

Stakeholder Meetings Summary

Serving the Mass & Cass area and unsheltered individuals in Boston



Meeting with Stakeholders

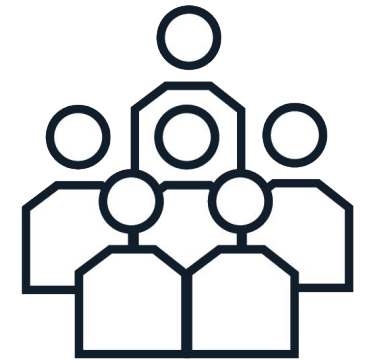
Overview



From February to March 2022, the Mayor's Office met with over **260 stakeholders** from around Boston who have expertise/lived experience in issues related to homelessness, substance use disorder, and mental health.

We engaged 24 groups, including:

- Community members with lived experience, including the BACHome Council, residents of the six new low-threshold shelter and housing sites, and Spanish-speakers
- Clinical partners
- Justice partners
- Neighborhood associations
- Community health centers
- Shelter and housing partners
- Faith-based organizations
- Outreach teams
- State elected officials
- City Council members
- Outreach teams



Meeting with Stakeholders

Questions We Asked



The goal of these sessions was to gather input from community voices to help inform a **strategic plan** with medium and long term strategies to better serve unsheltered Boston residents with substance use disorder (SUD).

We asked stakeholders:

1. What is working well to serve unsheltered individuals with substance use disorder (SUD)?
2. What are the greatest gaps in how we serve unsheltered individuals with SUD?
3. What role can the City play in addressing those gaps?
4. How can we improve equity in outcomes for communities of color navigating unsheltered homelessness and addiction?



During each meeting, the Mayor's Office took notes on stakeholder input and summarized gaps and proposed solutions, in the following categories:

1. Outreach
2. Service navigation
3. Low-threshold shelter and housing
4. Permanent housing
5. Substance use + mental health services
6. Recovery supports
7. Workforce
8. Public safety + community impact

This presentation aims to summarize **what we heard from stakeholders during our sessions.**



B

OUTREACH

CITY OF BOSTON

SPOTLIGHT ON WHAT'S WORKING WELL

- Outreach teams, like the Pine Street Inn Van and Recovery Services Street Outreach Team, build trusting relationships
- Nubian Square Engagement Team outreach model offers community resources, like jobs and faith-based organizations

Gap 1: Outreach has gaps in hours and in equitable reach across the city

Commonly proposed solutions

1. Outreach should be 24/7 and expand geographic reach
2. Outreach should build trust with the community members they're serving, such as by employing peers with lived experience
3. **Equitable approach:** Conduct more peer-led street outreach and target Boston's predominantly Black and Brown neighborhoods

Gap 2: Outreach should be more multidisciplinary with its services and stakeholders

Commonly Proposed Solutions

1. Integrate teams with psychiatrists, mental health workers, and community partners (e.g. faith partners)
2. Expand Nubian Square Engagement Team model to more neighborhoods
3. **Equitable approach:** Ensure outreach has multilingual staff and has cultural competence

Gap 3: Need more coordination for integrating outreach teams into continuity of care

Commonly Proposed Solutions

1. Ensure outreach workers inform care planning as individuals move into treatment/housing
2. Design teams based on the “follow the person” model so that clients have consistent support that adapts to their needs as they transition to/from different programs
3. Embed permanent housing search at every touchpoint: outreach, engagement, linkage to care, treatment services, etc.



SERVICE NAVIGATION

CITY OF BOSTON

Spotlight on what's working well

- Targeted efforts to support returning citizens (e.g., resource navigation + housing supports)
- Efforts to lower barriers for accessing services via low-threshold day-time spaces (e.g., through Mass ID clinics + State-funded Triage, Engagement, and Assessment programming)

Gap 1: Service navigation is inadequate for individuals leaving corrections, hospitals, Department of Children and Families (DCF), and treatment

Commonly proposed solutions

1. Strengthen regulations to prevent street discharges
2. Dedicate more resources/wrap-around services to support individuals leaving these systems
3. **Equitable approach:** Increase wrap-around supports (including housing, job training, and mental health services) for returning citizens and ensure they have (1) cultural competency and (2) support tailored to women

Gap 2: Many barriers to accessing Mass ID

Commonly proposed solutions

1. Expand Mass ID clinics
2. Advocate for policies that ensure people leaving different systems have access to Mass ID, including through legislative action

Gap 3: Insufficient number of daytime drop-in spaces with services

Commonly proposed solutions

1. Expand low-threshold day-time spaces
2. **Equitable approach:** Bring services to spaces where unsheltered individuals already feel comfortable - e.g., churches, syringe service programs

