAL FOR
BOTH OF OUR AGENCIES.
WE CONTINUE TO SEEK
OPPORTUNITIES TO ENHANCE THE
TRAINING FOR CALL TAKERS AND
POLICE DISPATCHERS AND THE EMS
DISPATCHERS AND CALL TAKERS.
SO THESE EFFORTS THROUGH THE
MAPPING THAT WAS MENTIONED HAVE
HELPS US TO BETTER ACCESS PEOPLE
IN TIMES OF CRISIS AND NEEDS.
I WANTED TO MAKE MENTION,
DR. HENDERSON TALKED ABOUT HOW
WONDERFUL IT WOULD BE IF THERE
COULD BE A SERVICE LIKE BEST
THAT WAS NOT INSURANCE DRIVEN.
THAT THAT CAN BE A BARRIER.
ONE OF THE THINGS THAT WE HAVE
BEEN ABLE TO OFFER THROUGH THE
PARTNERSHIP WITH THE POLICE IS
ANY POLICE-BASED REFERRAL,
WHETHER THAT IS COMING DIRECTLY
FROM A POLICE OR 800 NUMBER OR
THROUGH THE INTERFAITH WITH OUR
CORRESPONDING CLINICIANS IN THE
FIELD IS INSURANCE BLIND.
SO WHETHER THE PERSON HAS
PRIVATE INSURANCE, WE MAY NOT

NORMALLY HAVE BEEN ABLE TO SERVE
THAT PURPOSE, WE'LL DO SO
BECAUSE OF OUR UNIQUE
RELATIONSHIP WITH THE POLICE.
OUR CLINICIANS THEN HAVE THE
ABILITY TO PROVIDE THROUGH A NO
WRONG DOOR ACCESS FOR ANY KIND
OF BEHAVIORAL HEALTH SERVICES.
SO FROM YOUTH TO GERIATRICS, TO
SUBSTANCE ABUSE DISORDER-RELATED
CRISES, WE'RE ABLE TO HELP
OFFICERS NAVIGATE THE COMPLEX
WORLD OF BEHAVIORAL HEALTH
INSURANCES.
WORE A CITY RICH WITH SERVICES
THAT IS NOT ALWAYS EASY TO
NAVIGATE.
WE APPRECIATE THE CITY COUNCIL'S
SUPPORT OF SERVING THAT WHAT
SOMETIMES CAN BE A GAP AND
BRIDGE SOME OF THAT.
I JUST WANT TO REINFORCE THE
SUPPORT THAT WE HAVE FOR THE
SPECIALIZED UNIT, THE SPECIAL
DEDICATED UNIT THAT DEPUTY
STRATTON MENTIONED EARLIER THAT
MIGHT ALLOW BETTER ACCESS TO
MUCH-NEEDED FOLLOW UP OR
PROACTIVE SERVICES THAT NOT
EVERY 911 CALL CAN BE RESOLVED
RIGHT IN THE MOMENT.
IT WOULD BE BETTER, SOME CALLS
ILLUSTRATE ISSUES THAT NEED MORE
FOLLOW UP, TIME FOR FOLLOW UP
SUPPORT.
THIS DEDICATED UNIT WOULD BE A
UNIQUE WAY FOR OFFICERS AND
CLINICIANS TO PARTNER, TO FOLLOW
SOME OF THESE CASES THAT ARE
HIGHER UTILIZERS OR MORE COMPLEX
THAT NEED MORE OF THAT
OVERSIGHT.
USER CALLS THAT BRING THE POLICE
TO FAMILY'S HOME REPEATEDLY OR
TO THE ATTENTION OF A PARTICULAR
PERSON STRUGGLING ON THE
STREETS.
WE'RE FOCUSED ON 911 CALLS.
THIS WOULD BE REALLY MEETING A
NEED THROUGH OUR YEARS OF
RESPONSE IN THE CITY THAT IF WE
HAVE A CALL THAT IS NOT ABLE TO
BE SOMEPLACE ELSE OR DURING THE
WORK, THIS DEDICATED UNIT WOULD

