



**CITY OF BOULDER  
CITY COUNCIL AGENDA ITEM**

**MEETING DATE: May 11, 2021**

**AGENDA TITLE**

Health and Safety Regulations in Public Spaces and Annual Homelessness Update

**PRESENTER/S**

Chris Meschuk, Interim City Manager  
Tom Carr, City Attorney  
Kurt Firnhaber, Housing and Human Services Director  
Maris Herold, Chief of Police  
Ali Rhodes, Parks and Recreation Director  
Vicki Ebner, Homelessness Policy Manager

**EXECUTIVE SUMMARY**

Public spaces and the people who live within them have been high priorities of concern for Council. While the activities of the Homeless Solutions for Boulder County (HSBC) system have resulted in a robust and dynamic program, there remain challenges that correlate to people living unsheltered in vulnerable situations, mainly within unsanctioned encampments. Over the past year, there have been numerous public safety issues, including explosions associated with the use of propane tanks, within these encampments. Staff outlines potential code amendment options that would prohibit the possession of more than one propane tank in public spaces to address safety concerns; and ban tents in urban parks that would prevent encampments from establishing in public spaces.

In addition to suggesting potential regulatory changes, this memo includes an annual report of the actions, activities, and accomplishments of the homelessness service system. The following is a high-level summary of HSBC outcomes:

- COVID-19 disproportionately impacted the unhoused community.
  - Limited in-person services
  - Hampered housing efforts
  - Required the development of a prevention and respite infrastructure
- 1,088 people were screened to Boulder services through Coordinated Entry between Mar. 2020 and Feb. 2021.
- Boulder Shelter for the Homeless exited 210 people from homelessness between Mar. 2020 and Feb. 2021.
- The BTHRE program was fully implemented and provides front-line outreach to people experiencing unsheltered homelessness. In Feb. 2021:
  - The team provided 123 COVID-19 screenings, distributed 112 masks
  - Educated 52 people on city ordinances
  - Connected 11 people to Coordinated Entry
  - Had encounters with 129 unique individuals and developed relationships with 89 individuals
- Severe Weather Shelter services met the demand for the 2020-2021 season to date.
- Staff and HSBC are engaged in developing housing options for the most challenging to house:
  - People with lengthy criminal histories
  - People with histories of or active use of methamphetamines
  - People who are medically frail
- HSBC underwent restructuring to increase the level of input from people with lived experience in homelessness and broader community engagement.

## **COMMUNITY SUSTAINABILITY ASSESSMENTS AND IMPACTS**

- Economic – The proposed ordinance is a health and safety measure that will reduce the costs for emergency response. Homelessness has a significant financial impact on the community. While interventions are costly, there is a net positive economic impact realized by making homelessness brief, rare, and nonrecurring.
- Environmental – People living unsheltered can have an adverse effect on the environment.
- Social – People of color disproportionately experience homelessness and are considered underserved members of the community. Outreach efforts are tailored to reach these underserved communities within the homelessness response system.

## **BOARD AND COMMISSION FEEDBACK**

A joint team from the Human Relations Commission and the Housing Advisory Board submitted recommendations to Council in late 2020 for additions to the homelessness response system.

## **BACKGROUND**

### **Health and Safety Regulations**

Since 2016, there have been a growing number of encampments in city public spaces. Council has been supportive of staff efforts to reduce the impact of these encampments and supports the city's ban on camping in public spaces. Over the past year, staff have observed an increase in the incidence of methamphetamine use by the residents in these encampments. Concentrations of methamphetamine users are often marked by a higher level of violence, theft and methamphetamine manufacturing.

Limitations in the city's code as well as on staffing have affected staff's ability to manage the encampments effectively. The camping ordinance does not apply during the day and requires proof of "activities of daily living." This generally requires that encampments become entrenched before staff can act. Staff engaged in encampment clean-up efforts have removed hundreds of propane tanks, of which some staff believes are used in the manufacture of methamphetamine as well as cooking and heating tents. This coincides with a dramatic increase in thefts of propane tanks from lockers outside of various businesses. The large number of propane tanks found in encampments present a significant public safety issue, because of the risk of explosion and fire.

Another element that differentiates the current encampments from those that have occurred in the past is the prevalence of a large number of tents. The tents create the illusion of safety to campers and perhaps discourage those with tents from seeking better shelter or accepting city services. Current Boulder regulation do not prohibit tents in urban parks.

### **Homelessness Services**

Housing and Human Services (HHS) provides Council with an annual update to homelessness services and performance, the last of which was Jul. 14, 2020. Subsequent meetings regarding special topics including severe weather shelter (SWS – 9/22/20) and encampments (1/19/2021, 4/27/21) have also been held.

Boulder provides adult homelessness services in collaboration with the City of Longmont, Boulder County, and the local housing authorities through HSBC. On Mar. 19, 2019, Council agreed with HSBC recommendations for funding and the adoption of new program eligibility criteria, which was fully implemented on Feb. 2, 2020. Year-round programs, which include Housing-Focused Shelter (HFS) for people with disabling conditions and Navigation Services for people with fewer barriers to housing, now require Boulder County residency of six months or more. At the same time as the new eligibility criteria were put in place, the Diversion Services program was implemented. This program provides a lighter-touch assistance to divert people from sheltering and long-term homelessness.

