



# BOSTON LOW-THRESHOLD TRANSITIONAL HOUSING SITES

FIRST YEAR SUMMARY  
JANUARY 12, 2022 – JANUARY 11, 2023

## BACKGROUND

Throughout 2021 the number of homeless encampments increased in Boston, exacerbated by the opioid crisis and the disruption of services from the COVID-19 pandemic. Individuals living in these encampments experienced complex needs related to substance use, mental health and medical issues, histories of unsheltered homelessness, and trauma.

The City of Boston addressed the public health emergency of unsheltered individuals with substance use disorder (SUD) living in a tent encampment in the Mass. & Cass neighborhood of Boston by working with State and community partners to establish six low-threshold sites (LTS) with 198 beds. On January 12, 2022, the City of Boston and its partners engaged in large-scale outreach to people living in the encampment, and placed individuals into the six sites and other shelter and housing options.

The LTS stabilize people by giving them a safe place to sleep for an extended period of time, storage for their belongings, ability to come and go, access to clinical and social services, regular meals, and housing navigation services.

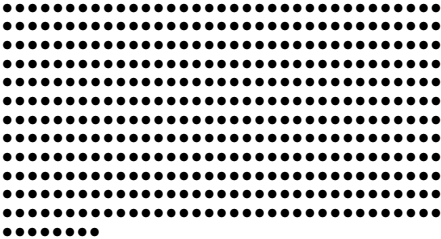
The LTS combine a harm reduction philosophy and policies that promote engagement for people who use drugs. Lessons learned from implementing the low-threshold sites have been added to the Low-Threshold Practice Guidance originally released in 2021.

This document provides a snapshot of the first year of low-threshold transitional housing site reach and experience. Updated data on the housing initiative is available on the City of Boston data dashboard.

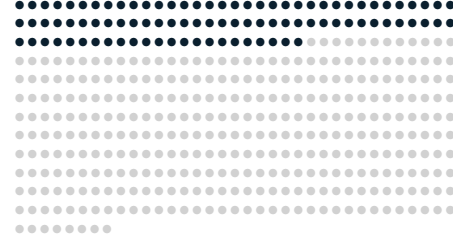
# REACH & OUTCOMES

JANUARY 12, 2022 – JANUARY 11, 2023

**418** INDIVIDUALS SERVED



**93** MOVED INTO PERMANENT HOUSING

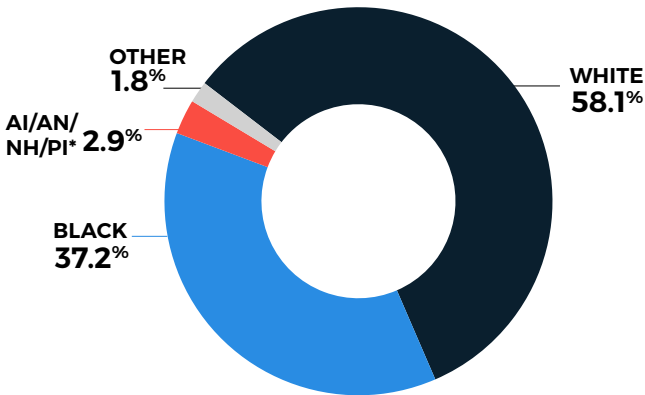


AVERAGE LENGTH OF STAY AT SITES

**140** DAYS

## LOW-THRESHOLD SITE GUEST DEMOGRAPHICS

### ALL LOW-THRESHOLD SITE GUESTS BY RACE



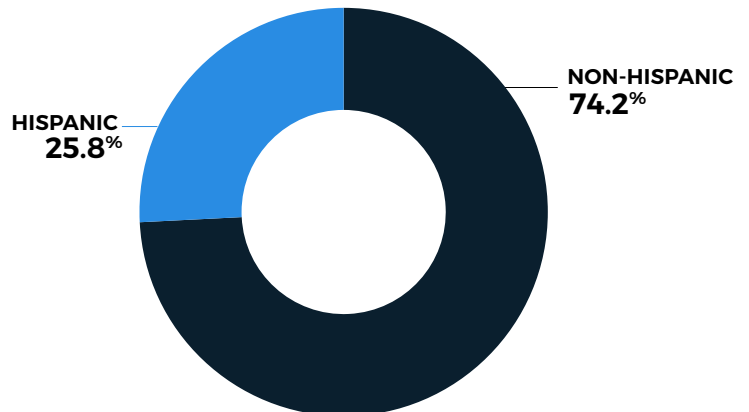
RESPONSE	N	%
White	222	58.1%
Black	142	37.2%
AI/AN/NH/PI*	11	2.9%
Other**	7	1.8%
Total	382***	100%

\* AI/AN/NH/PI = American Indian/ Alaska Native, or Indigenous/Native Hawaiian/Pacific Islander

\*\* Other = Asian and Multiple Races. These groups were combined due to low cell counts.

