**BLACKSTONE/FRANKLIN SQUARE NEIGHBORHOOD ASSOCIATION**

**Minutes for its meeting of September 17th, 2019**

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

**7:05 p.m. Welcome and announcements**. The meeting began with several announcements and updates:

- David Stone said Endurance Pilates, Barre3 and a number of other local businesses are hosting a Health & Wellness Fair in Blackstone Square this coming Sunday, September 22nd
- The developer of The Smith (the project f/k/a Harrison/Albany Block) expects to have the building open and accepting tenants by April/May of next year. They say they hope to proceed directly to constructing the second building (with no delay), but no final decision has been made on that, or what retail or cultural uses will go into the first building.
- The developer of Exchange South End recently got state approval to move ahead with the first stage of the project event absent approval for a direct connection between the project's planned parking garage and Frontage Road, which would enable workers to get on/off 93 or the Pike without traveling on South End Streets. The developer says the full project will not happen without the connector, but it's concerning since the full complex will employ about as many people as Boston Medical Center.
- Toni Crothall reported that the Boston Parks Department has determined the large elm tree at the center of Franklin Square is afflicted by Dutch elm disease and needs to be removed.
- Jonathan Alves and BPD Officers Pagan and Shula gave a public safety update. Officer Pagan reported that five officers have been transferred from elsewhere to work for Deputy Stratton's unit focused on Mass & Cass. Jonathan said BFSNA has been working to support D4 and its efforts, including to plan a flashlight walk in the near future. There was a round of applause for the officers of D4.

**7:12 p.m. Friends of the South End Library outreach.** Duncan Will, board member of Friends of the South End Library, gave an overview of FOSEL, its role and activities and its interest in recruiting new members.

Over the past several years, Boston has spent $100 million on renovations to its public libraries, he said, including $80 million for the central library in Copley Square, and another $127 million has been allocated for upcoming renovations of libraries around the city, including the South End library. Duncan said the City soon plans to do a "programming study" to assess what the South End needs in 21st century library services, and how and whether the current library building can be expanded, rebuilt or replaced to meet those needs. FOSEL is a partner in this process and, in part for this reason, is increasing its board from seven people to 12. The study will take up to a year, after which there will be public hearings. FOSEL also sponsors an excellent author series, summer jazz concerts, library window installations and the ever-popular Easter egg hunt. FOSEL is seeking candidates for its board and advisory board, as well as people simply interested in helping out on a project or two and anyone interested should contact them.

**7:20 p.m. Proposed BPD public safety camera deployment in BFSNA district and vicinity.** City Councilor Frank Baker, Boston Police Department Director of Telecommunications Shawn Romanoski and Boston Planning and Development Agency Project Manager Raul Duverge described a proposal for deployment of an extensive new network of BPD-operated public safety cameras covering dozens of specific locations around the BFSNA district. Input from BFSNA will help determine if the proposal goes forward.

City officials, the Boston Police Department and telecommunications vendor Lan-Tel first developed this plan, which provides for much denser and more complete coverage than is found in most of Boston (where cameras are typically installed only one or two at a time), following several incidents of violence around West Newton Street and vicinity about four years ago. The system's main purpose is to capture video that helps police identify suspects and solve crimes. Additionally, the presence of cameras should have deterrent value.

The proposed deployment is for about 30 cameras covering approximately 40 locations within an area lying between Tremont and Albany streets, including O'Day Park, Blackstone and Franklin Squares and various locations along East Brookline Street, Harrison Avenue, Washington Street, Shawmut Avenue, Newland Street and vicinity. The locations for camera coverage were selected based upon information from the BRIC (Boston Regional Intelligence Center) and BPD community service officers about hot spots for criminal activity, street routes and traffic flows and the availability of electricity to power the units. In response to a resident question, Romanoski said BPD is open to altering coverage locations and priorities based on resident suggestions. A map of the proposed coverage locations exists and will be provided to BFSNA for review and comment.

The cameras would record at all times, and be networked into the BPD's BRIC system, but not be routinely monitored. Rather, in the event of an incident or an investigation, police could access and review recorded footage or view selected cameras in real time. The cameras would be painted blue and explicitly labeled as Boston Police cameras to ensure awareness of their presence and function; recorded video would be automatically deleted after 30 days unless flagged for investigative purposes.

The cost of buying and installing the proposed camera deployment is approximately $100,000. The envisioned funding source is money from the Harrison Albany Block project mitigation fund, which currently holds $175,000, with an additional $175,000 to be paid over by developer Leggat McCall upon construction of the second building, which could occur within the next 12 to 18 months. (The costs of maintaining the system once built would be borne by the BPD's police infrastructure budget.) Per Duverge, the mitigation fund agreement already earmarks $20,000 specifically for cameras in Franklin Square, so funding the full proposed deployment would involve tapping approximately $80,000 in additional mitigation funds.