On May 31, 2020, with the termination of the lease at 2691 30<sup>th</sup> Street, sheltering services were consolidated at Boulder Shelter for the Homeless (BSH). For the 2020-2021 SWS season, changes were made to general usage requirements:

- Requirement of Coordinated Entry (CE) Screening for SWS use
- Establishment of a 7pm curfew consistent with all shelter programs
- Limitation of SWS usage to 30 nights per season (extended to 60 nights in February)

Much of 2020 was impacted by the COVID-19 pandemic. Efforts to control contagion in the unhoused community included establishment of the COVID-19 Recovery Center (CRC), reorganization of shelter beds, use of non-congregate shelter (i.e., hotel rooms) for at-risk shelter residents, coordinated symptom screening at area shelters, regular testing protocols, enhanced cleaning and safety practices, and the increased outreach and education through the Boulder Targeted Engagement & Referral Effort (BTHERE) pilot. COVID-19 also impacted in-person services and access to housing.

## ANALYSIS

### Public Space Health and Safety

Staff has considered possible ordinance changes to provide better tools to address illegal encampments. The current tool used most frequently is the camping ban. The code defines “camp” as follows:

For purposes of this section, *camp* means to reside or dwell temporarily in a place, with shelter, and conduct activities of daily living, such as eating or sleeping, in such place. But the term does not include napping during the day or picnicking. The term *shelter* includes, without limitation, any cover or protection from the elements other than clothing. The phrase *during the day* means from one hour after sunrise until sunset, as those terms are defined in Chapter 7-1, "Definitions," B.R.C. 1981. *Camp* does not include temporary residence associated with the performance of a governmental service by emergency responders or relief workers during a Disaster Emergency as defined in Section 2-2.5-2, "Definitions," B.R.C. 1981.

Section 5-6-10(d), B.R.C. 1981.

This captures many of the behaviors that are challenging to our community. Council may wish to consider two code changes to more effectively prevent and address encampments, extending the prohibition on tents to urban parks and banning possessions of multiple propane tanks.

### ***Tents***

The current code provision relating to tents is as follows:

No person shall erect any tent, net, or structure in a park or recreation area ***located outside the corporate limits of the city***, or on any open space land, unless done pursuant to a written permit or contract from the city manager.

***The prohibitions of this section do not apply to developed and landscaped city parks located outside the city limits, if they are designated by the manager as such city parks.***

Section 8-3-21, B.R.C. 1981 (emphasis added).

Council may wish to consider eliminating the language in bold above. This would make tents illegal in public parks. It would then be necessary to add a clause allowing for tents to be permitted for certain purposes, such as special events. This will allow for enforcement during the day and allow the police to provide clear direction that tents are not permitted. Adding a prohibition against tents could create an expectation in the community that the police will have the capacity to remove tents immediately. While this is not realistic, on balance prohibiting tents will provide better enforcement options. It should be clear that seizure of tents that are erected illegally would present legal and logistical challenges. The constitution prohibits the taking of private property without due process of law. This means that a tent seized would have to be stored until the owner was afforded due process, which presents a logistical challenge that would most likely fall on our already over-burdened police department. Nevertheless, staff recommends that council consider an ordinance banning tents in urban parks.

### ***Propane Tanks***

Council may also wish to adopt an ordinance prohibiting the possession of more than one or two propane tanks in a park. This would allow individuals using propane for cooking or heating to have a sufficient supply. Propane is generally considered less of a hazard than charcoal for outdoor cooking, and a complete ban on propane tanks in parks could increase the level of public risk. Such an ordinance would be easier to enforce than the camping ban. Enforcing a ban on multiple propane tanks would present legal and logistical challenges. Again, on balance staff recommends that council consider such an ordinance.

### **COVID-19 Impacts on the Unhoused Community**

The COVID-19 pandemic significantly impacted the unhoused community. People experiencing homelessness were estimated to be significantly more vulnerable to the virus, due to their congregate living conditions and their underlying health issues. The entities that make up HSBC, with Boulder acting as lead agency, developed a coordinated, phased response with the establishment of the COVID-19 Recovery Center (CRC) as Phase II of the response. The CRC, as part of a networked effort including shelter precautions and non-congregate shelter (i.e., hotel rooms), has protected Boulder's unhoused community to the greatest extent practicable. In the beginning of the pandemic, it was estimated that up to 40% of the unhoused population would be infected at the peak and that a steady 25-30% of the shelter's residents would test positive. To date, the average census at the CRC has been 5 people, with a peak residency of 24 people. No significant hospitalizations or deaths of people experiencing homelessness due to COVID-19 have been reported. Through these proactive efforts, the percentage of individuals that tested positive for COVID-19 were substantially lower than reported in other communities. A detailed accounting of CRC operations and performance, along

with a discussion of other COVID-19 responses within the sheltering system, can be found in **Attachment A**.

In addition to the need to shelter and protect people experiencing homelessness, COVID-19 created several critical challenges to the provision of housing and programs including impacts to in-person services and initial closure of many of the organizations needed to get people ready for housing (state identification centers, housing authorities, etc.). As the lack of in-person services disproportionately affects clients with higher needs and who need more assistance to access the system, this led to some delays in efforts to house some individuals into permanent supportive housing (PSH), including the sustained client engagement necessary to complete the housing journey. In addition to these delays, reductions in PSH vouchers (either through Metro Denver Homeless Initiative - MDHI - reprioritization efforts or federal limitations) impacted the rate of placement.

In early days of the pandemic, a distrust of shelters in large cities led to an influx of people experiencing homelessness from larger cities, which led to an increase in encampments within Boulder. Reductions in jail census for non-violent crimes released a number of people to homelessness and impacted enforcement activities around camping and substance use. Limitations to mental health and detoxification services also increased the vulnerability of people experiencing unsheltered homelessness.

