

BLACKSTONE/FRANKLIN SQUARE NEIGHBORHOOD ASSOCIATION

Minutes for its meeting of March 25th, 2019

D4 Police Station Community Room,
650 Harrison Avenue, Boston, MA 02118

7:00 PM. Public Safety Update (BPD Capt. Sweeney): Boston Police Department Captain Steve Sweeney introduced himself, noting he is about to complete his first year at D-4. Capt. Sweeney said the beginning part of the year had been marked by a rash of commercial break-ins, but detectives had identified a suspect and made an arrest in connection with the initial crimes, and subsequently arrested a second suspect in connection with the remainder. Another focus has been traffic enforcement and pedestrian safety, on Tremont Street especially. Capt. Sweeney highlighted effective work being done elsewhere in D-4's area, such as the immediate arrest of someone in connection with shots fired on Boylston Street in Back Bay and a robbery with a gun in a Kenmore Square business. A shop owner whose business had been broken into commended BPD on their response and asked whether the suspect remained in jail. Capt. Sweeney said he was not positive but believed so; 16 commercial break ins have been cleared by the arrest of the two suspects. An attendee remarked nice job and members applauded.

7:10 PM. Announcements. BFSNA president Toni Crothall said that 2019 election for the officers and board of our association will be held at our May general meeting. If you're interested and eligible to serve, please make yourself known prior to the May meeting.

7:12 PM. Record Keeping (Matt Mues): BFSNA Treasurer Matt Mues made the Treasurer's Report: The BFSNA operating balance is \$12,419. The Scholarship account has \$30,545 and Friends has \$28,826.

7:15 PM. Relocation of DPH's Shattuck Hospital to our neighborhood (MA EOHHS Undersecretary for Health Policy Lauren Peters and MA DPH Assistant Commissioner for Public Hospitals Frank Doyle): Lauren Peters, Undersecretary for Health Policy at the MA Executive Office of Health & Human Services, and Frank Doyle, Assistant Commissioner for the Public Hospital System at the MA Department of Public Health joined us to explain plans for the Shattuck Hospital, a DPH-operated public hospital slated to move from its existing campus in Jamaica Plain to Boston Medical Center's former Newton Pavilion building on East Newton Street, and to take resident questions and comments.

Undersecretary Peters: The Shattuck Hospital will be relocating to the South End around 2022 (a slight delay from the originally forecast 2021). The hospital is operated by DPH in conjunction with the Department of Corrections and Department of Mental Health.

There are 260 beds of which 117 are in-patient medical/surgical run by DPH, 115 are in-patient psychiatric run by DMH and 28 are in a secure Department of Corrections unit. There are also some outpatient services, mainly used by DOC. The current building in JP dates to 1954 and is in disrepair. Relocating to the Newton Pavilion building was determined to be more cost effective than renovating or new construction on the JP campus. What is moving to the South End are the 260 bed in-patient services and outpatient services. This is hospital services replacing hospital services, with respect to the Newton Pavilion building. What is not moving are various non-profit-operated services, including a homeless shelter, a methadone clinic and residential detox providers. A consultant has been engaged to develop recommendations about the future use of the JP campus, with the aid of a community advisory panel, including South End representatives. The JP campus must be used for a public health purpose and EOHHS desires that that non-profit services there now continue to be offered there. In the RFP for this consultant process, we recognize that some parts of the city of Boston are disproportionately impacted by health and human services functions, including the South End, and services should be distributed with reference to parity and equity and access needs. We want to be good neighbors as we come to the South End.

Assistant Commissioner Doyle: Noted his personal familiarity with the South End, including 21 years at BMC. Some patient populations at the Shattuck are similar to ones served at BMC. DOC has 28 in-patient beds at the Shattuck and about 60% of outpatient services are for DOC or house of corrections populations. A couple dozen or so patients a day come in for outpatient services from correctional institutions. The DMH population is similar to the patient population at DMH's Solomon Fuller facility already on East Newton Street. The vast majority of Shattuck patients are what we call community patients; they are people who are underserved, who in some cases have substance use disorder and are in treatment for that but meanwhile have disease or acute care needs caused by their compromised health. A distinction between the Shattuck and BMC is that the Shattuck is a long-term care acute care hospital, meaning it often offers care over much longer periods than can be accommodated by a typical hospital. The conditions treated are similar, however. We are in discussions now with how the Shattuck can leverage resources and services available at BMC and other academic medical centers. With regard to the non-profit run services currently on the JP campus, there are three reasons these will not be moving over with the Shattuck: there's not enough room in the building, most of the services are already provided in the South End and the Shattuck's core mission is acute care. DPH expects to begin active construction on the Newton Pavilion in 2021. I welcome and will be available to field questions or concerns from residents going forward as the process unfolds. And once the Shattuck opens, there will be a community relations person and the CEO will also be available.