\*\*\* 31 guests excluded due to missing data.

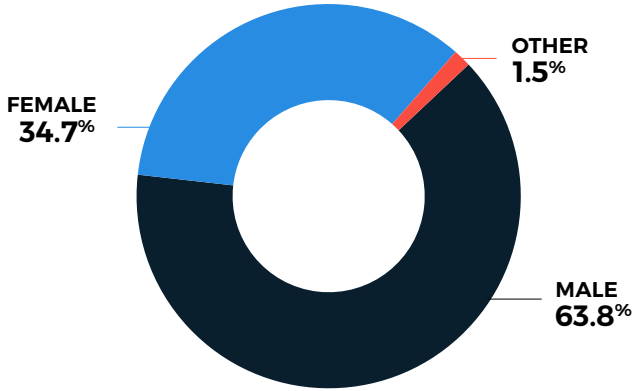
### ALL LOW-THRESHOLD SITE GUESTS BY ETHNICITY



RESPONSE	N	%
Non-Hispanic	284	74.2%
Hispanic	99	25.8%
Total	383*	100%

\* 30 guests excluded due to missing data.

## ALL LOW-THRESHOLD SITE GUESTS BY GENDER

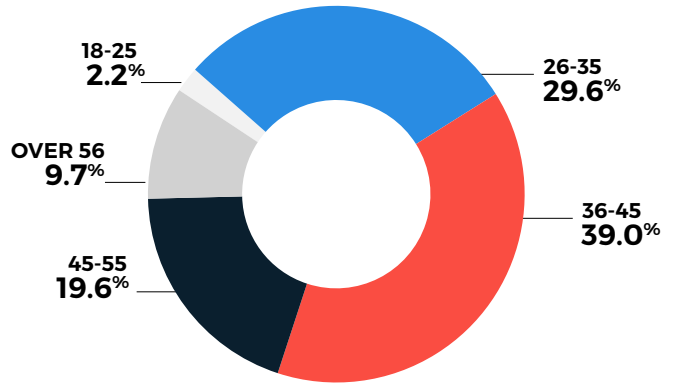


RESPONSE	N	%
● Male	250	63.8%
● Female	136	34.7%
● Other*	6	1.5%
Total	392**	100%

\* Other = Transgender and Non-Binary. These groups were combined due to low cell counts

\*\* 21 guests excluded due to missing data.

## ALL LOW-THRESHOLD SITE GUESTS BY AGE



RESPONSE	N	%
○ Between 18 and 25 years	8	2.2%
● Between 26 and 35 years	107	29.6%
● Between 36 and 45 years	141	39.0%
● Between 45 and 55 years	71	19.6%
● Over 56 years	35	9.7%
Total	362*	100%

\* 56 guests excluded due to missing data.

“ Having a step-by-step plan, and stability. It is a blessing to be here. Having a place to sleep and have your belongings, knowing they will still be there when you return.”

