



**CITY OF BOULDER
CITY COUNCIL AGENDA ITEM**

MEETING DATE: MARCH 5, 2019

AGENDA TITLE: Methamphetamine Use in Boulder, Discussion and Direction

PRESENTERS

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EXECUTIVE SUMMARY

In October 2018, the city formed an interdepartmental workgroup to collect information about the effects of methamphetamine (“meth”) use in the community and to develop recommendations for further action. The workgroup determined that meth consumption appears to be an issue that has negatively impacted the city’s public spaces, correlates with crime and has harmed public health. To address growing concerns about the impacts from meth use, the city is working to accelerate efforts to clean up the environmental hazards created by the consumption of meth and other illegal drugs. Environmental hazards from the consumption of meth are related to encampments in public spaces, and staff are proposing enhancements to address encampment cleaning and removal. Staff recommends that the city continue these clean up strategies and, in addition, contribute to community and statewide efforts to develop comprehensive and innovative solutions to the challenges caused by substance abuse and addiction.

QUESTIONS FOR COUNCIL

Does council agree with the recommendations to continue to improve efforts to clean-up environmental hazards and assess additional opportunities later in 2019?

BACKGROUND

On Oct. 2, 2018, council heard a presentation about meth use in the city of Boulder and its potential impact on the community. The information included material that suggested up to 80 percent of the homeless population in Boulder uses meth and other potential impacts to the city. In response to the presentation and council questions, the city formed an internal workgroup to gather more information and develop recommendations. The workgroup, which includes representatives from most city departments, collected comprehensive information about the extent of the meth problem in Boulder and its potential effects. The group consulted with multiple community partners and stakeholders, compiled an inventory of current efforts to address substance abuse in Boulder, and developed options for further action.

Scope of Meth Concerns in Boulder

Meth is a highly addictive stimulant that is difficult to treat. Unlike other substances, such as alcohol and opioids, there are no approved medications for meth addiction treatment. The only treatment options are detoxification and behavioral therapy.

Generally, it is difficult to obtain city-level information about meth use. Most aggregate substance use and addiction data are collected at the county, state or national level, and city-specific information is often not available. Additionally, service providers report that meth is frequently one of several substances consumed by a user, so it can be difficult to determine whether a specific harm or outcome directly correlates with meth.

The workgroup collected information from multiple resources including the Colorado Office of Behavioral Health, individual treatment providers, the Boulder Police Department, the Boulder County Jail, Boulder County Housing and Human Services and Boulder County Public Health. Despite the data collection challenges, the city workgroup obtained information about meth use among Boulder residents admitted for substance use treatment, the unhoused population, the city jail population and among parents in family court cases involving substance use. The group also collected arrest data, information about hospitalizations and deaths involving meth use, and information about the effects of meth use on housing and the environment. By most measures, the workgroup found evidence that meth use in the city of Boulder appears to be significant, involves both housed and unhoused community members, and has resulted in substantial impacts to the community.

Impacts on Public Spaces

Waste directly or indirectly associated with the consumption of meth and other illegal substances has visibly and negatively impacted the community. With growing regularity, staff, residents and visitors have reported finding hypodermic needles in Boulder's parks and open spaces. Although needles are not tested for substance, the growth of meth and heroin use appears to correlate with the growth of improperly disposed needles. Often, needles are found along with trash and human waste at sites or encampments, both occupied and abandoned, and pose an environmental hazard.

High-frequency sites include stormwater culverts, along multi-modal paths and highway underpasses, in public parks and along the city's water ways such as Boulder Creek and Goose Creek. Staff is proposing an enhancement in the service levels with an emphasis on being flexible to further address encampment clean up in these public spaces (details on the enhanced service levels are included in Attachment A).

City staff report increased time spent cleaning needles and waste from encampments at the expense of routine maintenance activities. Community members report feeling unsafe around encampments, and staff and contractors increasingly report feeling uncomfortable in the clean-up of these sites. The city's contractor for waste clean-up, ServPro, requested that all their clean-ups be supported with police presence. In 2018, two staff were assaulted as they cleaned up an encampment. The proposed enhancements consider these safety needs and will utilize the continued support of the Police Department's Homeless Outreach Team (HOT) and a private security firm as necessary.