On Apr. 27, 2020, through the Colorado Department of Local Affairs (DOLA), the Federal Emergency Management Agency (FEMA) approved the use of hotel rooms as non-congregate sheltering for high COVID-risk shelter residents. In December 2020, FEMA approved increasing the number of hotel rooms in Boulder to 25 rooms and an additional 20 rooms to be used on critical weather nights (low temperature 10°F or below and/or 6 inches or more of expected snowfall).

Emergency Solutions Grant (ESG) funds through DOLA are also being used to fund three portable restroom facilities in key areas frequented by people experiencing homelessness while regular facilities are not available (winterization, construction). A combination of CARES Act and state ESG funds, leveraged with nonprofit funds, provided for the piloting of the BTHERE program.

### **Coordinated Entry**

Coordinated Entry (CE) is the front door for sheltering and case management services within Boulder County. CE is a quick screening process that identifies the best match between people and available services. Through CE, people can be referred to Housing Focused Shelter, Navigation Services, or Diversion Services. CE screening also refers people to other assistance outside of the HSBC system, if such referral would better meet a person's needs. This can include youth shelters, domestic violence shelters, or other targeted interventions.

Several changes were made to the CE process in 2020:

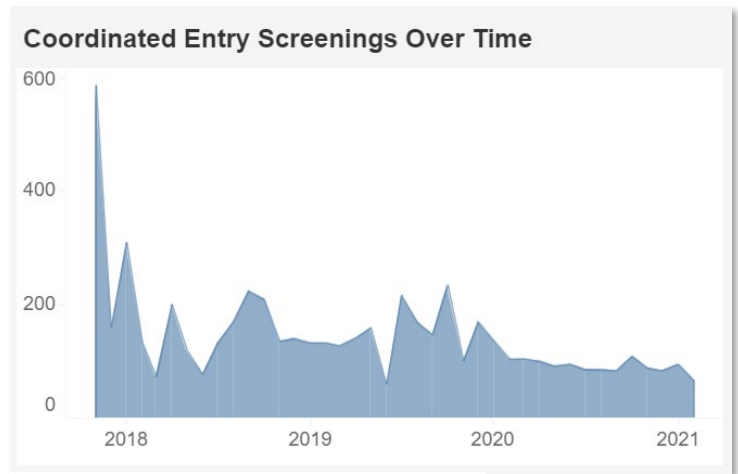
- In February, eligibility criteria were changed for the Navigation program, and the Diversion Services program was brought online. To be eligible for Navigation Services, a person experiencing homelessness must have been a member of the

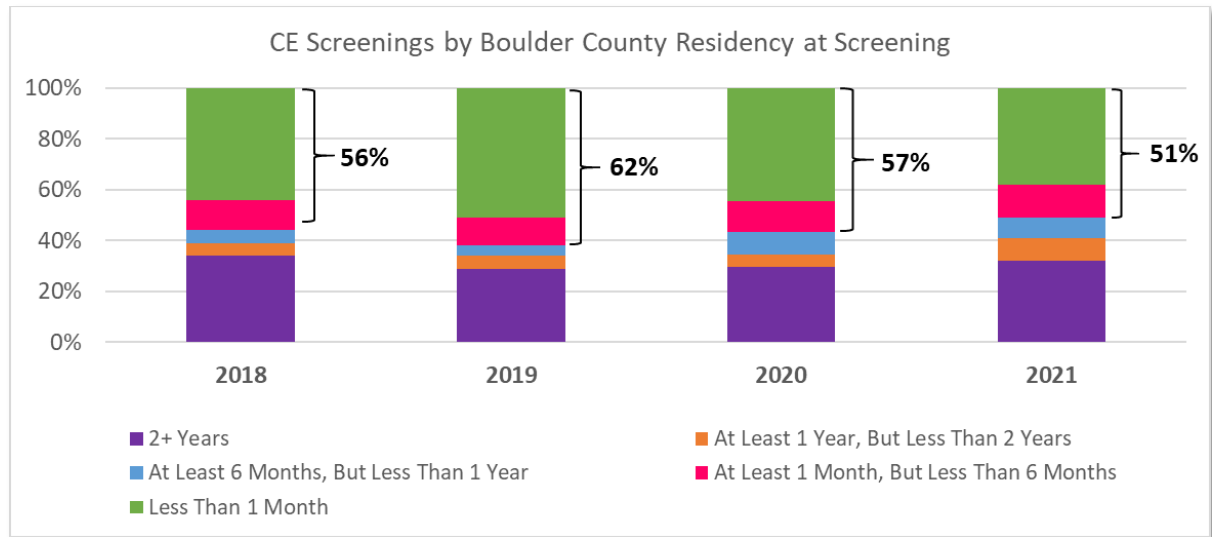
Boulder County community for six or more months and not have a disabling condition. All people presenting to CE are eligible for Diversion Services, but people who are not members of the Boulder County community may only access Diversion Services and up to 60 nights of SWS. During the 2020/21 shelter season, the number of nights of service was modified from 30 to 60.

