Metropolitan Mayors Coalition

a local initiative facilitated by Metropolitan Area Planning Council

April 24, 2023

Her Excellency Maura Healey Office of the Governor State House, Room 360 Boston, MA 02133

Dear Governor Healey and Lieutenant Governor Driscoll:

On behalf of the Metropolitan Mayors' Coalition, we are writing to share our priorities to help Greater Boston and the Commonwealth address the complex challenges presented by rising levels of substance use disorder (SUD) and associated housing instability. After you have had an opportunity to read this letter, we respectfully ask to meet with you to discuss these critical issues facing our communities.

The Metro Mayors' Coalition is a coalition of 16 cities and towns in the urban core of metropolitan Boston. The municipal officials comprising this group represent over 1.6 million residents in Arlington, Boston, Braintree, Brookline, Cambridge, Chelsea, Everett, Malden, Medford, Melrose, Newton, Quincy, Revere, Somerville, Watertown, and Winthrop. Convened by the Metropolitan Area Planning Council (MAPC), our coalition has been coming together since 2001 to share information and solve common problems with an eye toward regional solutions. We thank you for the opportunity to present our ideas.

The Metro Mayors' Coalition originally convened an opioid working group in 2017, at the recommendation of Speaker DeLeo, to bring together public health and safety officials to identify regional assets and ways to combat the epidemic. Opioid use and SUD more broadly continue to be a major challenge for our communities. The pandemic exacerbated the issues that contribute to SUD not only by increasing stress, especially on young people, but also by diverting staff and resources that were previously used to address addiction issues. We are still finding that local staff addressing SUD are beyond capacity, stretched thin, and suffering from the instability that prevails in the labor market for social services and health care.

Housing instability for people suffering from SUDs also increased throughout the pandemic and is a key barrier to reducing harm and enabling recovery for this population. As residents return to more regular patterns of activity, we need the Commonwealth to prioritize a connected continuum of care that allows people with SUDs to access appropriate clinical and social resources, while also enabling them to live in a home that is decent and affordable.

The number of opioid-related deaths in Massachusetts increased 350% between 2000 and 2016. In 2021, more than 2,100 Massachusetts residents died of an overdose. To reduce this number and support residents, we need programs that treat the "whole" individual, and more than that, our systems need to do a better job supporting people that lack permanent housing options, offering more points of access through harm reduction policies, and ensuring people are able to build fulfilling lives. While cities and towns have taken extraordinary action to support people facing such challenges, our communities cannot sustain and expand such endeavors without robust support from state government for both local and regional approaches. We urge your Administration to prioritize the following needs so that we can continue to serve our residents.

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Increase Access to Low-Threshold Transitional Housing. Metro Boston municipalities have an urgent need to support the creation of more low-threshold housing units for people with SUDs across the region and within reach of preexisting care and personal support networks.

Low-threshold and harm reduction spaces lower barriers for unhoused people who use drugs. They provide flexibility to enter and exit, monitor storage for belongings instead of banning items, and offer on-site harm reduction services. Low-threshold policies provide specific benefits for people with SUDs that can increase their likelihood of improving their health and entering treatment by offering the stability of an overnight respite, allowing people to get away from the chaos, unpredictability, and danger of sleeping on the street. These housing options also provide repeated opportunities to connect to longer-term housing and clinical services and reduce risk for people who have not yet entered SUD treatment.

In collaboration with the Commonwealth and several providers, the City of Boston currently hosts six low-threshold temporary housing sites. The sites have been successful, placing 83 individuals in permanent housing year-to-date, and housing another 186 presently. The Boston sites cannot meet the regional or statewide need, reflecting the urgent need to create more units in more places.

As Mayors and Managers, we are prepared to host such sites, if properly located and with the necessary supports. We recognize this is a regional, and indeed a statewide problem, and look forward to working with your Administration to expand low-threshold housing options including new shelters with increased capacity, and new accessible and affordable developments to provide permanent housing in our region.

Enhance Wrap-Around Services for Newly Housed People Experiencing Substance Use Disorder, Including Permanent Supportive Housing. After a temporary stay at low-threshold sites, residents who become more stabilized should be able to move into permanent housing. Despite progress, residents moving into permanent housing remain at risk, since they can no longer count on the 24-hour support they received in transitional housing. They also require assistance managing the challenges of daily living, including basic needs like securing identification, finding work, maintaining treatment, and forming a supportive social network. Funding a more robust wrap-around support program for residents moving out of temporary low-threshold housing is a critical need.