Treatment Data

Substance abuse and addiction treatment data indicate significant meth use among Boulder County residents admitted for treatment. In its Drug and Alcohol Coordinated Data System, the Colorado Office of Behavioral Health (OBH) collects data from every licensed Colorado treatment provider about patients admitted for substance use disorder treatment. OBH provided information about the primary drug of choice for patients admitted for treatment who lived at an address with a Boulder County zip code. The data indicates that more than 6 percent of Boulder County patients admitted for treatment in 2018 reported meth as the primary substance of abuse, ranking it fourth behind alcohol, marijuana and heroin.

OBH reported that in FY 2017 approximately 40 percent of statewide treatment admissions in Colorado were for heroin or methamphetamine use. Since 2013, methamphetamine treatment admissions have grown by 63 percent in Colorado.

Mental Health Partners (MHP), the largest provider of behavioral health services in the City of Boulder, reported that approximately 9 percent of individuals receiving detoxification services at its Boulder withdrawal management program identified meth as their primary substance of abuse. MHP indicated, however, that many more patients in withdrawal management have probably used meth but reported a different primary drug. MHP suggested that meth use is on the rise in the community and is now about equal with heroin for primary substance. MHP staff rarely encounter patients who are only using meth; most are using multiple substances along with meth.

Boulder County Public Health (BCPH) also provided data about withdrawal episodes at MHP's detox facility. BCPH data indicated meth was the second most common primary drug reported in withdrawal management, involved in 137 total episodes between July 2017 and March 2018. Meth was reported in 39 more episodes than heroin or other opiates.

Hospitalizations and Deaths

According to the Colorado Department of Public Health and Environment, meth-related deaths have risen significantly. In 2015, there were 139 deaths attributed to meth overdose. In 2017, this

number more than doubled to 280. BCPH reported that in 2018, 13 babies in Boulder County were born in withdrawal, eight from meth and five from heroin.

Crime

Meth is a schedule II substance under the Controlled Substances Act, and the use and possession of the drug is criminalized under state law. Individuals who use meth can exhibit troubling behavior such as paranoia, ill-temper and hallucinations during binge use of the drug. These behaviors have led some to link meth use to violent crimes and property crimes. According to a 2013 study funded by the National Institute on Drug Abuse, a majority of participants reported that their meth use resulted in specific violent criminal behaviors.

Other than consumption of marijuana in public and minors in possession of marijuana, the Boulder Revised Code does not have any drug-related charges. However, some defendants charged with violations of the municipal code also have a meth addiction. These defendants present a particularly difficult problem for the municipal court to address because the court has limited resources to assist individuals struggling with addiction.

The workgroup collected information about meth-associated crime and meth use among the Boulder County jail population, which includes persons arrested throughout Boulder County. At the time of collection, the Boulder County Jail reported that in the last 365 days, 552 out of 8,666 inmates reported using meth prior to booking. On an annual basis, BPD generally accounts for approximately 33 percent of Boulder County arrests. In 2016, 342 inmates out of 8,924 Boulder County arrests (about 3.8 percent) self-admitted to using meth. In 2017, 382 inmates out of 8,540 total arrests (about 4.5 percent) self-admitted to using meth. In 2018 (as of October), 492 inmates out 7,673 arrests (about 6.4 percent) self-admitted to using meth. Additionally, as of Oct. 31, 2018, 264 unduplicated BPD police reports specifically involved meth.

BPD saw auto theft surge by 33 percent from January through September 2018 as compared to the same period in 2017 and believes it is largely related to meth use. Similarly, bike thefts are up in Boulder. Although BPD believes bike thefts are drug related, meth might not necessarily be the leading factor.