Baker said BFSNA and its members have the final say to determine whether they want the full plan or the more limited Franklin Square-only one.

Note: A map contained in Lan-Tel's proposal, as provided separately by Baker's office, is below.

## Proposed Locations:


**7:35 p.m. The opioid crisis, homelessness and the situation in the South End:** David said this summer's dramatic increase in the number of people actively using drugs and living much of the day, and sometimes the night, unsheltered in Franklin and Blackstone Squares and other spots around our neighborhood has produced much discussion and some action, with BFSNA working hard to bring public attention and official response to the distressing and unacceptable conditions we're seeing every day and help find effective, responsible solutions. Yet it can be hard to know what to do, or advocate, absent a fuller understanding of how substance use disorder and homelessness intersect and how they affect and afflict the people we see in our streets and parks. To help us understand better, we are joined by: Boston Health Care for the Homeless Program's Chief Medical Officer Jessie Gaeta, MD and its CEO Barry Bock, and the City of Boston's Jim Greene, Assistant Director of Street Homelessness Initiatives for the Department of Neighborhood Development, Jen Tracey, Director of the Office of Recovery Services and Health and Human Services Chief Marty Martinez.

Bok briefly described Boston Health Care for the Homeless Program. It's a relatively large program of its kind, with 500 staff, and has been in the South End, which is the hub of its activities, since 1985. BHCHP provides primary care, addiction services, mental health services and in-patient respite care for people recovering from hospitalization and is the health care provider to places like Rosie's, the Pine Street Inn, 112 Southampton Street, the Engagement Center and others. What we are seeing isn't unique to Boston: the crisis around opioid use has exploded around the country. Massachusetts and Boston have responded better than most, and real credit goes to the leadership of others here and Mayor and Governor. But the funding for health services and addiction services has historically been woefully inadequate, so when the epidemic really hit in 2014 and 2015, there was a lot of trying to play catch up, and we are struggling now as the epidemic has outpaced resources. BHCHP also had some unfortunate missteps early on with some programming that caused concern in the neighborhood, but Jessie and Barry since have attended some 40 meetings over the past several years with South End residents. There is a recognition that public safety has to be paramount and we would agree with

that, but not at the expense of public health. Both of those things simultaneously need to be addressed.

Gaeta made a presentation intended to help residents better understand a day in the life of a homeless person struggling with addiction, a person we might see on a street corner here. In advance of the meeting, Gaeta had met with a group of staff to discuss and create a "constructed case:" a description that is not any single actual person but a composite that accurately represents many people who are living unsheltered in and around the streets and parks in the South End. Gaeta said the story might sound extreme, but in fact the circumstances are not unusual.

The case is a woman in her early 30s, who grew in neighborhood of Boston in a lot of poverty and was removed from her home at age four because it was an abusive home and went into foster care. In both her biologic home and foster care, she experienced sexual abuse at the hands of people she had trusted. She started to use drugs and alcohol in her early teens, initially in secret, to self-medicate, as she would describe it. To further complicate her relationship with her foster family, she came out as a lesbian when she was 16, which caused a rift and precipitated her first street experience.

On the streets as a teenager, she started to use substances more heavily as a way to cope with the surroundings and her lack of connections. She recalls this as a time when she was frequently threatened, followed and assaulted by men on the streets. She would use drugs, mainly opioids, as sedatives, to self-soothe from the trauma. But using sedatives put her at heightened risk of abuse and sexual assault, creating a vicious cycle that went on for quite a while. She actively avoided social services and police and shelters, fearing she'd be sent back to her foster family, and spent a lot of time each day trying to figure out how to be safe, especially at night. She eventually began to engage in what can best be described as survival sex: where a woman has transactional sex with a man who in return agrees to keep her safe for that night, perhaps by letting her share his tent or hidden sleeping spot.

Over the years since, she continues to live mostly on the streets, rather than in shelters, because, she says, she feels safer on the streets than with some of the people she knows in the shelters. She stays outside to avoid certain people. She has severe and active substance use disorders and is very dependent on opioids. She's not allowed to use in the shelter, or bring syringes in, so that's another reason why she avoids them.

She is now using 3 grams a day of fentanyl, which is a lot and requires her to inject the drug about eight times a day, every three hours, to stay out of withdrawal—another reason why she has a hard time connecting with services. She feels very weak and ill and spends most of her time figuring out how to get the next fix. The euphoric effect from fentanyl doesn't happen anymore; her aim with drugs is to feel what she describes as normal for herself, which is not the same as feeling good. She also layers other drugs on to intensify the effects of the fentanyl. She has overdosed more times than she can count, and mostly it's her friends, not first responders, who have reversed that, since she's often so hidden when it happens.