- Due to COVID-19 safety concerns, CE screening is currently provided via telephone. Boulder County provided over \$20,000 worth of phones for distribution by outreach workers, shelter staff, and partner nonprofits to assist with access to this and other services. Upon staff vaccination, CE will move to a physical location at 909 W. Arapahoe. The facility is expected to open in mid-May.
- 1,088 people were screened to Boulder resources between March 2020 and February 2021.
- CE screening was required for access to SWS and for morning service at BSH. The goal of requiring CE screening is to encourage engagement with services and long-term programs, where applicable. People who have not previously been screened through CE may receive grace nights at SWS until CE is available to them. Compliance with this requirement has been generally positive, with only a nominal number of people being turned away for refusing to be screened through CE.

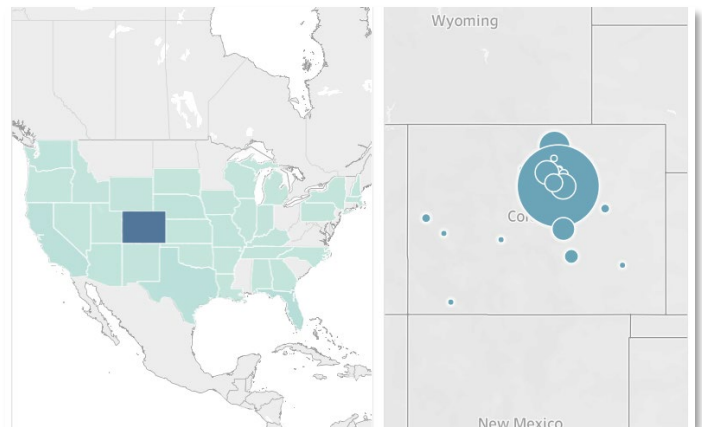
As the system matures, the number of CE screenings decreases. Generally, people who access CE are new to homelessness or to Boulder County. Information gathered by outreach workers show that at least 2/3 of people residing in encampments have been screened through CE, and analysis of prior season SWS data shows similar results.

People with less than six months Boulder County residency consistently average almost 60% of all screenings (Jan. 2018-Feb. 2021).





Further analysis of people presenting to CE with less than one month of residency in Boulder County shows a National inflow to the county, with the overwhelming majority arriving from Denver and Aurora. On the left-hand map below, the shading compares the number of people (with less than one month of Boulder County residency) presenting to CE. On the right side, the largest area (indicating the largest number) from within Colorado is Denver. Of the 502 people going through CE between Feb. 2020 and Feb. 2021 with less than one month of Boulder County residency, 168 were from Denver (33%). Outside of Colorado, the state providing the greatest influx of people across all categories of residency was Florida.

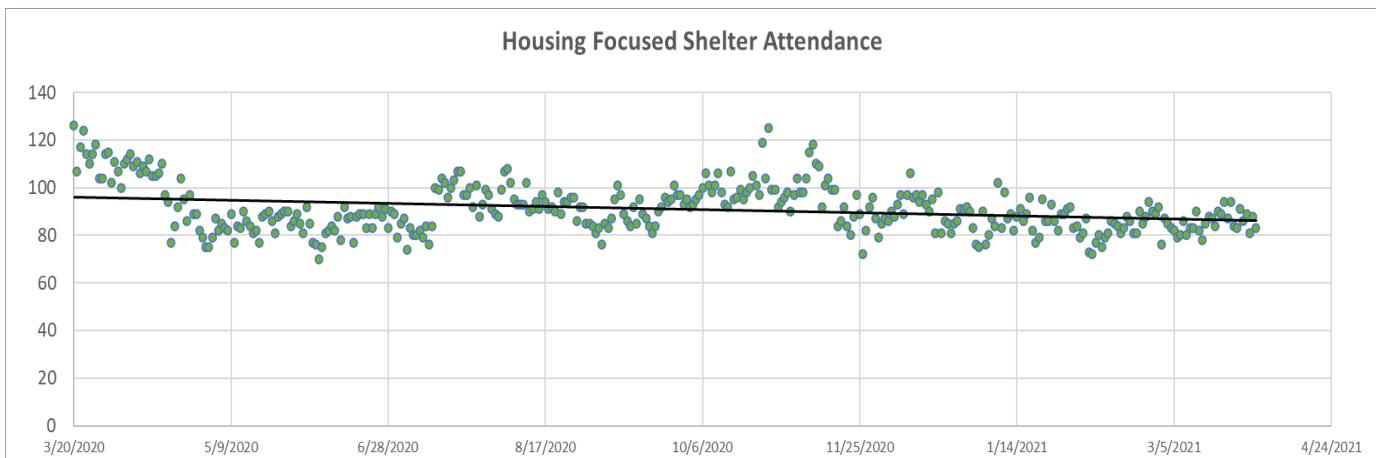
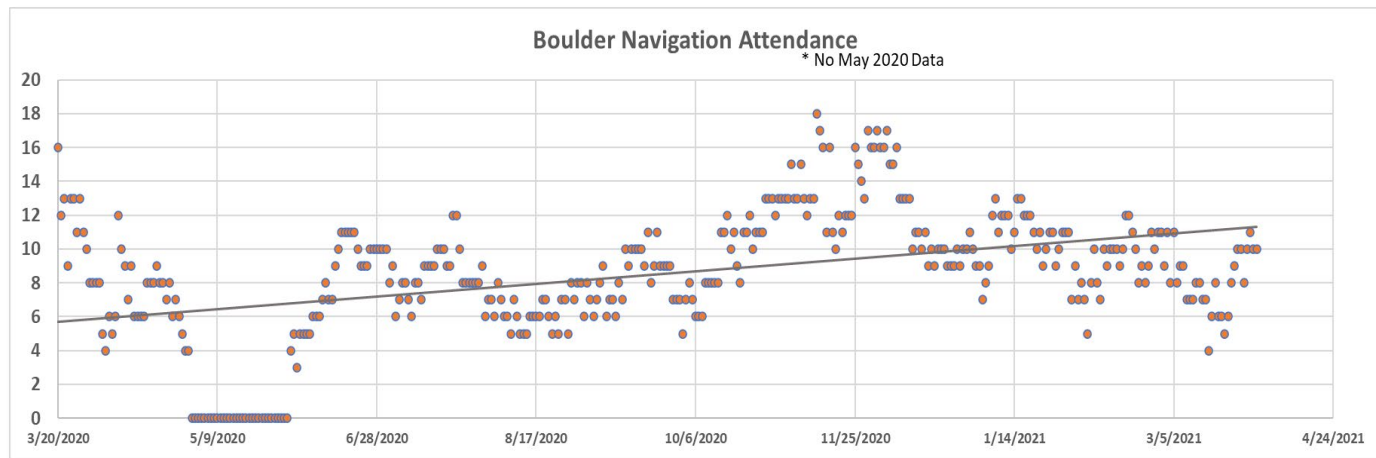