FIT AN UNMET NEED IN A UNIQUE
WAY.
THOSE ARE THE POINTS THAT I
WANTED TO MAKE.
THANK YOU FOR THE FORUM AND YOUR
ONGOING SUPPORT.
>> THANK YOU VERY MUCH.
BRANDY, I SAW HER BACK THERE.
AND ANYONE ELSE FOR PEANUT
BUTTER TESTIMONY TODAY?
BRANDY, OVER HERE.
>> MY NAME IS BRANDY.
I'M THE EXECUTIVE DIRECTOR OF
EDUCATOR FOR EXCELLENCE BOSTON.
WE WANT TO ELEVATE TEACHER
VOICES IN THE POLICY-MAKING
PROCESS.
THANKS FOR PROVIDING ME WITH THE
OPPORTUNITY TO SPEAK TO YOU
AGAIN THIS MORNING ABOUT THE
NEED FOR MORE MENTAL HEALTH
STAFF IN OUR SCHOOLS.
IN PAST TESTIMONY, I SHARED HAVE
UNADDRESSED TRAUMA CAN AFFECT
LEARNING, SCOPE AND
COMPREHENSION.
TODAY I WANT TO SPEAK ABOUT THIS
ISSUE THROUGH THE WINDS OF
SUICIDE PREVENTION.
WHEN THINKING ABOUT INDIVIDUALS
THAT ARE SUSCEPTIBLE TO
ATTEMPTING SUICIDE, THERE'S
PROTOTYPES THAT EMERGE.
ONE IS HOPELESSNESS OUTWARDLY
AND THE OTHERS ARE THOUGH THAT
DEFY, KEEPING THEIR SUFFERING
SILENT.
IT'S PEOPLE IN THE LATTER
PROTOTYPE THAT ARE MOST LIKELY
TO FALL THROUGH THE CRACKS.
I KNOW BECAUSE I WAS ONE OF
THEM.
ON THE SURFACE, I APPEARED TO
HAVE IT TOGETHER.
I WAS OBTAINING A POST SECONDARY

DEGREE, PHYSICALLY HEALTHY AND
ACHIEVING A LEVEL OF SUCCESS IN
MY LIFE THAT WOULD MAKE PEOPLE
BELIEVE I WAS THRIVING.
THAT WAS NOT THE CASE
INTERNALLY.
MY THOUGHTS TOWARDS MYSELF WERE
CHIPPING AWAY AT ME.

THE WEIGHT OF MY WORLD WAS TOO
MUCH.
WHAT MY STRUGGLE HAS TAUGHT ME
IS THE IMPORTANCE OF STRONG,
TRUSTING RELATIONSHIPS.
I WAS LUCKY.
I HAD A RELATIONSHIP WITH AN
MONTH IEE AT THE UNIVERSITY I
ATTENDED AND TRUSTED.
WHEN I WAS AT MY LOWEST POINT,
SHE ASKED ME HOW MY WEEKEND WAS.
I COULDN'T LET THIS INNOCUOUS
QUESTION PASS BY WITHOUT
REVEALING MY INNER EMOTIONS,
WITHOUT TELLING HER WHAT I HAD
REALLY BEEN UP TO, WRITING A
LETTER TO MY FAMILY AND FRIENDS
WITH A BOTTLE OF BLEACH BY MY
BEDSIDE.
BUT BECAUSE WE HAD BUILT THAT
TRUST, I CONFIDED IN HER MY
MOMENT OF NEED.
SHE POINTED ME IN THE DIRECTION
OF COUNSELLING SERVICES AND I'M
HERE TODAY BECAUSE OF THAT
TRUSTING RELATIONSHIP AND ACCESS
TO EXPERTS.
RIGHT NOW IN OUR SCHOOLS
THROUGHOUT THE CITY OF BOSTON,
THE COMMONWEALTH OF
MASSACHUSETTS, MANY STUDENTS
HAVE NEITHER TRUST IN
RELATIONSHIPS LIKE THE ONE THAT
I HAVE OR NOR ACCESS TO MENTAL
HEALTH EXPERTS THAT ARE TRAINED
TO IDENTIFIED THE SCIENCE AND
RISK FACTORS AND PROVIDE THE
SUPPORT NEEDED TO HELP SOMEONE
LIKE ME.
NOT HAVING TO MEET THE
RECOMMENDED RATIOS, MANY
COUNSELORS SERVE MULTIPLE
SCHOOLS.
IT'S HARD TO BUILT RELATIONSHIPS
WITH STUDENTS.
AGO MY COLLEAGUE SHARED, OUR
TEACHERS HAVE SPOKEN OUTS ABOUT
TRUST WITH STUDENTS.
THESE TRUSTING RELATIONSHIPS
ENSURE THAT THERE'S SOMEONE THAT
THEY CAN CONFIDE IN WHEN A
SUICIDAL THOUGHT OCCURS AS I WAS
ABLE TO.
OUR TEACHERS HAVE ALSO