Gap 4: Providers and partners often don't have the full picture of what services are available

Commonly proposed solutions

1. Compile resource lists, including community-based resources
2. Increase coordination across care silos, specifically between faith based/community organizations and providers



LOW-THRESHOLD SHELTER AND HOUSING

CITY OF BOSTON

Spotlight on what's working well

- The 6 new low-threshold sites have been successful at:
 - Helping long-time outside stayers come inside, leading tents to come down
 - Helping individuals engage with services - including medications for opioid use disorder - through a guest-centered approach
 - Creating culture of caring staff
- Emerging shelter practices include shelters that lower barriers (e.g., for couples), promote stability (e.g., reserved bed), and are smaller (e.g., shelters during COVID-19)

Gap 1: Difficult for individuals with substance use disorder (SUD) to access existing shelter and housing resources

Commonly proposed solutions

1. Evaluate, retain, and expand low-threshold shelter + housing sites (translating low-threshold policies into other existing services)
2. Promote a caring and invested workforce at all sites
3. **Equitable approach:** Low-threshold providers should disaggregate data by race and ethnicity to ensure equity in outcomes

Gap 2: In the shelter system, there are barriers to entry and frustration with experience

Commonly proposed solutions

1. Improve existing shelters to be more flexible, sanitary, safe/secure, smaller, and low threshold for guests (including ability to come in and out); keep dry shelter options, too
2. Shelters should have triage embedded into them so people can think about next steps
3. Policy: Advocate for increased shelter funding throughout the State

Gap 3: Low-threshold sites should increase wrap-around, critical services on-premises

Commonly proposed solutions

1. Connect all guests to case managers and treatment/housing pathways; provide clear next steps/communication for clients
2. Ensure all guests have access to clinical/medical care
3. Include services *beyond* clinical/housing, such as transportation, low-threshold legal services, clothes, etc.
4. Ensure guests feel they have agency in choosing their service pathways



PERMANENT HOUSING

CITY OF BOSTON

Spotlight on what's working well

- Flexible housing fundings helps with:
 - Problem-solving individuals' barriers to housing
 - Providing stabilization supports

Gap 1: Not enough permanent housing resources

Commonly proposed solutions

1. Create more of every type of housing opportunity (single room occupancy (SRO), scattered, sober, low-threshold, congregate, affordable, etc.)
2. Need assisted living and SNF (Skilled Nursing Facility) for people with substance use disorder (SUD)
3. Use city properties/empty buildings for housing/inpatient treatment
4. **Equitable approach:** Dedicate housing to returning citizens + increase their tenancy protections
5. **Equitable approach:** Ensure outreach/information about housing is multilingual

Gap 2: People who sleep on the street and use drugs have not had equitable access to housing resources

Commonly proposed solutions

1. Make Street to Home pathway permanent
2. Create pathways for individuals who are in the treatment system into housing; coordinated entry should take into account substance use disorder/vulnerability
3. Train housing providers in harm reduction.

Gap 3: Housing resources are not always flexible enough for people's needs

Commonly proposed solutions

1. Prevent unsheltered homelessness by enhancing housing supports for individuals who are rent-burdened and couch-surfing
2. Expand flexible housing dollars (especially for individuals who may not be prioritized by coordinated entry, such as individuals early in homelessness and unsheltered individuals)
3. Ensure an individual's housing placement fits their needs (e.g., close to methadone clinic, close to support network, lock on door, couples, etc.)



SUBSTANCE USE + MENTAL HEALTH SERVICES

CITY OF BOSTON

Spotlight on what's working well

- Innovations to promote care continuity (e.g., mobile wrap-around teams and integrating clinical + harm reduction services within one program)
- Innovations in increasing treatment access (e.g., methadone fast-starts, stimulant clinics)
- Expanded access to mental health services through Community Behavioral Health Centers (start in 2023)

Gap 1: Not enough harm reduction programs

Commonly proposed solutions

1. Build and fund harm reduction capacity at sites around the city (e.g., community health centers, more Engagement Centers, etc.); develop best harm reduction practices for providers
2. Open an overdose prevention site
3. Policy: Advocate for harm reduction models at state and federal levels
4. **Equitable approach:** Ensure equitable approach to expanding harm reduction services in neighborhoods

Gap 2: Insufficient access to substance use treatment (both medication treatment and inpatient)

Commonly proposed solutions

1. Expand access to medications for opioid use disorder (methadone/buprenorphine/vivitrol), as well as detox, inpatient, and residential programs
2. Improve continuity of treatment after discharge from hospitals
3. Reduce regulatory barriers to expanding services for providers (citing process, Opioid Treatment Program license, methadone fast-starts only for 72 hrs)
4. **Equitable approach:** Assess number of beds statewide to ensure equitable access
5. **Equitable approach:** Use COVID-19 outreach model to increase access to MOUD (medications for opioid use disorder) + substance use care; components of this model include multilingual messaging, outreach “messengers”, mobile services, and equity data
6. **Equitable approach:** Make detox more accessible for BIPOC (Black, Indigenous, Person of Color) who use stimulants