Impacts on Housing

Meth manufacturing does not appear to be an issue in the city of Boulder. BPD has not conducted any recent raids on meth manufacturing facilities and believes most of the meth supply in the city is being imported from elsewhere. Housing contamination from meth consumption, however, is a concern that may be underreported. Workgroup members learned that Colorado enforces low thresholds for finding meth contamination, so that after detecting small amounts of meth at a property, owners must use extensive mitigation efforts to return a property to livable condition. When homes test positive for meth which exceed the state limits, the state requires immediate eviction of the tenants (same day) and full remediation of the unit. Within hours, tenants are locked out and must leave most of their belongings behind, with nowhere to go except emergency shelter or a hotel. The average remediation cost for each unit is approximately \$33,000 for Boulder County Housing Authority units, which does not include the costs associated with rehousing and sheltering the evicted households and the legal costs for eviction proceedings. The mitigation costs reduce the incentive to investigate suspected

contamination. According to BCPH, the number of meth-affected properties in Boulder County increased from just 6 in 2010 to a record 65 in 2018.

Challenges among People Experiencing Homelessness

No specific data is available about meth use among people experiencing homelessness in the city of Boulder. In the 2018 Boulder County Point In Time (PIT) survey, approximately 39 percent of homeless adults in households without children reported a substance abuse or addiction issue. Fewer than 1 percent of adults experiencing homelessness in households with children reported an addiction issue, although the problem may be underreported. Findings from the PIT survey are consistent with client information collected by community homeless services providers.

Based on their experiences, the city's HOT Team (Homeless Outreach Team) suggested a rate of meth use up to 80 percent among a subset of the homeless population that are high utilizers of justice system services and seeking housing. The HOT Team is made up of two Boulder Police Department officers who work with approximately 90-100 people annually, or between 5-25 percent of people experiencing homelessness in Boulder. The assessment of 80 percent meth usage was specific to individuals who the HOT Team were working with and who were seeking housing and indicated they regularly use meth, which may affect their ability to gain housing.

There appears to be a relationship between the type of housing or shelter people are residing in and the likelihood that the person will report a substance abuse or addiction issue. According to the PIT survey, 56 percent of unsheltered individuals reported substance abuse or addiction issues compared to 29 percent in emergency shelter and 15 percent who were in transitional housing.

Additionally, of 41 chronically homeless people on the "pre-match" list for upcoming permanent supportive housing resources, 11 were not advanced to housing in 2018 because their meth use posed a risk to other tenants, as well as significant potential cost for property remediation.

Boulder County Family Court

In 2018 (as of October), Boulder County recorded 62 family court cases including 47 that involved substance abuse as presenting a safety issue. In those 47 substance abuse involved cases, the majority of parents were using methamphetamine (34 of the 62 total parents).

Current Efforts to Address and Mitigate the Effects of Meth Use

The workgroup identified many ongoing and proposed efforts to address and mitigate substance abuse and addiction in the city of Boulder, Boulder County and at the state level. These include treatment and prevention programs, law enforcement activities, regional task forces and advisory groups, environmental clean-up, judicial efforts and legislative activity. None of the current or proposed efforts exclusively focuses on meth use.

City Needle and Encampment Clean Up

The city has increased resources, including staff time and direct spending, on remediation of hazardous materials found in public spaces. Expenditures by clean-up contractor ServPro have increased from 2015 to 2018. City staff are proposing enhanced service levels and process improvements to the clean-up process that is intended to promote safety in public spaces and for

community members and city employees, explore efficiencies for and improve effectiveness of encampment clean-up efforts.

Staff proposes an enhanced level of service to support the encampment clean-up process with a four-pronged approach: (1) increased frequency of clean-up by ServPro and dedicated staff-led coordination; (2) installation of infrastructure to mitigate encampments; (3) improved data collection across the system; and (4) flexibility to respond to changing needs. The enhancements are intended to address not only needle clean up, but other hazardous materials and general encampment clean up. This proposed approach is in response to community concerns with encampment clean up and more details are located in (Attachment A).

Prevention, Treatment and Recovery

Unlike alcohol and opioids, there are no medications such as Suboxone or Vivitrol available to treat meth abuse. Meth addiction treatment involves detoxification, behavioral therapy and long-term recovery support.

A limited number of substance abuse and addiction treatment providers operate in Boulder County. Many of the programs, however, do not accept Medicaid or Medicare and are available only for patients with private insurance or who can pay out of pocket. Most treatment programs in Boulder County only offer out-patient services and are not necessarily appropriate for meth detox. Within the city of Boulder, there is almost no residential treatment capacity although more residential treatment programs are available in the Denver metro region.