HIGHLIGHTED THE NEED FOR MENTAL
HEALTH SUPPORT STAFF AND THOSE
BE PERMANENT IN THE BUILDING,
THIS ENSURES THERE'S SOMEONE
ELSE IN THE SCHOOL THAT WILL
BUILD A RELATIONSHIP WITH
STUDENTS AND COUNSEL THERE.
THANK YOU VERY MUCH FOR THE POT
TOM OF MY HEART FOR RAISING THIS
ISSUE, TO HELP ERADICATE THE
STIGMA, GIVING AN OPPORTUNITY TO
SHARE MY STORY AND I LOOK
FORWARD TO THIS CONVERSATION
THAT WILL HELP OUR STUDENTS AND
FAMILIES IN BOSTON AND THE
COMMONWEALTH.
THANKS FOR YOUR TIME.
>> THANK YOU FOR SHARING YOUR
STORY WITH US TODAY.
ELAINE?
>> THAT MIC IS TURNED OFF
PERMANENTLY.
AT LEAST FOR TODAY.
>> I HAVE NOT REALLY PREPARED
FOR THIS, BUT JUST LISTENING TO
EVERYBODY SPEAK, I CAN TELL YOU
A LITTLE BIT ABOUT MYSELF.
I HAVE GOTTEN QUITE A BIT OF
TRAINING IN DOMESTIC VIOLENCE.
I HAVE HAD THE OPPORTUNITY
THROUGH WORK THROUGH THE
SHELTERS AND VOLUNTEERS.
ALSO, I'M VOLUNTEERING WITH
SEXUAL ASSAULT CENTER.
AND THE I'VE WORKED WITH THE
SHELTER OF TEENAGE PREGNANCY.
I HAVE GROWN UP WITH A FATHER
THAT HAD -- I DIDN'T KNOW
GROWING UP, BUT MENTAL ILLNESS.
HE HAD PTSD AS A CHILD.
HE GREW UP DURING THE WAR.
THIS IS WHEN HE -- HE CALLED IT
THE GESTAPO IN GREECE.
THEY WOULD TORMENT THE FAMILY,
TERRORIZE.
SO AS AN ADULT, HE HAD JUST A
VERY -- A TEMPER.
MY MOM VERY ABUSED.
EMOTIONALLY.
NOT PHYSICALLY.
BUT THAT IS -- IT'S VERY
TRAUMATIC FOR A CHILD TO HAVE TO
WITNESS THAT.
AND I GREW UP HAVING TO NEED TO

PROTECT MY MOTHER AND TO TAKE
CARE OF HER.
AND TO KEEP PEACE IN THE FAMILY.
I HAD DIFFICULTIES WITH SCHOOL.
I ENDED UP AT SOME POINT -- I
WISH I HAD -- I WISH THERE WERE
WAYS THAT THERE WAS HELP FOR THE
FAMILY.
SO WE SEE A CHILD STRUGGLING, A
CHILD REALLY IS JUST A
REFLECTION OF WHAT IS GOING ON
AT HOME.
UNLESS THE ENTIRE FAMILY IS
SOMEHOW ADDRESSED, IT'S MORE
LIKE JUST A BAND AID.
ALSO, I THINK IT'S VERY
IMPORTANT -- THIS IS WHAT HELPED
ME.
WHEN I GOT THE TRAINING IN
DOMESTIC VIOLENCE, I WAS AT THAT
TIME FOR MANY, MANY REASONS -- I
WAS HOMELESS, BUT I DIDN'T KNOW
I WAS HOMELESS.
IN VIRGINIA, THE DEFINITION OF
HOMELESS IS NOT HAVING A HOME.
GOING FROM HOME TO HOME, HAVING
A PLACE TO SLEEP, A COUCH, DOES
NOT CONSIDER -- IS HOMELESS.
SO THAT BROUGHT AN AWARENESS.
AND ALSO, IT NORMALIZED BECAUSE
ADD THAT POINT I FELT LIKE THERE
WAS SOMETHING WRONG WITH ME.
I ALSO HAD BEEN THROUGH DOMESTIC
VIOLENCE.
I DEVELOPED PTSD, WHICH I DIDN'T
UNDERSTAND.
AND I DIDN'T KNOW THAT MY
RUNNING WAS A RESULT OF WHAT I
HAD GONE THROUGH.
SO GETTING THAT EDUCATION MADE
ME FEEL LIKE, OKAY, IT'S NOT --
IT'S A RESULT OF SOMETHING.
THEREFORE, IT CAN BE FIXED.
I FEEL LIKE IT'S IMPORTANT, THIS
EDUCATION, TO BE DONE AT THE
ELEMENTARY SCHOOL, AT THE
ELEMENTARY LEVEL.
SO CHILDREN CAN GET -- THEY'RE
VERY INTELLIGENT.
THEY UNDERSTAND.
THEY CAN TAKE THAT INFORMATION
HOME TO THEIR PARENTS.
I ALSO LEARNED THE WORD
HYPERVIGILANT THROUGH MY

TRAINING.
I UNDERSTAND MYSELF.
THIS IS TRAUMA.
ONCE YOU'RE IN IT, IT FOLLOWS
YOU ONE RIGHT AFTER THE OTHER.
I COULDN'T POSSIBLY STATE