### Year-Round Sheltering Programs

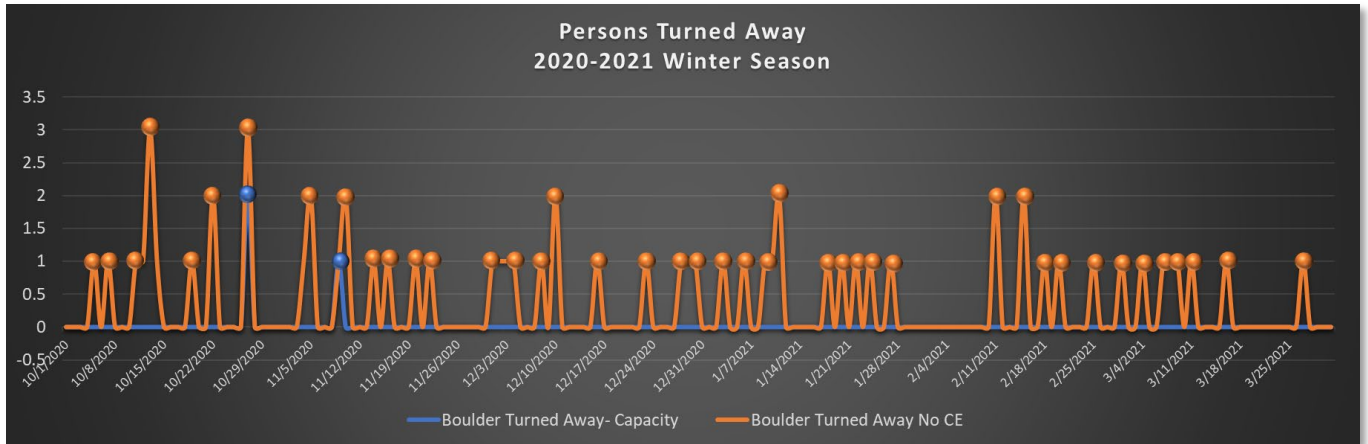
With the end of the lease at 2691 39<sup>th</sup> Street (“30<sup>th</sup> Street”) on May 31, 2020, all Boulder sheltering programs were consolidated within BSH. This plan was approved by Council on Mar. 19, 2019, with the goal of focusing limited financial resources to housing. To ensure that adequate space was available at BSH for the Navigation and SWS programs, 36 additional locally-funded PSH vouchers were provided, with a number of these vouchers targeted to long-term utilizers of the Housing-Focused Shelter program.



Implementation of nightly limits for SWS has increased usage of Housing Focused Shelter (HFS) beds in 2021 above expected rates. Most people placed in non-congregate shelter for COVID-19 precautions were part of the HFS program and not shown on the graph below. This seems to indicate that the goal of encouraging people experiencing chronic homelessness to re-engage with the HFS program in lieu of SWS usage is being met. While people experiencing chronic homelessness are not required to be shelter clients to receive services, the case management provided through the HFS program can be beneficial in creating effective pathways to PSH.



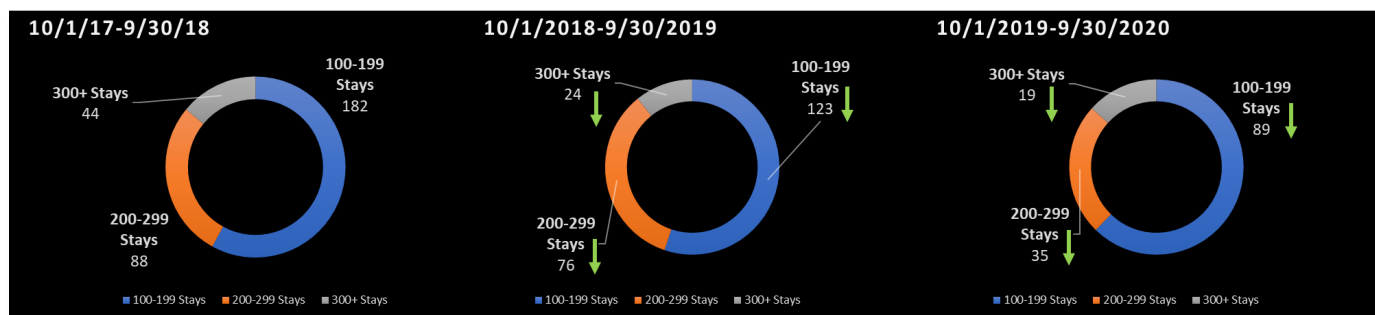
Even with the consolidation of shelter beds and the inclusion of SWS into BSH operations, the shelter system continues to run with vacancies on any given nights. To date, only three people (over two nights) have been turned away for capacity issues during the 2020-2021 winter season.



