



Mass & Cass Plan

Early on in this campaign, I released a policy plan focused on tackling the citywide opioid epidemic, especially as it relates to the devastation at the intersection of Massachusetts Avenue and Melnea Cass Boulevard. Since April, when that plan was released, the public health crisis at Mass and Cass has intensified. Over the past six months we've seen an increase in tents, an uptick in violence, and new substances flood the area. Yet there has been no immediate plan, response or action from the city, state, or region to help those suffering here.

The city of Boston continues to be the primary destination for support services for individuals in recovery, and because of this, we continue to bear the burden of this crisis. The concentration of recovery services at Mass and Cass alone has caused our resources to reach their breaking point. We need decisive, urgent action and a regional response to directly address this public health crisis, repair the continuum of care, and help individuals access recovery.

While I've focused much of my work on the Council around the issues of mental health, substance use disorder, and homelessness, the powers that come with the Mayor's Office would allow me to tackle this issue more effectively and efficiently. As Mayor, I will immediately direct the Boston Public Health Commission to declare a Public Health Emergency within a one mile radius of the intersection of Massachusetts Avenue and Melnea Cass Boulevard. This will allow for a streamlined response from city agencies, as well as better service delivery and improved capacity for responsiveness. The zone will be overseen by a Mass and Cass Czar who will report directly to me as Mayor, and work in partnership with city and state agencies on a coordinated response.

There is a significant amount of funds coming to Boston as part of the American Recovery Plan. We need to invest this money in services for the public good, for the public's health. I've called for this funding to implement our updated plan, including a Public Health Surge at Mass and Cass with the goal of getting those suffering into recovery.

This plan has been, and will continue to be, informed by my conversations with those not only doing the work at Mass and Cass, but with lived experiences in this space. Both them, and you, have my promise as Mayor to make progress on this plan on Day One of my administration.

Sincerely,

Declare a Public Health Emergency Zone at Mass and Cass.

Direct the Boston Public Health Commissioner to declare a Public Health Emergency Zone (PHE Zone) for the Mass and Cass area. This zone will encompass the area within a one mile radius of the intersection of Massachusetts Avenue and Melnea Cass Boulevard, and includes the communities of Newmarket, Roxbury, the South End, South Boston, Dorchester. This zone acknowledges that while the crisis is at its most acute at Massachusetts Avenue and Melnea Cass, every surrounding community has borne the impacts of this crisis.

As part of this Public Health Emergency Zone, Annissa will take the following immediate steps:

1. Allocate \$30 million in federal funding to implement this plan for Mass and Cass.
2. Use the Public Health Emergency Zone to create a special, singular district for first responder and city agencies including the Boston Police Department, Fire Department, Emergency Medical Services (EMS), Public Works, Boston Public Health Commission, Boston Department of Health and Human Services, Boston Inspectional Services Department, and Transportation departments to ensure better coordination, streamlined service delivery and improved capacity for responsiveness. Currently, the Mass and Cass area is served by multiple districts for these first responder and city agencies, including three Boston Police Department districts.
3. Appoint a Mass and Cass Czar who will report directly to the Mayor, and live within the Boston Public Health Commission.
4. Direct the Mass and Cass Czar, in partnership with the Mayor's Office, to:
 - a. Bring together regional partners with state support to address the urgent need to decentralize services to affect long-term, sustainable change for the area, as well as coordinate and oversee efforts of state, city and private agencies.
 - b. Reconvene and chair the Mass and Cass Task Force created under Mayor Walsh, review the status of the plan, and ensure implementation of key recommendations and development of key approaches that reflect the changes in healthcare due to the COVID-19 pandemic.
 - c. Convene a Harm Reduction Working Group with representation from community health centers, non-profit partners, as well as members from a

new Consumer Advisory Board, made up of individuals who are in long-term recovery and/or accessing harm reduction services as a means to continuously assess and revise plans and services through impacted communities' lived experiences and perspectives. The Harm Reduction Working Group will be tasked with evaluating harm reduction strategies to build solutions for Boston, including everything from availability of naran to safe injection facilities.

- d. Reopen the comfort station that was available during the pandemic for individuals at Mass and Cass to have access to portable toilets, hand washing stations, outreach services, and other essential resources.
5. Implement a Public Health Surge at Mass and Cass with the goal of getting those suffering into recovery. This would include a multi-day, coordinated effort between several city, state, and private agencies to provide direct services to individuals in need. Services could include: medical and wound care, dental care, hygiene services, eye exams/glasses, an opportunity for reunification, referral for additional services, and an immediate opportunity to enter detox with the promise of a recovery bed.

Longer Term Action

Invest in Harm Reduction Strategies

1. Building on City Council work, expand access to and number of sites for safe needle disposal with the goal of establishing no less than 3 new Syringe Service Programs (SSP) in strategic locations outside of the Mass and Cass service area with evening and weekend availability.
2. Implement and invest in programming recommended by the Harm Reduction Working Group and Consumer Advisory Board.
3. Acknowledge and create women-specific and gender inclusive programming for the increasing number of unsheltered women and LGBTQIA+ individuals who are struggling with substance use disorder and being victimized by human trafficking.

Increase Mental and Behavioral Health Resources

1. Decriminalize poverty, mental illness, and homelessness.

2. Implement cross-department and agency best practices and initiatives to adequately and efficiently help our most vulnerable residents.
3. Building on City Council work, prioritize funding for and increase the number of Boston Emergency Services Team (B.E.S.T.) clinicians to accompany first responders during a mental health intervention
4. Place a mental health clinician in every one of the City of Boston's homeless shelters with 24/7 availability to facilitate engagement in services.
5. Increase community health center access to the state's Roadmap for Behavioral Health, a state initiative that addresses the need for expanded and effective treatment and improved health equity by creating a centralized service that connects people to treatment resources and reforms outpatient treatment to be more accessible.
6. Create a city-wide database of providers and their specialty, and generate a mapping of clinical assets in Boston to inform residents of available resources, organizations, and programs. This database will include data on bed availability to improve access to mental health beds after discharge from Emergency Departments.

Create More Housing

1. Preserve the nearly 500 shelter beds across the City created during the COVID-19 pandemic to increase recovery service capacity, decentralize services from the Mass Cass Area, and guarantee stronger pathways to permanent and supportive housing as well as employment.
2. Continue conversations with the State to explore future uses and possibilities regarding the former site of the Shattuck Hospital campus.

Long Island Bridge & Recovery Campus

1. Continue to support city litigation to reopen the Long Island Campus as soon as possible and bring together stakeholders on Day One as Mayor to begin laying the groundwork for a reopened and reimagined Long Island Campus as a priority capital investment.

2. Convene stakeholders to establish a commission to build out programmatic components of the Long Island campus outside the direct realm of recovery, including housing opportunities, job training, health screenings, food access, and ongoing mental health services.
3. Determine the best ways to utilize and invest in a ferry service as a secondary mode of transportation to and from Long Island.