



OVERNIGHT LOW-THRESHOLD SPACES

Practice Guidance



City of Boston
Recovery Services



City of Boston
Mayor Kim Janey

TABLE OF CONTENTS

CONTEXT	2
Rationale	2
Definitions	3
<ul style="list-style-type: none"> High-threshold Overnight Spaces Low-threshold Overnight Spaces 	
GUIDANCE	4
General Principles	4
People	5
<ul style="list-style-type: none"> Guests Staff 	
The Space	6
<ul style="list-style-type: none"> The Setup The Features 	
Policies	8
<ul style="list-style-type: none"> Processes: Operations Manual Playbook: Guest Handbook 	
Services	10
MEASURES	10
RESEARCH	11

CONTEXT

RATIONALE

This practice guidance is designed to inform the development of overnight low-threshold spaces for individuals experiencing substance use disorder (SUD) and homelessness in Boston.

The changing landscape of the opioid epidemic in Boston has exposed gaps in our continuum of care for people who use drugs, specifically in overnight spaces. Individuals who use drugs are increasingly using stronger opioids like fentanyl and stimulants like methamphetamine. The short-acting effect and potency of these drugs drive individuals to use more frequently in order to avoid withdrawal – which includes using throughout the night. Our shelters in Boston, however, do not allow guests to leave and return in the middle of the night. This policy deters individuals with SUD from entering shelters, accounting for many of the individuals who sleep on the street in Boston.

Nationally and internationally we've seen lower threshold and harm reduction spaces work to lower the barriers that people who use drugs face to finding spaces to spend time. Here in Boston, the City's *Engagement Center* is a low-threshold, daytime space that provides access to services, bathrooms, snacks and more. Baycove Human Services' *Boston Night Center* fills a critical overnight gap, operating as a low-threshold drop-in center for individuals experiencing homelessness.

What we are missing in Boston is an overnight option that combines:

1. The **flexibility** of low-threshold policies, which makes the space easy to access and navigate for people with SUDs;
2. The **stability** of an overnight respite, allowing guests a several week stay to get away from the chaos and unpredictability of sleeping on the street overnight;
3. The **capacity** to connect guests to harm reduction and housing services, which gives guests the option to access services that meet their needs.

[New York City](#), [Philadelphia](#), and [San Francisco](#) have demonstrated that overnight low-threshold spaces are effective tools for giving individuals with SUD a place to stay that is off the street, offering them the opportunity to stabilize. As the City adapts its shelters and

recovery services in response to COVID-19, we have an opportunity to ensure that we emerge with a spectrum of overnight spaces that better serve those with substance use disorders experiencing homelessness.

We hope these spaces begin to inform the future models of housing and treatment services we see today.

DEFINITIONS

Ease of access and use of space is usually categorized in a spectrum that ranges from low-threshold to high-threshold. While our current shelter system is operating at the lowest possible threshold that it can, we recognize that we need to create spaces that are even more low-threshold in order to reach people who are currently unhoused with SUD.

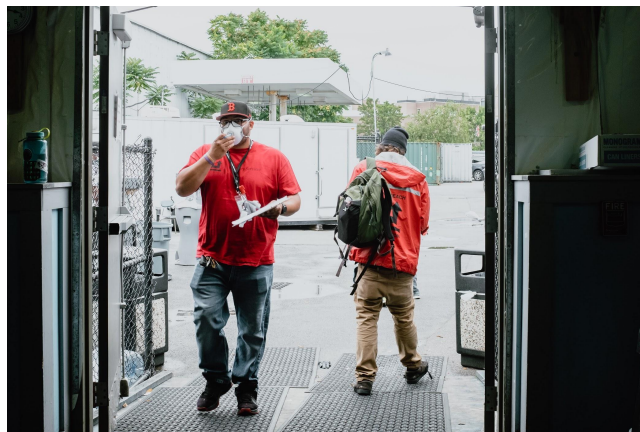


Photo credit: Olivia Yao

HIGH-THRESHOLD OVERNIGHT SPACES

[Features](#) of high-threshold spaces that create barriers for people who use drugs:

- **Inability to Leave.** In many overnight services, guests are not allowed to step outside during the night after they have checked in. This can deter individuals with severe SUDs from entering shelter, as they will then need to choose between obtaining shelter for the night or going into withdrawal.
- **Inconsistency with Beds.** Most shelters require guests to return each night to secure a bed using a first come first served policy. Therefore, there is no guarantee that you will have access to a bed for an extended period of time.
- **Mandatory bag checks.** Security checkpoints, metal detectors and bag scanners used to confiscate belongings (medications, illicit drugs, syringes and other drug paraphernalia, etc.) deter individuals from routinely accessing spaces. It creates a scenario where people need to choose between shelter and taking care of their SUD.



That said, high-threshold spaces meet the needs of some, not all, individuals.

LOW-THRESHOLD OVERNIGHT SPACES

Low-threshold spaces respond to the unique needs of people who use drugs. Features of low-threshold spaces include:

- **Flexibility.** Low-threshold spaces allow guests to come and go in the space without fear of losing their bed or being penalized, allowing for maintenance of their SUD if needed.
- **Bag Storage.** Bag checks deter individuals who carry syringes, pipes, or knives for protection from entering a space. Low-threshold spaces do not conduct bag checks, instead allowing guests to store their belongings in a monitored area, which they will be able to access throughout the night if needed.
- **Connections.** Low-threshold spaces create the ability for people who use drugs to maintain some level of stability overnight, connect with staff and peers, and access services when they are ready to do so.

GUIDANCE

GENERAL PRINCIPLES

An overnight low-threshold space should be rooted in the following four principles:

1. **Harm Reduction** - A guiding principle in this space, harm reduction ensures a more equitable and person-centered approach to treatment and care, creating a space that is driven by guest needs and insights with the least amount of barriers.
2. **Healing & Restoration** - People experiencing homelessness and co-occurring SUDs face many hardships while navigating everyday life. Creating a space that is inviting, with restorative practices and activities such as meditation, quiet, and serenity will foster an environment for healing and empowerment, which is essential for people entering into the continuum of care.

3. **Social Justice & Equity** - Race, class, gender, sexuality and ability are just some of the areas in which our system has tremendous inequities, which amplify if the individual also has a SUD. Low-threshold spaces are rooted in equity, and work to restore systemic injustices by acknowledging the harms that have been done over time and offering a solution.
4. **Adaptability & Flexibility** - Low-threshold spaces are designed specifically to meet the needs of those who use them, adapting when necessary. Not all guests will have the same needs, and some needs may change over time - with intentional design and continued guest feedback, this space will allow for adaptations when necessary.

The intent of this space is to meet people where they are in their relationship to SUDs. Low-threshold spaces should be welcoming, connective and identity building in every aspect of the space (physical design, policies and staffing, etc.). The space is built with the intent for all guests to be treated with dignity, respect, trust, and makes room for adaptability.

PEOPLE

This space will work to ensure it is serving the people who will use it - both guests and staff. Involvement of people who use drugs and front-line staff in every stage of planning, programming, and evaluation is crucial to the overall success.

GUESTS

Guests with substance use disorders often have a wide range of needs: homelessness, chronic illnesses, mental health issues, and more. While our continuum of care often addresses these challenges independently, they are all connected. A low-threshold space recognizes the intersection of these challenges and accommodates guests with complex needs.

All policies created around guests are modeled after the successes of other cities, and would ensure a new overnight low-threshold space in Boston that serves guests who have trouble staying in higher-threshold shelters due to their substance use. One policy that needs special consideration is the policy surrounding gender.

We recommend that the space will have non-gendered admission, which allows couples and friends of mixed genders to stay in the space. Both high-threshold and low-threshold spaces need to take certain considerations into account when deciding on gender policies. Gender policies have historically aimed to protect guests from gender-based violence and trauma, and aim to create a safe space for guests. These policies can however also act as a barrier for individuals to be sheltered together.