Including available hotel rooms (up to 25 ongoing, additional 20 on critical weather nights), BSH currently has 165 beds available across all programs (185 on critical weather nights). While hotel space will be reduced once COVID-19 threats have been mitigated, BSH will be working with Boulder County Public Health to increase facility capacity back up to 160 beds (currently, capacity for the building is was reduced to 140 beds to provide additional social distancing?).

## Exits

As part of the reallocation of local funds in 2019, City of Boulder PSH resources were targeted to housing the most vulnerable, long-term shelter residents. The goal of this activity was to increase housing resources for the HFS program and to increase bed capacity at BSH. At the time, it was estimated that housing the 35 people with an average of 645 shelter stays apiece would free up 22,757 bed nights at BSH, or place for 1,505 people to use the shelter an average of 15 nights. After two years of placements, each category of long-term shelter utilizers has decreased at least 51%, with a decrease of 56.8% for people using the shelter more than 300 nights per year.

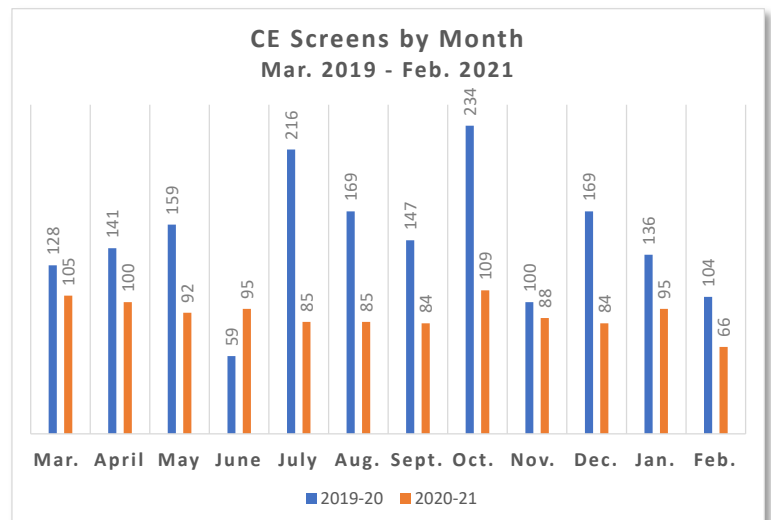


Local funds only represent a fraction of the total number of housing opportunities or vouchers available through HSBC. The total number of vouchers and units fluctuates, but the community has added over 230 vouchers/opportunities in the past 2.5 years. The City of Boulder has never experienced this level of increase in vouchers. It is a result of a coordinated approach of all HSBC partners. These opportunities also include:

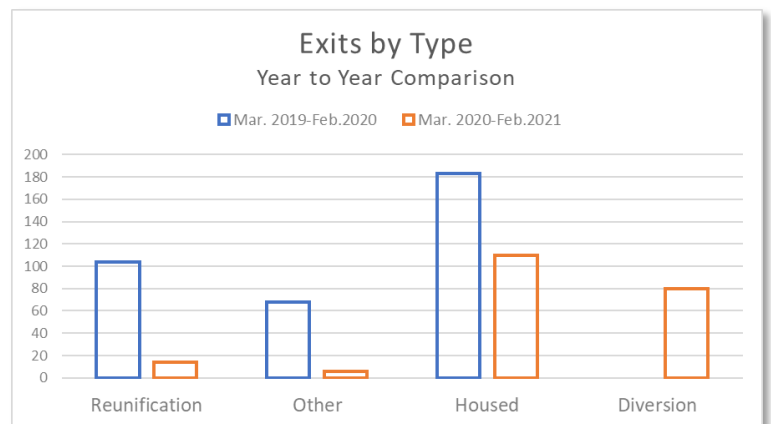
- New unit development and vouchers provided by Colorado Department of Housing (DOH) associated with Low Income Housing Tax Credit projects
- Units owned/managed by BSH Inn Between
- Vouchers secured through the Continuum of Care (CoC) program
- Vouchers received through Boulder Housing Partners (BHP) solicitation
- Vouchers created through the set-aside of 20% of housing authority vacancies
- Vouchers solicited by Mental Health Partners
- Housing for Bridge House Ready to Work graduates
- Rapid Re-housing, both CoC and Emergency Solutions Grant

BSH currently supports an average of 134 people per night in housing through a combination of PSH and rapid re-housing. This number is expected to increase to 155 by the end of the year. This compares to BSH's March average shelter census, including hotels and SWS, of 143 people. These numbers only reflect BSH caseloads and do not account for vouchers or assistance by other entities.

Between March 2020 and February 2021, BSH exited 210 people from homelessness. While this represents a reduction in exits of 41% from the same time period the prior year, it corresponds to an overall 38% reduction in CE screens for the same time period. A lengthy effort to engage long-term residents to CE screening was accomplished in 2019, and CE screens moving forward predominantly reflect people who are new to the community rather than new to homelessness.