Question: With regard to the DOC outpatient visits, what does that look like on a daily basis? Do they all come once a day, or individually, and how does the security work?

Doyle: About 12 to 15 vans a come each day, plus some ambulances, typically one patient per van, in chains, accompanied by two corrections officers.

Resident comment: It's disturbing the lack of respect for the neighborhood: the City promised one thing but then the Shattuck comes and nobody told us anything about it and it was a done deal. Back when BMC was created, we were told this would reduce the amount of hospital beds here but now you have bought the building and we are back where we started. I'd like you to come to our Worcester Square Area Neighborhood Association. (Peters: Happy to.)

Question: You say the Shattuck has many long-term patients; how's that defined? And where do patients go when they are deemed ready for discharge? *Doyle:* The average DPH patient is about four to six weeks. The community patients could be people with substance use disorder, they could be homeless or they could just be community members. The DMH patients have terms that are usually a lot longer. The average is a ten month stay, but they can be there for years (as sometimes can DPH patients). We do not discharge people to the street. They might be discharged to a nursing home, a sober house or some people go home to their communities. *Peters:* This population does not tend to have a lot of family or visitors.

Question: The Shattuck has 700 employees: are you claiming that will have no effect on traffic? How many new employees will be in the neighborhood 9 to 5? *Peters and Doyle:* That's across three different shifts. It won't be much different than what was already there in the building under BMC. Arrangements will have to be made for their parking. Transportation is something that has to be addressed within collective bargaining since much of the workforce is unionized. We are seeking ways to encourage employees to use public transit. *Resident comment:* The BMC employees who used to work in the Newton Pavilion are still here, since they just moved elsewhere within BMC, so this will be a net new 700 employees in the neighborhood.

Question: Are you envisioning doing any physical expansion of the Newton Pavilion building? *Peters and Doyle:* No.

Resident comment: You acknowledge that the South End is already overburdened, but you're engaging with residents only now, after you have decided to move the Shattuck. That's very disingenuous. *Peters:* We have committed to no net new services and because we view this as a hospital replacing an existing hospital we don't see the state coming in and adding incremental services to the area. *Resident comment:* Patients services for criminal populations; that's new services. *Peters:* EOHHS Secretary Marylou Sudders has made a commitment that we are not bringing new services to the neighborhood.

Question: Given that you seem to have already made all the key decisions, what input or influence can we or other residents really have on this? *Peters:* We want input on how we can be good neighbors. This is the safety net of safety net hospitals in the Commonwealth and this is the most cost-effective approach. We are also committed to expend state resources to expand the City's outreach program. *Resident comment:* You can't tell us with a straight face that this will somehow mitigate the problems in this neighborhood with substance use and homeless issues.

Steve Fox comment: People are right that notice of this move came about at the very last minute. We got notification literally the day before the announcement was made in the press: there absolutely should have been an engagement process in advance. Since then, we have had multiple conversations. We sought, and Secretary Sudders agreed, that the repurposing of the Shattuck Hospital would do something for the South End by alleviating the services burden that falls disproportionately on the South End today. Residents should know that there's a year-long engagement process for us to advocate for the Shattuck JP campus taking some of the burden of these services.

Resident comment: The reality is these people are here on the street, the building is here. Let's make it right for the neighborhood, for all parties, but let's get these people the help they need.

