

**South End Forum Working Group  
Observations  
including  
Current and Proposed Initiatives**

# Observations

## The Human Face of the Challenge of Addiction and Homelessness

- The opioid crisis and its many victims cannot be viewed as one monolithic issue or one well defined population. The crisis we face is multi-dimensional, differentiated, and often resistant to intervention.
- The "stigma" of addiction and homelessness and how it is viewed by neighbors and neighborhoods is a very powerful force often creating barriers to treatment and outreach.
- There is a growing need to help neighbors and neighborhoods to understand the nature and scope of the addiction environment we face, its changing nature due to the introduction of new synthetics and drug cocktails and the consequential increase to mortality risks.
- Every person directly affected by addiction is a real person as is every homeless person. No one wakes up one day and chooses to become addicted or homeless. These are mothers, fathers, brothers and sisters, aunts and uncles, and each requires individually tailored care. There is no mass solution or silver bullet.

# The South End and Newmarket Environment and Challenges

**The impact of aggregate "clustering" must not be underestimated.**

**The area of Mass Ave and Melnea**

**Cass is home to**

- two private for-profit Methadone Clinics
- the City's Men's Shelter (including the Daytime Engagement Center)
- the City's Women's Shelter,
- Boston's only needle exchange program,
- The Boston Public Health Commission and Boston Health Care for the Homeless Treatment Programs,
- Boston Medical Center and other providers located nearby.

**Arguably, the heart of this area is also 'ground zero' for Boston's street drug trade. Any remedial initiatives must consider this an essential part of the problem.**

# The Challenges

**The cooperation and coordination of law enforcement resources in the area is both present and critical. Currently the Mass/Cass area is patrolled by**

- 3 different BPD districts that abut one another,
- Undercover Drug and Gang Units,
- a BPD bicycle patrol unit assigned full-time,
- State Police Units that patrol the Mass Ave. Connector,
- BPHC police,
- other police and UC resources from provider organizations such as BMC and BU police

**all of them work together to carry out law enforcement strategies on a daily basis. HOWEVER...**

- **It is impossible to arrest our way out of this crisis.**

## **Law Enforcement can...**

- arrest dealers, and all those with outstanding warrants or shooting up in the street
- involuntarily commit those who pose a danger to themselves and others **BUT...**

**The heart of the issue is addiction and that is not something law enforcement is equipped or chartered to manage.**

# The Challenges

**"Treatment on Demand"** is now a generally and almost universally accepted goal as the opioid crisis deepens.

However, the **"Continuity of Service"** or the **"trinity"** of recovery treatment....

- **detox**
- **Clinical Support Services, and**
- **Transitional Support Services**

is broken in terms of available statewide resources.

## **How to significantly reduce homelessness in Boston.**

The goal is to...

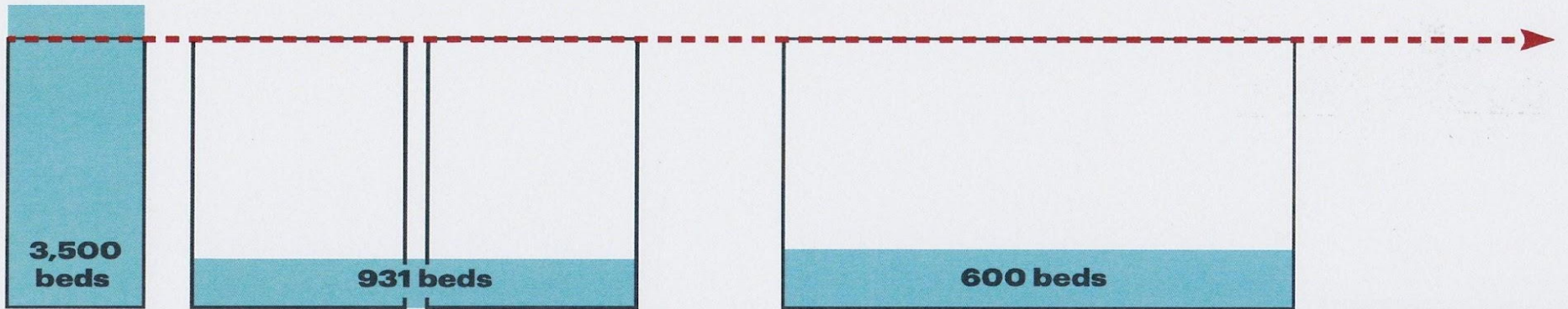
- Provide a safe environment in which the homeless can get back on their feet, and/or work to overcome addiction, and/or manage mental illness.
- Offer extensive individual services, including medical care, mental health treatment addiction recovery programs, and job/life skill counselling,
- Invest in long-term micro-unit housing to reduce the number of chronically homeless individuals/families in emergency shelters.

# The Continuum of Care

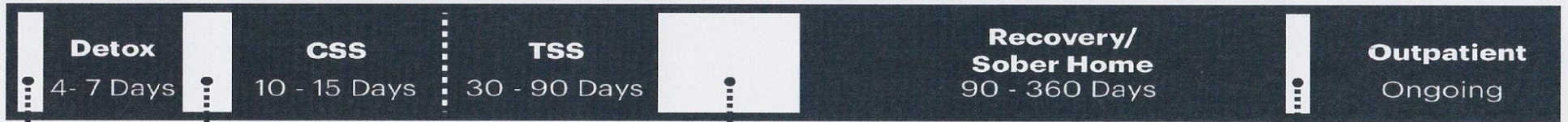
Gaps in capacity to treat and care for those struggling with addiction in Massachusetts.