STAFF

Staff should have combined knowledge of homeless and recovery services, with experience in (but not limited to) public health, overnight care, case management, outreach, customer service, harm reduction, and treatment and housing navigation.

The following trainings ensure success in a space that is accommodating to guests with complex lived experiences and needs:

- Trauma-informed care
- Overdose Prevention/Narcan administration
- Harm Reduction
- Motivational Interviewing
- De-escalation
- Racial equity

Having a staff that is rooted in customer service, that is welcoming and compassionate will make this space different, and will foster an environment guests will want to return to. Staff should be dressed casually, and should interact with guests regularly, creating lasting relationships with the people who will be using the space. Security, though a necessity, should not act as a separate entity, but rather, should be integrated into the larger collective, allowing for positive guest interactions, not solely punitive ones. To integrate all members of staff to achieve a cohesive and welcoming environment, consider security dressing in non-traditional uniforms, such as khakis and a collared shirt.

Depending on capacity, funding and the hours of operation, overnight low-threshold spaces may employ nursing staff to provide access to wound care, medications for opioid use disorder and basic medical needs.

THE SPACE

The physical design and layout of the space needs to accommodate the needs of the guests who will be using them. We have laid out what we believe to be essential for the space to operate as a low-barrier and low-threshold, and have recommended spaces that would add incredible value if the physical location allows for it.



THE SETUP

We recognize that programs often must adapt to the facilities that are available to them. Despite the space you are working with we encourage providing spaces that accommodate guests for a variety of activities.

Essential spaces

- living /common area
- sleeping area with beds
- dining /eating area
- kitchen/food distribution
- restrooms and showers
- laundry
- staff area
- storage space for guest belongings
- bike storage

Recommended spaces

- de-stimulation room/quiet area
- specialty program space/ recreation space
- outdoor/open space

A consideration that should not be overlooked is ensuring that staff have the spaces they need to be well- supported and successful in providing guests with a good environment and experience. While your program's list of spaces may differ from this list, they should ultimately work to give guests a stable, supportive stay.

THE FEATURES

Design a physical space that responds to the needs of individuals with trauma histories.

Have noise mitigation controls, such as soft surfaces or half walls/convertible walls. Have a gradient of light and noise running from the socializing area to the sleeping area. Provide street-level access to allow for needs of all guests.

Create a welcoming and dignified space so that individuals *want* to stay.

Provide a safer space for individuals who use drugs, and who may not be able to manage in larger, crowded spaces. Where possible, include design elements, amenities and communication materials that are accessible, inclusive and culturally responsive. The goal should be to make people feel welcome, comfortable, and at home in a space upon entry and for the duration of their stay.

Ensure that the design of the space accounts for staff needs.

This can include but is not limited to dedicated staff areas, such as meditation/quiet spaces, break areas, relevant offices, and restrooms.

Incorporate harm reduction features for people who use drugs.

These features include installing sharps disposal boxes around the space and using half-walls to create separation in the sleeping area to provide privacy, while allowing staff to monitor for safety.

Ensure safe and reliable storage of belongings.

The space will need a dedicated area for storage of belongings. One option is to offer an “amnesty box/area” at check-in where individuals can leave larger bags and paraphernalia (which may include syringes and pipes, weapons, and drugs) that are not permitted in the common area. This storage area should be overseen by program staff. Signage should provide clear expectations about what belongings are and are not permitted in the main area.

Create equitable access to technology.

Prioritizing digital equity in this space will ensure that guests and staff have access to technology that supports their ability to navigate everyday needs. Internet/wifi access and dedicated device (ex. cell phone) charging stations should be created. Charging can be in common areas, sleep areas and/or held with staff depending on the space you have available. Shared phone and computer access can also be provided along with other digital resources.