Question: To what degree will patients have privileges, or the right, to leave the hospital building during the day and would they be subject to restrictions as to where they could go? *Doyle:* The DOC population cannot leave. The DMH population are on lockdown units and it is a process with them as to whether they can leave, depending on the severity of their diagnosis and their other care needs. Some are ordered by courts or DMH to be in a lockdown unit for their entire stay and those deemed at risk of harm to themselves or others will not be allowed off the unit. Others are gradually introduced to the community, based upon the diagnosis of their medical team of psychiatrists and social workers as to when and how. Something like 25% would be allowed out only if escorted and even then would need to stay within the general footprint of the hospital. Those released without escort would not face any restrictions as to where they could go in the neighborhood or beyond.

Resident comment: I was formerly a caseworker and want to express that I had a wonderful experience with the Shattuck and remember many people who benefitted greatly from its care. The Shattuck moving to the South End is appropriate and welcome in that this neighborhood has lost so many of these needed services over the years, which partly accounts for why people are on the street, and I don't see its impact in the neighborhood as that different from other hospitals.

Question: You said redevelopment of the JP campus depends on a public-private partnership: what if no private partners emerge, will the City step up with money? *Peters:* We are about to put out an RFI to get a sense of what private partners might be interested in the JP campus. It's highly unlikely there will be no interest, given the trend toward doing more care in outpatient settings.

Resident comment: The site is becoming unkempt and increasingly full of litter. *Doyle:* The winter was admittedly tough but we do have a cleaning firm and a contracted security staff on site all day and four maintenance people. We're trying but if we fall short let me know.

8:05 PM. Friends of the Squares (Toni Crothall): Toni reported that the elm trees that define Franklin Square are threatened by Dutch elm disease, poor soil conditions and insufficient nutrients. Three trees have been determined by the Parks Department to be afflicted by DED and are to be removed imminently lest their continued presence lead to infestations of others. If we don't invest proactively in the remaining trees' health, we will lose more and more going forward and all within a decade or so. We've been speaking with arborists and begun to investigate the costs of potential long-term care. BFSNA is to receive mitigation funds from the Harrison Albany Block development project designated exclusively for the benefit of the Squares; the first tranche of that money should be released shortly. Community Preservation Act money might also be a possibility, though we have not yet investigated that. Toni distributed a handout showing some of the estimated costs, as follows:

Proactive Care requires a \$20,000 to \$25,000 investment per year for 3 years: \$60,000 to \$75,000

\$16,000 made up of:

\$4,000 per application and 4 applications per year for the organic soil amendment product alone:

- Addressing soil pH
- Scattering granular organic amendments
- Pouring liquid biological amendments

Less predictable expenses (\$4,000 to \$9,000 per year estimated):

- Stem injections at \$12 per inch diameter for trees in early signs of disease.
- Consulting fees of arborists doing soil samples approximately @ \$3,600 per annum
- Potential labor costs of applications and trimming of 'nutrient thieves' on and around the trees – all the trees require this so that the nutrients go exactly where they benefit the tree the most.

Toni and Matt described a few proposals or ideas possibly involving the Squares that have come to our attention and for which we'd like to gauge resident sentiment:

- The More than Words non-profit is seeking locations for used book donation bins in high traffic areas. One possibility would be the corner of Washington Street, where the sidewalk is wide; Streets (City of Boston) would need to approve. A resident said he really liked the idea in principle but noted a friend's experience with vandalism of a similar bin and said a solution would be to locate it where there was camera coverage. Matt noted that these appear to be large sturdy bins. Another resident suggested putting it near the Blackstone School.
- Discarded needles from drug use are an ongoing problem in Franklin Square: would a needle kiosk be a possible solution? The kiosk has been described to us as a large, secure mailbox-like box receptacle placed on a heavy steel column concreted into the ground; the City would have them installed and serviced by a

private vendor. Currently, there are around five kiosks citywide, including one on Northampton Street. ONS South End liaison Faisa Sharif said that the existing kiosks do get used but emphasized that the City is not advocating for or against expanded locations but only seeking to act based on resident sentiment pro or con. A discussion ensued in which a number of people expressed opposition or skepticism and no one voiced strong support. *Comments:* The question is: would it become an attractive nuisance? I oppose it; this is a band aid solution to a massive problem that the City and state have failed to effectively address and resolve. Let's have one for one needle exchange so people don't discard needles and options for treatment if they want help. We need to challenge our political leaders to think bigger if this problem is going to be solved. We can put out a hundred needle boxes but the only ones who'll be picking them up are us. *Question:* Has the City measured whether kiosks alter the number of discarded needles? *Faisa:* We haven't conducted that kind of in-depth study but we have found that people do use the boxes. *Resident comments:* We see needles on Albany Street all the time, especially by the bus stop in front of the Flower Exchange.