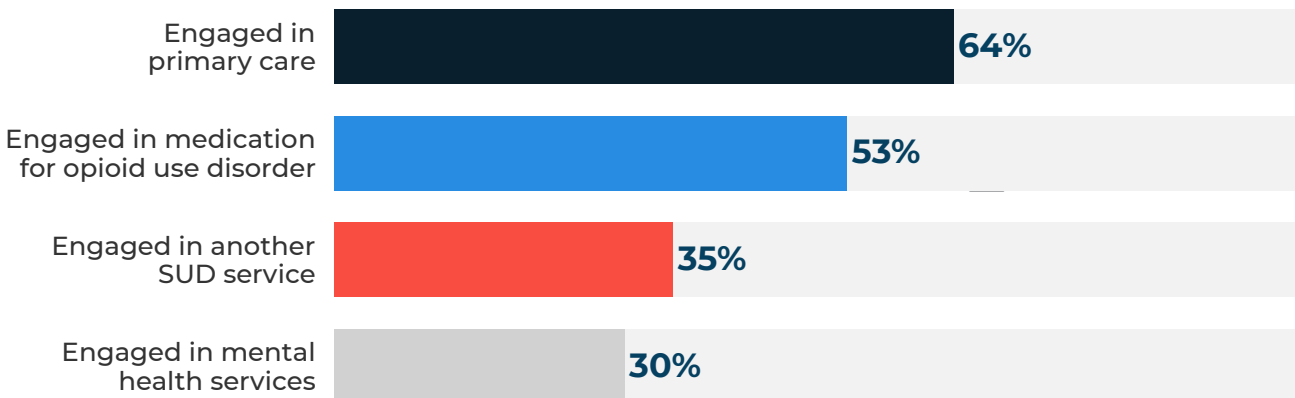
- LTS GUEST

“ Now, the foundation is laid. The staff have an idea of what to do and how to act. The guests are more comfortable too. People feel welcome here, they feel like it's home.”

- LTS PROVIDER

## ACCESS TO SERVICES<sup>1</sup>

(N=172)



<sup>1</sup> Source: Point-in-time service assessment among guests staying across 6 low-threshold sites, August 2022

“ For me, the goal isn't zero use. My goal is whatever [the guests] tell me their goal is... If our staff can make them feel better about who they are, that's a huge part of the story.”

- LTS PROVIDER

“ I'm now working. I'm more open about my feelings. I now have a better relationship with my daughters and grandkids. I've been taught how to... reach goals.”

- LTS GUEST

## 3-6 MONTH FOLLOW-UP<sup>2</sup>

Since moving into LTS or permanent housing, guests surveyed reported maintaining or gaining access to the following services.

**79% reported access to a medical provider (N=58)**



**64% reported access to a mental health provider (N=58)**



**93% reported access to housing counseling (N=56)**




**86% reported access to case management services (N=58)**




Since moving into LTS or permanent housing, guests surveyed **reported improvements:**

 access to regular meals (n=57)  
**82%**

 sleep quality (n=58)  
**71%**

 connection to other people (n=57)  
**60%**

 ability to think about the future (n=58)  
**79%**

“ A place to stay is the best first step to change...getting back to a normal routine, doing chores, cleanliness, free gym...work on my mind and body.”

- LTS GUEST

“ We did a lot of trainings that got [staff] to shift their mindsets over time. It's not a one-time thing, it's gradual.”

- LTS PROVIDER

<sup>2</sup> Source: BPHC 3-6 month follow-up survey, April-July 2022.

# LESSONS LEARNED & LOOKING AHEAD

The following need to be considered in the year ahead based on the past year experience.



## SUSTAINABILITY

**Financial** – Coordinating funding through various funding sources (city, state and federal) is key to sustainability. Exploring reimbursable models of care through durable funding streams can offer longer-term options for this service model.

**Space** - LTS sites face lease limits and new spaces are challenging to sites, limiting options for this model.

**Community Engagement** - The City and its partners should continue to engage communities surrounding the sites to address any emergent needs and collectively plan.



## CONTINUUM OF SERVICES

**Streamlining Outreach** – The City has played a key role streamlining coordination between outreach and referral into the LTS.

**Case Management Team** – A case management team optimizes triage into the sites and maintains continuity of care if a guest leaves a LTS and returns to the street.

**Access to Services** – LTS provided access directly or through referral to critical clinical, mental health, and substance use treatment services. Continuity of care is critical to supporting people in these programs.

**Housing Support** – There is a need for holistic support once someone is placed in permanent housing, requiring long-term services related to substance use, medical needs, employment, and more.

**Learning Community** – LTS housing providers and partners meet weekly to share updates on move-ins and move-outs and share challenges and strategies.

**Housing Barriers** – Limited availability of housing curtails access, and systemic factors like warrants and lack of identification impede the process. There is a need to address these barriers to expedite housing access.



## EVALUATION

**Quality Improvement** – Enhanced data collection processes allows for ongoing review of operations and service provision.

**Equitable Access**– A demographic analysis of who the program has and has not reached can ensure policies and protocols result in equitable access by race, ethnicity, gender, and age.



## WORKFORCE

**Recruiting and Retaining Staff** – The behavioral health sector is undergoing a workforce shortage. Recruiting and retaining staff remains challenging, particularly given the small pool of candidates with harm reduction expertise.

**Building Staff Capacity** – Cross-training of substance use staff on housing pathways and housing navigation staff on harm reduction approaches will continue to fill longstanding gaps in the two systems.