Gap 3: Insufficient access to mental health services

Commonly proposed solutions

1. Increase availability of mental health services and providers; ensure access to mental health services is equitable
2. Expand access to long-acting mental health medications
3. State level: Collaborate with State on Behavioral Health Roadmap
4. **Equitable approach:** Promote cultural/linguistic concordance for mental health workers
5. **Equitable approach:** Increase access to psychiatric services for returning citizens



RECOVERY SUPPORTS

CITY OF BOSTON

Spotlight on what's working well

- Initiatives led by faith based organizations to create community for individuals with addiction and for individuals in recovery

Gap 1: Not enough opportunities for income and jobs

Commonly proposed solutions

1. Ensure access to daytime engagement: workforce skills, life skills
2. Pair workforce development with housing programs
3. Expand Newmarket Business Association low-threshold job model or other job training programs

Gap 2: Need more access to long-lasting communities and healing spaces

Commonly proposed solutions

1. Increase day-time activities in shelters and at new low-threshold housing and shelter sites
2. Cultivate relationships between people struggling with substance use disorder (SUD) and build a recovery community of peers
3. Promote engagement with communities - like faith-based groups - that provide long-lasting support
4. Work to reconnect people with family/community of origin

Gap 3: Need supportive services that provide stabilization for life

Commonly proposed solutions

1. Ensure easy access to mental health services/treatment, life skills training, food resources, etc. for people who are housed; this is a lifelong recovery approach that provides support beyond just 2 years
2. Create PACT (Program of Assertive Community Treatment) teams for individuals with substance use disorder (SUD); expand CSPECH (Community Support Program for People Experiencing Chronic Homelessness)



WORKFORCE

CITY OF BOSTON

Spotlight on what's working well

- Behavioral Health Roadmap from the Executive Office of Health and Human Services will help address workforce challenges through loan repayment for clinicians from diverse backgrounds and through increased reimbursement rates

Gap 1: Cannot attract/retain enough, diverse staff for programs

Commonly proposed solutions

1. Build in incentives for the workforce (e.g., higher pay, child care, flexibility, child care, loan repayment programs/grants)
2. Build pathways for peers into the recovery workforce (e.g., through Criminal Offender Record Information (CORI) reform & skill-building)
3. Support/motivate current staff (e.g., salary, promotions, mental health supports, bonuses, etc.)
4. Fund staff time for designing new programs
5. **Equitable approach:** (a) Hire and make work more sustainable for BIPOC workforce; (b) promote pathways for multilingual staff, especially Spanish-speakers; (c) conduct racial equity training for shelter staff

Gap 2: Challenging to find staff who are trained in harm reduction, compassionate toward people who use drugs

Commonly proposed solutions

1. Promote harm reduction trainings and certificates, with an emphasis on trauma-informed care; make training “mobile” to build capacity at providers across the city
2. Expand training for shelter staff
3. Promote culture of care within the recovery, shelter, and housing workforce



PUBLIC SAFETY AND COMMUNITY IMPACT

CITY OF BOSTON

Gap 1: Need more alignment between public safety strategies and healthcare, harm reduction strategies

Commonly proposed solutions

1. Increase de-escalation training for police
2. Divert individuals from legal system involvement through a 24/7 stabilization center
3. **Equitable approach:** Increase training and community engagement with police for serving Black men with mental health challenges

Gap 2: Public safety is a concern for vulnerable people on the street and for the community

Commonly proposed solutions

1. Reduce drug dealing on the street, in partnership with District Attorney's office
2. **Equitable approach:** Create more safe houses for women who engage in survival sex and sex work and for women fleeing exploitation/domestic violence/trafficking

Gap 3: Stigma/NIMBYism is a barrier to building capacity across Boston and the Commonwealth

Commonly proposed solutions

1. Expand services throughout the city
2. Partner with community health centers/faith based organizations to expand services
3. Engage neighborhoods (civic associations, landlords, community health centers) to build understanding around issues related to substance use and homelessness and to develop community solutions together
4. **Equitable approach:** Engage diverse communities to shape anti-stigma messaging/campaigns

Conclusion: Informing the City's Public Health Plan



This summary of stakeholder input **informed** the City's "Long-Term Public Health Strategic Outlook" to serve Mass & Cass and unsheltered individuals impacted by substance use disorder across the region.

The Strategic Outlook can be found at [Boston.gov/Mass-Cass](https://boston.gov/mass-cass).