- We are planning to renew our "Human Quadrant" signage and demarcation in Blackstone Square as part of our ongoing effort to balance the interests of dog owners and those who want to enjoy the park without dog activity: do people support that? Everyone who responded said yes, except that one resident felt it should be dog uses that are restricted to one quadrant.

8:35 PM. 2018-2019 BFSNA board (Toni). Toni explained that BFSNA's May general meetings are when we are scheduled to hold annual elections for the board, but we made a mistake last year. We did not hold an election due to an oversight; it was forgotten amid turnover in leadership in 2017 and 2018 including three presidents, but brought to our attention recently. She offered motion to confirm and support the makeup of the BFSNA board that has served since May 2018 and is to continue to May 2019, stating that this board consists of: Toni Crothall, President; Matt Mues, Treasurer & Vice-President; David Stone, Clerk; Jonathan Alves, Heather Govern, Tiffany Hubanks, Mark Ott and Andrew Parthum, Directors.

Toni asked if there were any objections or comments. Former BFSNA president Eric Huang objected, saying it was not valid to have a vote to confirm and support the board and calling instead for an election in which anyone could stand for the 2018-2019 board, one for which he said he was declaring his candidacy. He argued that because no vote was held in May 2018, all decisions made by the board since were without authority. Various board members disagreed with this and offered responses, to state that they had carried out the work of the organization and board duties during this period, acting in good faith, and it would be counter-factual for someone who had no role in the operations of BFSNA or participation its board during the period May 2018 to present to be elected to that board.

A resident seconded the motion. Eric renewed his objection, characterizing the board as people who were not elected and to proceed as proposed would be wrong as it is not a dictatorship and, he said, could expose the organization to risks. Board members replied: Eric had previously raised his concerns in emails to the board and the board had discussed them at length and was unanimous in its views as to how to proceed; the majority of the current board had been elected, in May 2017. A vote on the motion to confirm and support the 2018-2019 board was taken and 17 voted in favor and 2 were opposed. The motion carried.

8:50 PM. Cannabis business proposals update (David Stone): David described the contents and purpose of the Memorandum of Understanding agreement that BFSNA negotiated with the proponent of the proposed medical marijuana dispensary at 591 Albany Street and explained its purpose and the process by which it was arrived at.

David said that the why of the agreement was resident sentiment, the realities neighborhoods face under state marijuana law and a certain decision by the City. We acted based upon resident sentiment and interest as established at our BFSNA September 2018 meeting and elsewhere. Boston is under a legal mandate to permit at least 52 cannabis retailers and so it is certain that several are going to be in the South End. The only issue is exactly where they go and how they operate. Defeating a proposal is not a victory if it just means something more objectionable or in a worse location comes instead. Originally, we thought that residents would be able to lobby for inclusion of specific mitigation and benefits under the umbrella of the City's Host Community Agreement. But in October, we learned that the City was going to be using cookie cutter agreements for every location with no neighborhood input allowed. So if we wanted anything more for the neighborhood, we had to negotiate it ourselves.

The substance of the MOU includes three elements: Protection, Mitigation and Community Benefits. According to David:

Protection: One specific concern raised at our September meeting and elsewhere was that this facility might someday seek to add recreational marijuana. As it stands now, that would require the owner to go through the same licensing and approval all over—but the risk is that the state changes the rules someday to make it automatic, thereby eliminating our say as residents. The MOU says that no matter what the state does with the rules, the operator has to go through the same city and public approval as exists now. A second protection element is that Liberty Compassion agrees to minimum purchase amounts for sales: \$50 for the first visit. This is to ensure it's not like a liquor store selling nips.

Mitigation: The main concern we heard is parking. Under the MOU, the operator is planning to rent five or six spaces in a nearby garage for parking by customers and/or employees, which will lessen the likelihood of parking in resident only spaces.