Both of the Boulder adult homeless services providers (Boulder Shelter for the Homeless and Bridge House) help clients navigate to substance abuse and addiction treatment programs. MHP holds regular hours onsite at the shelter and at the joint Coordinated Entry/Bridge House Path to Home navigation site at 2691 30th St.

With revenue from the recreational marijuana sales tax, the city contracts with Boulder County to support several youth drug prevention programs. The city also uses general fund revenues to contract with MHP to provide substance use prevention and intervention services in several Boulder schools. Funding from the city's Human Services Fund and from the Health Equity Fund supports mental health and substance abuse and addiction treatment programs at MHP and Boulder Community Health.

The workgroup is aware of multiple local, state and national efforts to improve resources to address substance abuse and addiction. These include changes to the state Medicaid payment system, increased resources distributed to providers from statewide taxes on recreational marijuana, additional federal block grant funding and proposed changes to the statewide crisis services system as the result of CO SB17-207.

Behavioral Task Force

The City of Boulder participates on the Boulder County Behavioral Health Task Force. Organized by the Boulder County Sheriff's office, the group works to identify and address mental health and substance use issues. The task force includes representatives from multiple agencies including the Boulder County Attorney's office, Boulder County Public Health, the

Boulder County Sheriff's Office, the Boulder County District Attorney's Office, the City of Longmont, Mental Health Partners, Boulder County Housing and Human Services, Boulder County Jail, the Public Defender's Office and Boulder Community Hospital. The task force is currently developing a scope of work for a grant-funded consultant to be tasked with assessing ongoing efforts and to make recommendations for future work.

Opioid Advisory Group

The Opioid Advisory Group (OAG) formed in 2016 to respond to the opioid epidemic in Boulder County. More than 40 individual members and community organizations in the OAG include experts in prevention, clinical partners, treatment and recovery providers and law enforcement agencies. The group's mission is to advance comprehensive responses to opioid and other drug use and the harmful impacts on the community by prioritizing and removing barriers to proven prevention, treatment and harm reduction strategies, utilizing existing resources and encouraging informed and healthy community attitudes. In 2019, the OAG voted to expand its collaborative work to other substances including meth.

IMPACT

The Integrated Managed Partnership for Child and Adolescent Community Treatment (IMPACT), Boulder County's System of Care that serves high acuity youth and their families involved in the Child Welfare and Juvenile Justice systems, recently conducted a comprehensive needs assessment and gap analysis of the continuum of intervention substance abuse clinical services. The key findings included limited substance use treatment services and providers for youth and caregivers, low capacity of substance abuse services for Spanish speaking families, no formal family-system model or framework and lack of communication, coordination, collaboration across the current Boulder County substance abuse and behavioral health initiatives. One of the initial recommendations includes releasing a Request for Proposal for intensive outpatient programs with continuing and aftercare programming for youth and families that meets best practice, evidence based, and American Society of Addiction Medicine (ASAM) level requirements.

Boulder County Pre-file diversion pilot program

This project is a county-wide multi-disciplinary team headed by Michael Dougherty, Boulder's District Attorney, to use funds that were awarded by the state under SB18-249 "Redirection Criminal Justice Behavioral Health." The bill creates up to four pilot programs in judicial districts (one is Boulder County) in the state that divert individuals with low-level criminal behavior and a mental health condition to community resources and treatment rather than continued criminal justice involvement. If individuals qualify for and participate in the program, then their criminal charges are never filed. Specifically, the person completes a mental health screening at the jail booking phase. If they are identified as needing services, they complete a more intense mental health assessment, their criminal case is recommended for diversion, and they are then connected to treatment options. The group is currently seeking providers that would be available to participate in the pilot. The pilot, which is administered through the state court administrator, is still in the planning stage and set to begin sometime in 2019. The grant total is approximately \$750,000 per year split four ways for each judicial district.