The COVID-19 pandemic also created a lack of availability of market housing and in-person treatment options. Applications, briefings, lease ups, and other processes were significantly delayed in the early days of COVID-19. Adjustments and safety measures were put in place to return processes to a degree of normalcy. Concerns about eviction moratoria also had impact on landlord willingness to housing new tenants. Even with these complications, a robust number of exits from homelessness continued to occur. While Reunification is the most likely outcome for people in the Diversion program, all exits within Diversion are



collected under Diversion. Reunifications that are experienced under the HFS or Navigation programs are reported separately.

While COVID created some difficulties for housing, it did provide an avenue for increased Rapid Re-Housing funding from the state and federal governments. This funding is best utilized for people who have resolvable housing crises rather than for people experiencing chronic homelessness. Significant investment by state and federal partners has also aided in homelessness prevention efforts, which improves the social safety net and should prevent many people from entering homelessness due to COVID-related economic conditions.

It is expected that local solutions for housing will continue to reduce within this program. Over the past three years much of the housing success for individuals experiencing homelessness has been the shift to prioritizing existing affordable housing. While many of the affordable housing developments have leased up to these individuals, with the balance of other residents needing affordable housing, the rate of available units is expected to decline. Future expansion of units for PSH will primarily come through new developments.

### **BTHERE**

The BTHERE program has been progressing to a fully staffed program since Mar. 8, 2021. The BTHERE team consists of an outreach supervisor and 3 team members: an outreach coordinator (with lived experience), an outreach worker with lived experience, and an outreach worker with mental health training. While BTHERE has been conducting and collecting data since early 2021, the team has increased capacity to be able to conduct outreach 4 hours a day, 4-5 days a week, in early March.

Since Feb. 1, 2021, BTHERE conducted outreach 29 times. Of the 29 times in the field, BTHERE has provided 123 COVID-19 screenings, distributed 112 masks, and provided Public Health guidelines/protocols on 118 accounts. During their outreach, BTHERE provided education on city ordinances 52 times, offered referrals to Coordinated Entry 11 times, and connected individuals to the Municipal Court Mail Service 10 times. Additionally, BTHERE identified 21 unique encampments, encountered 129 unique individuals, and made a total of 216 contacts.

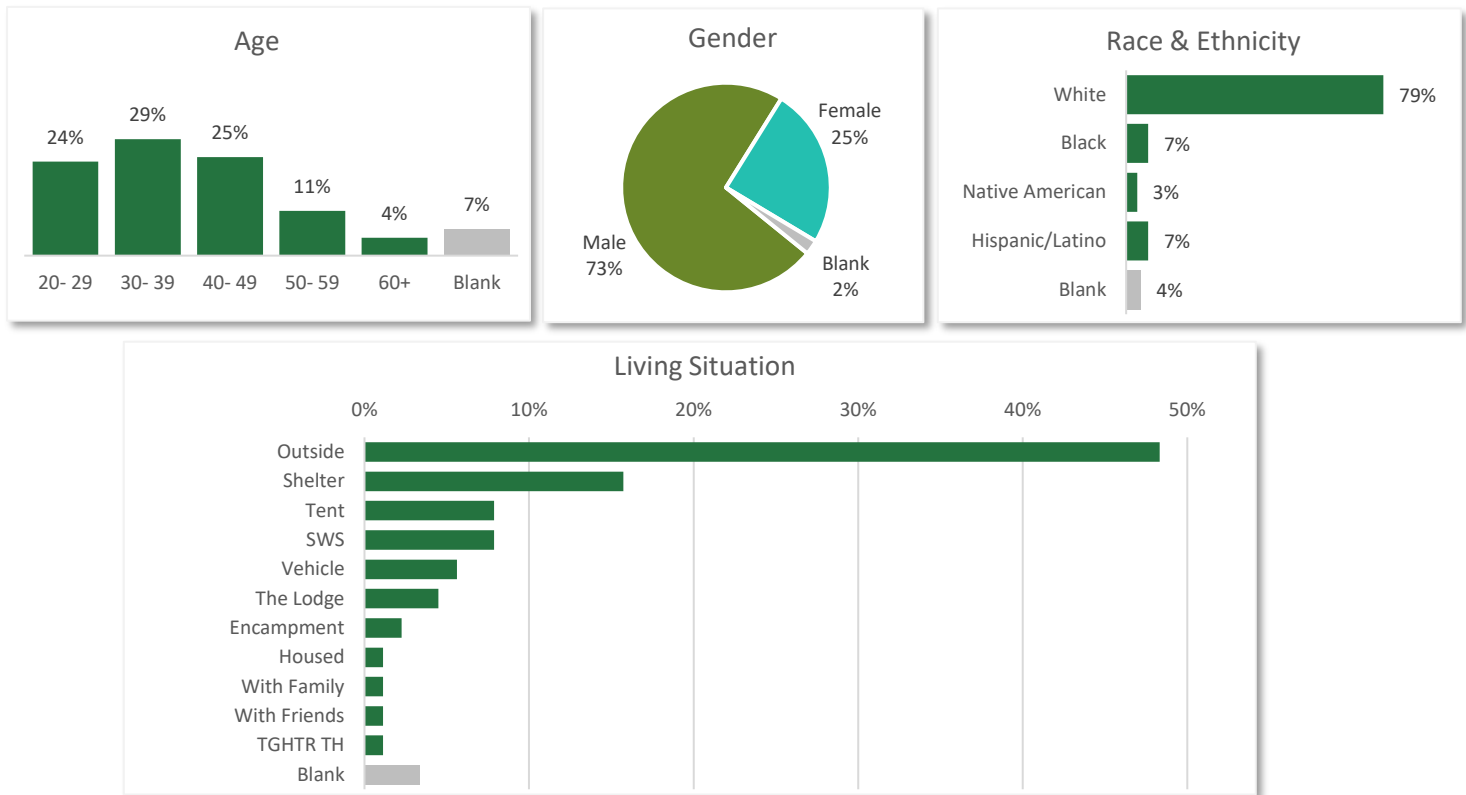
Studies show it can take up to 15-20 encounters<sup>1</sup> until someone experiencing homelessness can feel comfortable to engage in services and referrals. BTHERE tracks who they encounter from their outings and after a few encounters, they can begin tracking more client information (i.e., demographics or case management notes). Of the 129 unique encounters, BTHERE has begun engaging and collecting more in-depth data with 89 individuals.