Benefits: Under the MOU, Liberty Compassion commits to a set of community benefits. First: Approximately 125 hours/year of employee time are to be volunteered for causes in our district. This would be akin to a dozen people coming for 3 hours each to four of our

Friends parks clean-ups a year. Second: Best efforts to hire interested and qualified SE residents for their dispensary. Third: Cash community benefits totaling \$105K over 5 years, of which 1/3rd will go to BFSNA, 1/3rd to Friends of the Squares and 1/3rd to other local charities TBD, with a preference for those active in our district. That number was not arbitrary and is intended to be proportionate to the impacts not otherwise addressed and size of 591 Albany Street as a business: neither bigger nor smaller.

What does BFSNA do under the MOU: We state our support for and non-opposition to Liberty Compassion's proposal for a medical marijuana only dispensary before the Zoning Board of Appeal. BFSNA does nothing else and has no obligation going forward.

Soliciting and hearing resident opinion. At our September meeting we heard from proponent, had a discussion of the City permitting process as we then understood it, and some of our members asked questions or expressed their position. Two members offered their immediate unconditional support, the developers for the Harrison Albany Block and Flower Exchange said they were opposed. Everyone else who spoke offered some version of the idea that marijuana businesses are coming to the South End and the focus should be ensuring negative impacts are mitigated and community benefits maximized and/or supporting proposals that are relatively acceptable and opposing those that are truly objectionable. Two specific items that were raised were around the possibility of future recreational sales and what specific community benefits would be offered.

Other BFSNA neighborhood outreach and consultation in connection with the 591 Albany Street proposal and the MOU process included:

- BFSNA board members helped lead the formation of a South End-wide neighborhood association task force on how residents should evaluate cannabis business proposals. We consulted with this group and reviewed draft terms, when we had them.
- Consulting with the City of Boston before we did anything and kept the City's South End liaison apprised throughout.
- Making a specific point of informing the only two announced opponents from our September meeting, Leggat McCall and Abbey Group, at the front end of the process, before we negotiated anything and seeking feedback, if any.
- Appearing at the official City of Boston community meeting regarding 591 Albany Street in December 2018 and publicly announcing there that BFSNA and Liberty Compassion were engaged in discussions in hopes of reaching an MOU.

David closed with three observations: (1) None of the main elements of protection, mitigation or benefits are in the Host Community Agreement crafted by the City; (2) Liberty Compassion agreed to substantially everything we asked and we asked for substantially everything that seemed warranted; and (3) the reasons for supporting and not opposing 591 Albany Street are not solely because of what is contained in the MOU. If we want to avoid the worst proposals in the worst locations, we need to be willing to

support, or at least not oppose, those which are relatively benign. Questions and a discussion ensued.

Comments: A resident pose the question of what would be a worse location, saying the idea of an agreement seemed right in principle but she didn't deem it desirable to add something like this on Albany Street, which has many issues. Her husband concurred and queried why the facility could not be within a hospital. David said he thought that many people would believe that the small shops on Shawmut Avenue, for example, would be worse location and the fact marijuana remained illegal federally likely posed obstacles to any health care institution involvement. Steve Fox noted that, from a zoning code perspective, a worse location would be an area zoned "forbidden use" (as opposed to conditional use, such as Albany Street).

Another resident asked how BFNSA would monitor Liberty Compassion's compliance with some of the provisions, like the volunteer hours. David said the hours were relative measurable and Liberty Compassion was incentivized to comply to create and maintain goodwill among neighbors. Eric Huang said he thought the MOU was well written, but objected to what he characterized as BFSNA having given its support in exchange for a check. Eric read from a past *Boston Globe* article in which neighborhood leader Steve Fox made statements about neighborhood associations that, Eric argued, supported his argument. Steve, who was present, responded that in zoning matters and IAG matters there are standard protocols and outcomes that no one would argue are quid pro quos and said he did not consider the BFSNA MOU as reflecting such a quid pro quo. David disputed the suggestion that the MOU represented an exchange of money for support, arguing support and non-opposition was grounded in a range of factors, most of which had nothing to do with money.

A motion was made and seconded to endorse the MOU. 14 voted in favor and 4 were opposed. The motion carried.

9:28. Adjourn.