There are existing models for this work. Chelsea is already funding two organizations to provide wraparound services for people experiencing SUDs, and there are multiple Boston sites through public and private entities, but we need funding to provide these services for more people across the region.

Additionally, some people who are unable to access the wrap around services need permanent supportive housing as a next step after low-threshold sites. As your Administration works on solutions to our statewide housing crisis, it is important to increase permanent supportive housing options that are accessible to people utilizing wrap around services, and that are able to live independently with access to secure housing.

Addressing the Public Health Workforce Crisis. The intensity and duration of the COVID pandemic and unrelenting opioid crisis have meant that many staff in the public health, healthcare, and social service fields are experiencing burnout, if they have not left the profession entirely. The workforce strain and shortage has impacted care for people with SUDs, among many other populations. We urge you to advocate for the expansion of statewide recruitment and retention programs to hire and retain workforce members in this field, including providing student loan repayment programs for behavioral health professionals, livable wages for workforce members, increasing the diversity of the workforce, and offering trainings and

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services to increase harm reduction capacity within the workforce. To achieve this goal, the Commonwealth should invest in on-ramps to public health professions through community college and workforce training programs.

Continuity of Care Across State Systems (leaving treatment, DMH, incarceration). Many people are discharged from inpatient hospital care, mental health facilities, or the Department of Corrections or Department of Youth Services without a plan or a "warm hand off" to the next system of care. This results in people going to shelters, sleeping on the street, and disconnecting from treatment. Improving case management and the quality of discharge will reduce inflow into shelters and the street. For example, Boston is working on a case management system to triage individuals among using city services tailored to the individual, trying to re-connect people to the care systems and supports in the locality or state from where they arrived.

A lack of transportation, personal vehicles, or resources to pay transit fares means that many individuals cannot reach a referral or housing placement. Massachusetts needs better funded and accessible programs that will help individuals experiencing SUDs and homelessness to get to placements, housing, and friends and family throughout the state. Currently, Boston's homeless services shuttle brings individuals throughout the city to different day spaces, and its referral program drives individuals to treatment within the area, but a statewide program, or at least regional system, is also needed.

Another opportunity to support people reentering communities after incarceration is to ensure that all people leave jails or prisons with identification documentation. This shift allows people to navigate housing options, secure employment, access social services, and to do so more immediately upon release. Approximately 17 states in the US have passed laws aimed at helping incarcerated people access identification at release or immediately after and we urge you to consider a similar step. We encourage you to provide a path forward so persons returning from incarceration are in possession of an identification document upon release to support a successful reentry.

Explore Enabling Overdose Prevention Centers (OPCs). OPCs are sites where people who use preobtained drugs can do so with support from trained personnel, without fear of overdose, prosecution, or spreading disease. OPCs have demonstrated success in other countries and regions in protecting people who use drugs, reducing the amount of discarded biohazardous materials in the public way, preventing unsafe and open-air drug use, and decreasing opioid overdose deaths. They have not been found to increase public safety concerns in surrounding areas. We urge your Administration to provide leadership to the Commonwealth in exploring the challenges and opportunities of creating OPCs.

Expansion of Services for Stimulant Use Disorder and Continuing Research on Emerging Challenges. More than half of overdose deaths in 2021 had cocaine present, demonstrating that people are increasingly using stimulants that are contaminated with fentanyl. We support the provision of fentanyl test strips on the MassClearinghouse and call upon the Commonwealth to increase funding and training for stimulant use disorder detoxification and treatment programs. Unlike opioid use disorder, stimulant use disorder does not have any Food and Drug Administration (FDA)-approved medication treatments and requires intensive behavioral health interventions, such as contingency management. Providing funding and training to medical providers to treat stimulant use disorder will help ensure clinically appropriate care across a spectrum of SUDs and could help reduce the number of overdose deaths.

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In summation, SUDs are a continually evolving challenge that includes new substances, constantly changing demographics, and new understandings of a variety of prevention and treatment strategies. We urge you to continue to monitor and track this public health crisis so that responses can be nimble and time sensitive.

Thank you for your consideration of this letter, and we look forward to collaborating with you to address SUDs and housing instability, and to support public health throughout the Commonwealth. If you have any questions, please contact Lizzi Weyant, MAPC's Deputy Executive Director of Public Affairs and Advocacy, at 617-933-0703 or eweyant@mapc.org.

Sincerely,

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