Needle exchange

Several programs and sites are available in [Boulder County](#) for safe disposal of unwanted medications and syringes. Boulder County's [Works Program](#) operates a needle exchange program with three locations available in the city of Boulder: 2118 14th Street at the Boulder County AIDS Project, 3180 Airport Road at the Walk-In Crisis Center and 3482 Broadway at Boulder County Public Health. The program serves approximately 400 people per month across all Boulder County sites, provides resources for safe injection practices to prevent HIV and Hepatitis C and works closely with the people who inject drugs to ensure safe disposal by providing free biohazard containers. The city does not operate a safe injection site; however, the workgroup is aware of efforts to establish safe injection sites in Denver.

Boulder Police Department

The BPD is currently undertaking the following activities to address illegal drugs such as meth and individuals experiencing homelessness who are using meth:

- Patrol officers make arrests as they encounter criminal behavior, develop street level intelligence information and disseminate as appropriate.
- The Homeless Outreach Team (HOT) works with stakeholders to address the needs of high utilizer homeless clients with a goal of housing.
- The plainclothes Target Crime Team and Boulder County Drug Task Force work with other local, state and federal law enforcement agencies to develop intelligence information and investigate cases using more time-consuming and sophisticated techniques.
- Detectives meet and work with the Crime Analysis Unit and other law enforcement agencies regarding criminal activity, including crime trends and patterns associated with drug activity.
- The EDGE program works with officers as a street level referral resource on Behavioral Health issues.
- Employees meet and work with city departments, MHP, County Public Health, Hospitals, service providers and state entities to discuss strategies, processes and gaps in systems (Boulder County Behavior Taskforce).

OPTIONS

The workgroup identified options to address the impacts of meth use in the community. Most of the opportunities would enhance ongoing efforts and more broadly address general substance abuse and addiction rather than focus solely on methamphetamines.

Finalize and support encampment clean up proposed enhancements

Proposed enhancements to the clean-up process are detailed in (Attachment A).

Support and await results from Boulder County Public Health mapping process

BCPH is engaging a consultant to conduct a comprehensive planning process related to substance abuse and addiction services that is expected to provide a summary of identified strengths and gaps. The consultant will be asked to provide a final list of funding recommendations to finance a streamlined screening, assessment and referral to treatment system that meets the needs of all community partners—hospitals, jails, law enforcement, syringe access providers, schools, existing county services, and treatment providers—across all stages of the life

course including pregnant individuals, early childhood (birth-5 years of age), youth and adolescents (6-24 years of age), and adults 25 years of age and older.

Development of the plan will consist of the following objectives:

1. An assessment to determine the feasibility and requirements (financial, policy, service delivery needs, etc.) for scaling up a Law Enforcement Assisted Diversion (LEAD) and co-responder programs to the entire county.
2. A literature review of best practices for treating behavioral health disorders among individuals of all age groups (pregnant individuals, early childhood (birth-5 years of age), youth and adolescents (6-24 years of age), and adults (25 years of age and older).
3. A comprehensive data description of Boulder County behavioral health disorders across all age groups, ethnicities, and income levels (as possible). This analysis should include data from the following sources: population-based surveillance system data, payment data such as Medicaid reimbursement (numbers served and expenses) and the All Players Claim Database from the Center for Improving Value in Healthcare, emergency department visits, hospitalizations (including neonatal abstinence syndrome and acute psychiatric hospitalizations), treatment for behavioral health disorders using local data from the Colorado Health Access Survey, Longmont law enforcement assisted diversion, number of youth and adults prosecuted and/or diverted by the District Attorney's office, the 911 dispatch and/or law enforcement calls, syringe access usage, jail-based data with substance use involvement, and school-based counselling data.
4. An analysis among leading treatment providers (in varying locations) to assess the feasibility of a coordinated referral system for behavioral health disorders and to identify data needed to inform appropriate referral.

Deliverables from this project are expected in August 2019.