EVERYTHING.
IT'S A FAMILY THING.
MY DAUGHTER ENDED UP WITH OPIATE
ADDICTION.
SHE HAD BEEN TRAUMATIZED.
I'M SO GRATEFUL TO BOSTON
MEDICAL CENTER.
SAVED MY DAUGHTER'S LIFE.
BUT ALSO, AGAIN, I THINK THE
IMPORTANCE THAT NEEDS TO BE
EMPHASIZED, I WENT BEGGING,
BEGGING.
I NEEDED TO UNDERSTAND HOW TO
HELP MY DAUGHTER.
I WAS -- YOU KNOW, I DIDN'T
UNDERSTAND THAT MY FEAR OF
TRYING TO SAVE HER IS ACTUALLY
TRAUMATIZING, BUT I NEEDED TO BE
PART OF THAT.
I NEEDED TO BE EXPLAINED LIKE
HOW CAN I HELP, WHAT AM I DOING
WRONG.
YOU KNOW, I'M JUST AS MUCH A
PART OF THAT ADDICTION.
MY WHOLE FAMILY, MY MOM AFTER 54
YEARS, MY FATHER IS NOW -- MY
MOM LEFT HIM BECAUSE SHE FINALLY
FEARED FOR HER LIFE.
SHE THOUGHT SHE WOULD SAVE HIM.
PEOPLE IN DOMESTIC VIOLENCE
SITUATIONS, THEY DON'T COME UP,
THEY DON'T ASK FOR HELP BECAUSE
THEY FEEL LIKE THEY CAN TAKE
CARE OF THE SITUATION.
IT WOULD BE GREAT IF PEOPLE
COULD -- THEY COULD SAY, YOU
KNOW WHAT?
YOU CANNOT HANDLE THIS.
WE GOT THIS.
THIS IS WHAT WE'RE GOING TO DO.
TAKE IT OUT OF THEIR HANDS.
THANK YOU.
>> THANK YOU VERY MUCH.
AGAIN, JUST THANK YOU,
EVERYBODY.
I WANT TO CLOSE WITH ONE OF THE
MORE -- THERE'S A COMMENT THAT

STRETCHED ALL OF OUR
CONVERSATIONS TODAY.
THE WORK THE THAT WE'RE DOING
ACROSS ALL OF OUR DIFFERENT
RESPONSIBILITIES AND SORT OF
SECTORS WITHIN THIS INDUSTRY IS
MAKING SURE THAT PEOPLE ARE
WELL-INTEGRATED IN SUPPORT
SYSTEMS AND ABLE TO ACHIEVE
FINANCIAL AND OCCUPATIONAL
STABILITIES, LIMIT THEIR RISK
AND ULTIMATELY THE POSSIBILITY
OF SUICIDE.
IT'S REALLY IMPORTANT THAT WE
CONTINUE TO CONSIDER THIS WHEN
WE THINK ABOUT OUR WORK AS A
WHOLE.
I DO WANT TO HAVE A SPECIAL
THANK YOU TO NADINE, JEAN AND
MEGAN FROM MY OFFICE FOR THEIR
WORK OF PUTTING TOGETHER --
PUTTING TODAY TOGETHER AS WELL
AS OUR SUICIDE PREVENTION
RECOGNITION THAT WE DID ABOUT A
MONTH AGO.
COUNCILMAN McCARTHY THANKS FOR
BEING HERE AND CENTRAL STAFF FOR
THE LONGER THAN USUAL HEARING.
I APPRECIATE EVERYONE'S PATIENCE
AND ATTENTION TO THE IMPORTANT
WORK THAT WE'RE TRYING TO
UNDERTAKE.
COUNCILLOR McCARTHY?
>> I'M GOOD.
THANKS VERY MUCH.
SORRY I WAS LATE.
I HAD A THING THIS MORNING I HAD
TO GET IN.
BUT I GOT IN AS FAST AS I COULD.
I SAW JEN SO I'M COVERED.
I THINK, YOU KNOW, A PROMISE TO
EVERYBODY WATCHING AND A PROMISE
TO THE THREE PANELS THAT HAVE
BEEN BEFORE US, THAT WE'LL
CONTINUE TO STRIVE FORWARD TO
GET SOMETHING TAKEN CARE OF.
WE TALKED ABOUT IN THE LUNCH
WITH DAVID, MY SON PLAYS
FOOTBALL.
A KID ON HIS TEAM TOOK HIS OWN
LIFE THIS YEAR.
IT CAN HIT HOME.
WE'LL CONTINUE TO WORK AS HARD
AS WE CAN ON IT.

>> THANK YOU.
THIS MEETING IS ADJOURNED.