Injecting eight times a day, she uses a lot of needles. Sometimes she gets clean needles from the needle exchange but sometimes she borrows from friends or reuses ones she has already used on herself, which puts her at really high risk for infectious diseases. She doesn't think much about eating and consumes maybe one small meal a day.

She has attempted treatment three or four times, even in the recent past. Each time she's exited, whether it's detox or a residential program of a few weeks, she's been unable to find a resource that helps her stay in recovery and reenters her social network and old environment and relapses. She has been on wait lists for housing but has trouble navigating that system or holding a job, due

to PTSD on top of her severe substance use disorder. She didn't finish high school and lacks transportation.

She is fight or flight mode, and her focus is on staying alive for the next 24 hours. Homelessness and addiction exacerbate one another in her case. Her addiction is rooted in how much trauma she experienced and lack of healthy relationships; when drugs are introduced to someone who has experienced that, the outcome is predictable. Her homelessness is rooted in a failure of all kinds of systems, including a shortage of housing affordable to someone with a very low income, the complexity of accessing it and the absence of jobs that would be viable for her. As providers, we need to offer her an avenue to feel safe for the next 24 hours, since that is her focus, while we try to build enough of a relationship to engage her with services. The initial goal is to let her know that we care about her, she has worth and her future is not set in stone.

Martinez said people have asked what, specifically, does "outreach" mean and involve. Outreach work attempts to make an initial connection with someone, a connection that over time may grow into enough of a relationship that leads to services. Making that initial connection doesn't happen by approaching a person saying let's get you into treatment; the first communication is, what can we do to help you get through the next 24 hours? The intention and hope is that the relationships to accessing services but in the beginning it's about helping people meet their basic needs. Wherever a person is at is where we try to make a starting point of connection.

Gaeta described the signs of overdose, which are that the body goes limp, the person looks pale and feels clammy, and is likely slumped over in an awkward position, possibly making gurgling sounds for lack of getting air. A way to approach somebody who may be in this state is to ask gently, are you OK and if there's no response and you feel comfortable, to put a hand on their shoulder and perhaps give a gentle shake. If there's still no response, Gaeta, as a trained person, would move in closer and do a sternal rub that a person would normally react strongly to. If that produces no response and/or the person is barely breathing, she'd call 911.

In response to a question later in the session, Gaeta said it seems we are at a point where people are entering into homelessness in connection with substance use disorder at younger ages already disconnected from families. It hasn't been studied yet, but her sense is that the national drug epidemic is causing more people to fall into homelessness and creating urban homelessness conditions that have not been seen before. We are now entering a fourth wave of the addiction epidemic as it has existed in Boston. The first was prescription drugs-based, then came heroin, followed by fentanyl, which started in 2014 in Boston. Now, we are experiencing more poly substance overdoses, with meth and other substances being layered with opioids.

Gaeta said Boston is a relative latecomer to the spread of methamphetamine, but over the past year and a half or so, meth has become much more commonly used here. Most of the people she sees now are combining opioids that are sedatives and amphetamines that are stimulants. They are being used in all kinds of ways, including to offset the effects of the other; there's a lot of meth happening. It's making the service side of things more difficult because dealing with a stimulant intoxication, which can look like an acute manic or psychotic episode, can be a lot harder to manage than a sedative intoxication. Available evidence-based treatments for meth are behavioral; there are no approved medications right now (though some are in the pipeline). We don't have a lot of experience in managing stimulant intoxication syndromes and providers and shelters are having to wrangle with how to do so. Martinez noted there are some lessons we can learn from cities elsewhere that have been dealing with this for longer.

Questions were asked how people get money to acquire drugs and how much they typically need per day for drugs. Gaeta said most people she deals with are not organized enough to have an income of any sort, including Social Security disability. So people sometimes barter with things other than money, including sex or the promise of providing safety. Sometimes it's standing on

the street asking people for money, and some people, especially men, will take informal day laborer jobs. A person who uses one or two grams of fentanyl a day, which is a common amount, is probably spending about $80 a day.

A resident said she was concerned the quality of services in Boston is attracting more people here than actually can be supported by the available services, noting she personally knew of an instance of someone coming from California expressly to access better services available here. Gaeta said yes, we are being overwhelmed by street homelessness and the issue feels like it is expanding. We have the ability to serve a cohort of about 400 people and we recognize the need for more teams. We are outstripped in terms of the ability to meet the need. On the issue of people coming from other places to seek services here, there are multiple reasons why that could occur, including that Massachusetts has better health coverage for indigent people. But she noted that a BHCHP just did a convenience sample of 600 people in its waiting rooms asking where have you been staying or living for the past three years and 86% of those who responded said Boston, meaning, at least in BHCHP's clinics, there is not a huge number of new people from outside the area.