POLICIES

PROCESSES: OPERATIONS MANUAL

Follow a comprehensive operations manual. In particular, the operations manual should detail policies that:

- **Maintain the safety and security of residents and the facility.** Security policies should emphasize de-escalation, should include plans for general monitoring of program space as well as plans for emergency responses, and should include a system for reporting safety and security incidents.
- **Maintain accurate and ongoing records of use of space, including record of individual use, quantity of days spent in the space, etc.** This is for internal logging purposes, not external reporting.
- **Pet policy.** Pet policies should be put in place for guests that have a long-term pet. Safety, hygiene, and noise should be considered when creating this policy.

- **Encourage problem-solving as much as possible but outline procedures for discharge when necessary.** One strategy for avoiding discharging a guest from their full stay is to ask guests to take a “break” from the space for a few hours or a couple days. The program should have protocol in place for how to access emergency medical and psychiatric services – as well as policies in place for whether the program will hold beds for individuals who discharge because of an emergency.
- **Account for regular staff meetings for staff to communicate rules, changes, and voice any concerns regarding the space, guests or coworkers.**
- **Outline a grievance protocol** that identifies an objective process to investigate guest complaints.

PLAYBOOK: GUEST HANDBOOK

Follow a comprehensive guest handbook. The handbook should describe:

- **Program operating hours.** When guests can and cannot access the space, how often guests are expected to be in the space in order to maintain a bed, quiet time hours, length of stay.
- **Guest rights and responsibilities, and grievances protocol.**
- **Space and supplies information.** What storage is available to guests, access to storage, how long guests can store their belongings if they no longer have a bed.
- **Bathroom and shower policies.** Policies should discuss use of showers and bathrooms, time limits, monitoring, etc.
- **Service engagement policies.** If services are provided, these policies will outline all expectations for each service, as well as what services are provided.
- **Substance use policy.** Paraphernalia protocol, policies around use, dealing, naloxone administration, etc.
- **Conduct.** Policies regarding violence, smoking, theft, sexual activity, and general behaviors.
- **Provide a mechanism for guest feedback.** Having advisory boards, comment boxes, focus groups or other mechanisms in place allow for guests to have autonomy in how the space is created, updated, and maintained.



Share community guidelines clearly with guests upon entry and throughout the space. A focus should be placed on ensuring language and communication access. Post multilingual signage and guidelines on walls and other prominent communication areas (ex. message boards, posters).

SERVICES

The following is a non-exhaustive list of recommended services to be included in an overnight low-threshold space:

- Harm reduction supplies
- Access to medications for opioid use disorder (MOUD) and clinical care
- Housing navigators and/or case managers
- Recreational area for guests to engage in a variety of activities (yoga, de-stimulation, arts, library etc.)
- Access to internet/wifi, cell phone charging and if possible computers



MEASURES

Low-threshold spaces should be measured by their goal: to provide folks with SUDs with a safe place to sleep. **The success of low-threshold spaces should not be measured solely by the number of referrals into treatment or by changes in substance use, as these spaces serve individuals who may not feel ready for those changes.**

Qualitative and quantitative feedback and measures for evaluating the program can be collected from:

- Admissions data
- Daily reports
- Staff and guest surveys
- Establishing an advisory group
- 1:1 interviews and check-ins

Outcome measures can include:

- Unique individuals served
- Length of stay
- Connection to care (medical services, MOUD, SUD treatment etc.)
- Referrals housing services (transitional, permanent supportive housing, etc.)

RESEARCH

The making of this guide has been informed by research on similar spaces, both in Boston and other cities in the country that have experience designing and implementing them. We gathered knowledge, resources and best practices from these low-threshold spaces and service providers:

- [Living Room & Safe Havens](#), by [Bronxworks](#), NY
- [SAFE Navigation Centers](#), by [Dept. of Homelessness and Supportive Housing](#), SFO
- [Housing and treatment services](#), by [Prevention Point](#), Philadelphia
- [The Engagement Center](#), Comfort Stations and [AHOPE](#), by the City of Boston
- [Boston Night Center](#) and [Cambridge Warming Center](#), by Baycove Human Services