Assess opportunities to implement LEAD

The workgroup identified the Law Enforcement Assisted Diversion ([LEAD](#)) program in Seattle as a model to address low-level drug crimes, divert defendants from the criminal justice system and point people suffering from addiction to needed resources. LEAD is being replicated in Longmont. To implement a similar program, the community would need additional resources for to help clients navigate to caseworkers and service providers as well as resources for treatment. Additionally, the community would need a comprehensive system that doesn't just focus on meth. Staff from the Boulder Police Department and the City Attorney's prosecution division are coordinating with county staff and staff from agencies in other Boulder County communities to explore options to expand LEAD.

Continue to support Boulder County's pre-file diversion pilot program

While this program is currently limited to criminal cases in Boulder County, the Boulder District Attorney's office is committed to sharing information with the City Attorney's prosecutorial office since the same individuals frequently have cases in both the county and municipal court.

This sharing of information will ensure that individuals that participate in the county pilot program are successfully supported in the municipal court.

Monitor and consider support for state legislation related to substance abuse

Two bipartisan bills already introduced in the Colorado General Assembly would affect the City of Boulder's ability to address the impacts from substance abuse and addiction on the community. Among other goals, HB 19-1009 would expand the housing voucher program currently within the department of local affairs to include individuals with a substance use disorder and would appropriate \$4.3 million in each of the next five fiscal years to support the program.

SB 19-008 would require the Colorado commission on criminal and juvenile justice to study and make recommendations concerning:

1. Alternatives to filing criminal charges against individuals with substance use disorders who have been arrested for drug-related offenses;
2. Best practices for investigating unlawful opioid distribution in Colorado; and
3. A process for automatically sealing criminal records for drug offense convictions.

The bill would also:

- Require the department of corrections (DOC) to allow medication-assisted treatment to be provided to persons who were receiving treatment in a local jail prior to being transferred to the custody of the DOC.
- Declare that the substance abuse trend and response task force should formulate a response to current and emerging substance abuse problems from the criminal justice, prevention, and treatment sectors that includes the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs as an alternative to entry into the criminal justice system for offenders of low-level drug offenses.
- Direct the department of health care policy and financing to seek federal authorization under the Medicaid program for treatment of substance use disorders for persons confined in jails.
- Require jails that receive funding through the jail-based behavioral health services program to allow medication-assisted treatment to be provided to individuals in the jail.
- Increase from 4 to 10 the number of the law-enforcement-assisted diversion pilot programs.

Monitor and support MHP's effort to become a Certified Community Behavioral Health Clinic

In November 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a two-year, \$4 million demonstration grant to MHP to continue to work toward becoming a Certified Community Behavioral Health Clinic (CCBHC). MHP is the first mental health center in Colorado and one of only 52 in the nation to receive this prestigious award. Over the next four months, MHP will develop a strategy to meet certification requirements and focus on reducing disparities in healthcare access and outcomes for three key underserved subpopulations: Hispanic individuals, individuals experiencing homelessness, and members of the Armed Forces and Veterans and their families. To obtain CCBHC status, MHP

will need to meet SAMHSA standards related to staffing, access, care coordination, scope of services, quality, and organizational authority, governance and accreditation.

The award should help MHP enhance standards of behavioral health assessment, treatment and recovery services available to Boulder and Broomfield County residents of all ages who have or are at risk for a behavioral health condition.

Additional investment in treatment, prevention and recovery

The city could provide additional support to community organizations and services providers for behavioral health treatment, prevention and recovery through the Human Services Fund, Health Equity Fund or through the general fund. Additional revenues from recreational marijuana sales taxes may also be available for substance abuse treatment, prevention and recovery although the best use of funds for specific projects will likely be more apparent after completion of the countywide behavioral health assessment.

RECOMMENDATIONS

Staff makes several recommendations to City Council.

Recommendation 1 – Staff recommends that the city address meth through broader efforts related to substance abuse, addiction and behavioral health rather than focusing solely on issues related to meth.

Recommendation 2 – Staff recommends that the city prepare an adjustment to base request to support enhancing service levels to improve the encampment clean-up program with an emphasis on being flexible to respond to changing needs. This would include implementing a dedicated contract and staff team as well as enhanced data collection and infrastructure improvements.