Stewart said the Boston emergency shelter system for adults typically has about 1,500 people a night. Operators work hard to make them clean and safe but for people who have had extreme trauma, being around large groups of people is a lot to negotiate, especially where addiction or mental health issues are added in. There's a lot of work done in shelters to offer access points to services but it is really difficult for people.

A question was asked whether some third kind of space existed or could exist, as an alternative for living in on the streets or in a park for those people who can't or won't go into a shelter. Gaeta said people like that need a low threshold safe space, one that can accommodate the fact of their addiction. It's challenging to create a space that can manage that and be legal. SPOT is a small example of one. The Engagement Center is another example: you don't need to give your name, there's no metal detector and you can bring all your stuff in. Martinez said he agreed on the importance of these spaces, but cautioned that the reality of it is these spaces are complicated to create and staff. He said the City is exploring where and if new day and night spaces can be created other than the South End. He also noted that there needs to be an ongoing evaluation of rules and policies at shelters, including to consider whether some have the effect of keeping people on the street who might otherwise not be there. Tracey said the City is working with even smaller scale providers to expand access, like a HIV services provider that might be able to offer a place for ten people to get a cup of coffee or a cold drink and get off the streets for a while. Stewart described the Boston Night Center, a drop-in center on Bowker Street (near Government Center), as an example of a low threshold space. People come in and sit on chairs and, after midnight, lay on the floor (there was neighborhood resistance to beds there, so there are no beds). Mostly, when people come in, they stay in for the night. Another example is the Boston Rescue Mission on Kingston Street near Downtown Crossing, which was re-opened a several years ago as a shelter for 80 men and, more recently, has had some of its capacity repurposed for women.

Stewart said the City has housed 1,900 chronically homeless people, people typically with mental health problems and/or substance use disorder and, frequently, disabling medical conditions. One of the single biggest challenges is that people who move into housing from years on the streets often bring their friends from the street, which leads to conflict since that's not what was agreed to on the lease. Supportive housing programs try to intervene and deal with that.

Gaeta addressed what things are needed, in a period when there is more street homelessness and many are overwhelmed. First, we have to address people's immediate survival needs, especially to feel safe. It's hard to accomplish anything beyond that unless we have first achieved this. Beyond that: more addiction treatment, recovery services, help with trauma, especially tailored

for women and clinical care to deal with mental illness and substance use disorder. We also need legal services, since many people have legal issues that are a barrier to housing, employment training and more housing opportunities for people with very low incomes.

A question was asked about what are the gaps and insufficiencies that result into services not being sufficient for the need and where does the money come from. Gaeta said funding is cobbled together from federal and state money, plus some municipal and philanthropic support. Clinical services are relatively well funded, but addiction treatment, recovery services, legal services, employment training and housing opportunities for people with very low incomes are more thinly supported with bigger gaps. Stewart noted that someone at the South End Forum had asked what can we do, and one answer is that every neighborhood association could pick a non-profit with which to support and partner, like, say, Rosie's or 112.

Greene said that in the past several years, Boston has been moving to a housing-first model on homelessness, whereas in the past people often got screened out for housing based on the very factors that were contributing to their homelessness, like substance use or mental illness. Boston has been a leader in this regard.

A question was asked whether it would be possible to monetize the return of needles as a way to encourage people not to discard them on the ground. Martinez said the City is actively exploring ways to incentivize returns, not necessarily with cash, but through other means.

A resident thanked the panel and Gaeta for painting the picture of an individual dealing with addiction, which felt very real to him, and sharing it in this forum. Empathy and compassion is so important in this. He described himself as a sober man, sober for 13 years from addiction to crystal meth, a longtime resident, a homeowner and someone who had helped start a business. There *is* hope, he said, and that fact hasn't yet been mentioned.

Gaeta said that, ending with hope, just today she'd seen a man who had gone through the STEP program. When she'd first encountered him, he was at his absolute lowest yet today he looks like a million bucks, has a job and has reconnected with family. And there a lot of stories like this. When we put a lot of resources into people, things can really turn around. Stewart spoke a man who has been sober and housed for six years now who's part of an initiative Stewart and Gaeta help run called the High Utilizers of Emergency Services (HUES) but had something like 80 ER visits in the six months before getting involved in a recovery process and changing his life to the point where he now counsels others.

State Rep. Jon Santiago said he sees these issues as a physician and public official and wanted to underscore how complex they are and tied to causes of poverty and inequity as well as addiction. The work of the panel and the voice of residents are important and he commended people for being involved.

The panel was thanked for their work and there was applause.

**9:05 p.m. Adjourn**