## Monthly capacity

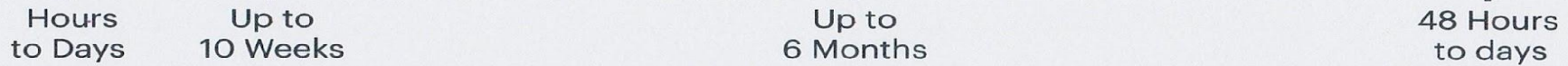
**3,333**  
(Average number of people seeking addiction treatment per day in MA)



## Stages of care



## Wait times for care





# Current Initiatives

- Assignment of **full time Outreach Workers** directly to the area who get to know populations, new faces, the drug use environment and new risks, monitor influx of new people to the area, and attempt to move at risk IV drug users from the streets to treatment programs.
- Boston Health Care for the Homeless **SPOT program** now in its second year.
- Introduction by the City of **The Engagement Center** which is only 4 months old, designed to provide a low threshold safe environment, offer site medical care or referrals (by BHCHP) and offer treatment options to visitors.
- Assignment of **PWD seasonal workers (hokeys)** who are assigned daily to the area (the only area in the city to receive this) to ensure that the streetscape environment is maintained and cleaned.

# Current Initiatives (cont.)

--The City has doubled the capacity of the **mobile sharps team** which proactively collects needles in the Mass and Cass area and city-wide.

--A Hearing has been held by the City Council and legislation is currently pending that would require that retail pharmacies provide for **safe disposal of sharps**.

--**The Working Group provides a forum** for all key area providers, elected officials, policy makers, law enforcement, addiction, recovery, and homelessness professionals together with neighborhood and business representatives to....

- craft real partnerships,
- share information,
- agree on focus areas,
- and educate one another on aspects of various disciplines to ensure we all act in concert and with maximum effectiveness.



# Initiatives under Consideration or Proposed

--**Collect and assess key agreed-upon metrics** that will help to tell all of us what is working, what tactics are most effective, where we may need to assign more resources, and what new challenges have entered this environment.

--Design and implement a **comprehensive triage model** to precede or follow on access to recovery services (similar to what was proposed by the Mayor's Homelessness Task Force) in an effort to take advantage of services and family support structures outside of Boston for non-Boston residents.

--In addition to creation of and recent expansion of the "Sharps Team" which is responsible for responding to needles, lancets, syringes, etc. reported in parks, playgrounds, and other locations, (the team has been most welcome in neighborhoods), consideration should be given to the **installation of secure "public needle disposal" boxes** where sharps may be deposited and potentially reduce risks to parks and playground users. This approach has been successful in many other cities worldwide. Initial focus areas include high use areas and outside of shelters.

# Initiatives under Consideration or Proposed

--**311 Enhancement to begin to capture non-emergency addiction and recovery related incidents and referrals** (by creating a specific 311 app button). **These 311 reports will be routed directly to BPHC Recovery Services for immediate response.** After hours, these reports will be routed to 911 for response--but the data from the report will still be retained in the 311 database.

The City has agreed to provide serious and focused consideration for this 311 enhancement, and that the administration is committed to implementing this initiative after consideration of several issues such as privacy rights, an agency response protocol and staff education, technical/coding assessment, potential for abuse, and support from police, EMS, BPHC, and other agencies as appropriate. Once those issues are resolved satisfactorily, we can move then move forward.

# Initiatives under Consideration or Proposed

--There is general consensus that a "**physical transformation**" of the Mass/Cass area through architectural/design planning and enhancement, including

- new industrial, commercial and retail developments,
- Improvement of existing infrastructure
- funded projects such as transitional and workforce housing and job training facilities

is an essential part of any long-range plan for the area and will help to change the entire environment.

--**Safe Injection Facilities (SIFs)** are a **controversial proposal** with advocates suggesting that this harm reduction strategy helps to prevent ODs. There are others within the Working Group who believe that the jury is still out on this strategy and who worry about the impact of a SIF on an already burdened environment. There is no consensus view on this issue at present.

--A current **draft "Good Neighbor" policy** seeks to create a more structured relationship and forge support agreements between neighborhoods and institutions, providers, and agencies. This initiative is designed to enhance the current cooperation among these parties, improve communications, and forge new cooperative actions in response to the current and future challenges faced in a shared geography.

# Initiatives under Consideration or Proposed

In a joint city-state partnership and with outreach to the private sector,

**design and build a state-of-the-art Boston Recovery Campus that will act as:**

- 1) A detox to residential sober house continuity of service model with residential treatment, job training, and a community discharge protocol,
- 2) Act as a central coordination point for accessing all treatment spaces available in a geographic area,
- 3) function as a "hub and spoke" facility with direct linkages to every provider, facility, and service,
- 4) coordinate public/private research initiatives in conjunction with facilities like the Grayken Center, and
- 5) Function as a prototype for creation of other campus facilities elsewhere in the Commonwealth and regionally.

This initiative can best be described as creation of a "mothership" so no provider or facility is acting alone without significant support mechanisms partnering with them.

The current state-owned Shattuck Hospital campus which is located in an area that would support these functions with minimal impact on the surrounding neighborhood, and accessible by car and public transportation is worth serious consideration as a possible site.