Recommendation 3 – Staff recommends that the city continue to engage in County-wide task forces and projects related to behavioral health including the BCPH behavioral health mapping project, the Opioid Advisory Group and the Behavioral Health Task Force. Additionally, staff recommends that the city monitor and support MHP’s effort to become a Certified Community Behavioral Health Clinic, continue to assess opportunities to implement a County-wide LEAD program, and monitor and support Boulder County’s pre-file diversion pilot program. Staff recommends that the city assess outcomes and next steps related to these ongoing efforts later in 2019 when more information becomes available.

Recommendation 4 – Staff recommends that the city consider whether to support current state legislation related to substance abuse including HB 19-1009 and SB 19-008.

QUESTION FOR COUNCIL

Does council agree with the recommendations to continue to improve efforts to clean up environmental hazards and assess additional opportunities later in 2019?

ATTACHMENTS

Attachment A – Proposed Enhancements to the Encampment Clean Up Program

PROPOSED ENHANCEMENTS TO THE ENCAMPMENT CLEANUP PROGRAM

BACKGROUND

The City of Boulder continues to improve its approach to addressing illegal camping sites, often called “encampments,” throughout the city. Encampments are in violation of several city ordinances and present significant concerns to public health, sanitation and safety. The [February 10, 2017, Study Session memo](#) focused on the city’s response to encampment situations and impacts along Boulder Creek and included several efforts to improve the impacts. Since 2017, the city has implemented those efforts and has seen improvements to the city’s ability to respond to encampment challenges.

Currently, challenges continue with encampments established in the flood utilities infrastructure, such as culverts, as well as around the city in parks and other public places. Encampment clean up is a nationwide challenge for local governments, and the city continues to identify new ways to increase safety in public spaces.

CURRENT AND PROPOSED ENCAMPMENT CLEAN UP PROGRAM

Current Efforts to Mitigate and Prevent Encampments

In October 2017, the city joined countywide partners to launch [Homeless Solutions for Boulder County](#) (HSBC), a new adult homeless services system. The new system moves away from the previous focus on emergency services to emphasize helping individuals exit homeless services to housing. Housing is the primary strategy with demonstrated effectiveness nationwide in addressing homelessness. The new system also features integrated services across the county to enhance coordination, as well as shared data to measure success and assess needed improvements. During the first 15 months of operation, HSBC helped 427 people to successfully exit City of Boulder homeless services.

In addition, the city supports non-traditional homelessness programs for people who may be reluctant to engage with mainstream homeless services. These supports include the Boulder Police Department Homeless Outreach Team (HOT Team), the Municipal Court Homelessness Navigator and the Early Diversion, Get Engaged (EDGE) partnership between Mental Health Partners and the Boulder Police Department. Each of these programs offers an opportunity for people with current or potential justice system interaction to be connected to homeless services and housing paths to improve outcomes and avoid further justice system involvement.

Current Encampment Clean Up Program

Currently, multiple departments address encampment clean up efforts and their approach is decentralized. ServPro is utilized by multiple departments to assist the clean up hazardous materials that are left in encampments, and they routinely respond to clean up needs in floodways approximately two times per month. Staff identify areas that need clean up and collect data on the characteristics of the encampment area to coordinate with ServPro. The Police Department’s HOT team contributes to clean up efforts by notifying encampment occupants that clean up is necessary and will be performed in the coming days, then ServPro and staff tend to the encampment area.

The goal of continually improving the encampment clean-up program is to promote safety in public spaces while increasing efficiency and effectiveness. The difference between the current program and proposed enhancements is increased staff and contractor support to add capacity toward clean-up efforts, as well as improved data collection to better understand the impact of the enhancements.

Proposed Enhancements to the Encampment Clean Up Program

Possible options for improvement include supplementing current efforts to mitigate and improve processes by launching a multipronged approach to:

- Improve responsiveness to encampment concerns;
- Alter existing infrastructure and surrounding areas to increase safety;
- Prioritize the health and safety of the general public, encampment participants, and involved staff; and
- Encourage innovation and data collection to better understand encampment impacts.

The proposed four-pronged approach is summarized below, with a table of cost estimates in the following section:

1. Increase frequency of clean up by ServPro and dedicated staff-led coordination:

This is a blended staff and contractor method to monitor, respond to, and collect data on encampment and environmental hazard issues in public spaces. Dedicated city staff, in which two new hires will be needed, will frequently inspect common encampment areas, respond to community inquiries and notifications, coordinate with ServPro, and record data on the effectiveness of each clean up. The benefits of this approach include:

- Increasing staff and contract support to increase responsiveness and provide flexibility for the seasonal and weather-related fluctuations in encampments; and
- Continuing to utilize ServPro as an industry expert in handling and disposing of hazardous materials.

A key aspect of the proposed enhancements is the health and safety of the general public, encampment participants, and staff. Staff and contractors increasingly report feeling uncomfortable in the clean-up of these sites, particularly if the site is occupied. For these reasons, the Police Department's HOT team will continue to support staff as time and priorities allow, and staff will utilize a private security firm as necessary.

If there are situations where the contractor and staff team are addressing an occupied site and a HOT team member or the private security firm is not available, staff will leave the area and return when proper safety personnel are present.

2. Install infrastructure to mitigate encampments:

Several areas in the community are high-frequency locations for encampments. In these locations, there are opportunities for some of the physical characteristics of the site to be altered to reduce the attractiveness of becoming an established encampment. This implements a longer-term solution to individual problem areas that may improve the ability of staff to more quickly address encampments by reducing the frequency and size of gatherings.

There has been some success in Boulder to mitigate encampments by making areas less accommodating through thoughtful configuration of infrastructure, landscaping and surface treatments.

With the additional dedicated staff resources mentioned above, staff will analyze various locations throughout the city to implement infrastructure improvements such as vegetation maintenance to improve visibility, rock and boulder landscaping to discourage extended stays and excavation, grading or surface treatments under bridges or in culverts that deter occupancy. These areas are prioritized for mitigation efforts as feasible due to the added safety concerns of camping in a high hazard flood zone, and a flood study is typically required to make such improvements.

3. Improve data collection across the system:

The enhanced and flexible program is being proposed to test the following metrics:

- Increase in clean up effectiveness
 - Measured by truckload volume, frequency, and locations
- Increase in safety in public spaces by reducing hazardous materials
 - Measured by tracking number and type of hazardous materials at locations

In addition, the enhanced program will collect data to identify trends regarding sites with repeated encampments and how the clean-up efforts impact encampment migration throughout the city.

4. Flexibility to Respond to Changing Needs

If it's determined that there is a need to further increase service levels to respond to additional community concerns, the staff team could be expanded to include 3 or more additional staff. This is being suggested to be implemented after the aforementioned solutions are tested, so that the city can strategically incorporate new and innovative solutions in phases while learning the methods that best reach the program's goals.

Staff are aware that the cleaning of one encampment could cause another encampment to establish in a nearby location and will be tracking locational data to understand these trends. The program will continually be evaluated and improved to be as responsive as possible to changing needs.

Proposed Enhancements to the Encampment Clean Up Program 2019 Costs – Cost Estimate Ranges*

1. Increase frequency of clean up by ServPro and a dedicated staff-led clean up coordination	ServPro contract	\$200,000 to \$250,000 in 2019
	2 new staff	\$130,000 to \$180,000 in 2019
	Private security (if needed)	\$500 to \$2,500 per month
2. Install infrastructure to mitigate encampments	Flood study and permits (as needed)	\$30,000 to \$60,000 in 2019

Attachment A: Proposed Enhancements to the Encampment Cleanup Program

	Install immovable boulders	\$75,000 to \$185,000 in 2019
	Vegetation maintenance	\$50,000 to \$150,000 in 2019
	Grading and surface treatments (per location)	\$115,000 to \$125,000 per location
3. Improve data collection across the system	<i>No additional costs needed</i>	
Total	\$600,000 to \$950,000 plus private security if needed	

*Costs are presented in ranges to provide a preliminary estimate. Further analysis is needed to prepare an adjustment to base request.

NEXT STEPS

Staff recommend finalizing costs and logistics of the proposed enhanced and flexible encampment clean up approach to prepare for an adjustment to base submittal in May 2019, with the intent to implement the program in Q2-Q3 of 2019.