Of the 89 individuals, over 75% are under the age of 50, almost 75% identify as male, and almost 80% identify as white. Over half (60%) of the 89 individuals are living

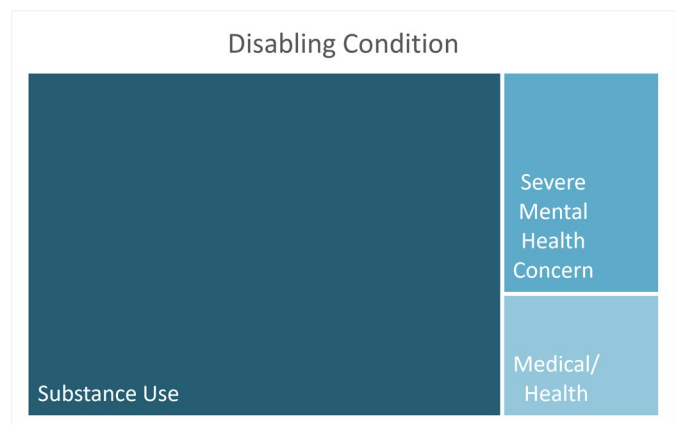
---

<sup>1</sup> [The Police Response to Homelessness, Police Executive Research Forum, 2018](#)

outside, in a tent or in an encampment<sup>2</sup> and almost 30% are connected to and staying in a shelter/housing program, including Boulder Shelter for the Homeless, SWS, the Lodge, and TGTHR's Transitional Housing program. The remaining 10% reported they were staying in a vehicle (car/bus, 6%), staying with either a family member or friend (2%), or are successfully housed (1%).



BTHRE also tracks disabling conditions, which may include a substance use, mental health concern, or medical/physical health concern. Twenty-five individuals reported having a disabling condition. Of the 25 people, 75% reported substance use, 15% severe mental health, and 9% a medical/physical health concern. Of the individuals who reported substance use, Methamphetamine was reported the most (50%), followed by alcohol (44%) and heroin (11%).



<sup>2</sup> Tent refers to one single tent, or in an encampment. Outside refers to someone sleeping outside without a tent or proper shelter, typically meaning having a sleeping bag.

Evidence-based best practices show that strong street outreach efforts create a sense of community among people experiencing unsheltered homelessness. It is the sense of community and connection that helps to successfully house individuals experiencing unsheltered homelessness. Outreach workers can build rapport and provide a bridge to resources with people who might else have been unengaged in services. The BTHERE team is aligned with these national practices. Team members continually share their success of connecting with people experiencing unsheltered homelessness, identifying needs, and providing resources/referrals that people experiencing unsheltered homelessness may have not initiated on their own accord.

When asked about an individual's experience with being unsheltered and managing health issues, a BTHERE team member shared the following story (name changed for confidentiality reasons): "Robin has been unhoused for roughly nine years, both in Boulder and in Washington State. Robin has been back in Boulder for about 1.5 years now and reports completing screening for shelter entry. However, their medical condition involving parasites prevents them from staying at any shelter or hotel room. Robin reported being a client at Clinica and People's Clinic, but ceased treatment considering COVID-19. Robin is not connected to mental health services, although outreach workers believe their mental health may be preventing Robin from engaging in services beyond shelter and medical care."

In a recent story, shared by Mental Health Partners, BTHERE was able to reconnect with a person experiencing unsheltered homelessness who had received services from MHP but discontinued their visits with various staff members. Upon identifying this individual on the streets, BTHERE was able to re-engage with this individual, the individual visited MHP again, and seemed very happy to have been reached out to and re-introduced to services.

While BTHERE is not part of encampment clean ups, HHS staff have been able to notify the BTHERE supervisor of areas in which Parks, Utilities, and OSMP have identified and plan to notify the encampment of an upcoming clean up. The BTHERE team has been able to visit the encampments prior to clean-ups and provide a heads-up, preserve their rapport built with the people with whom they engage, and provide resources/referrals. HHS staff holds monthly coordination meetings with staff from BTHERE, TGTHR (formerly known as Attention Homes), and Mental Health Partners to discuss updates and provide coordination.

### **High System Utilizers**

Understanding who has the greatest impact on the city's services helps tailor housing and service interventions. There is often correlation between high levels of interaction with the justice or health systems and chronic homelessness. For the past three years, HSBC has focused on addressing housing needs of the most vulnerable through a variety of methods, but with special attention to, by-name lists. Staff analyzed client data from two primary sources: a By-Name List from a data analyst from the jail system, created in early 2020, and a High Utilizers List from the Municipal Court, updated in the third Quarter in 2019. After deduplicating the combined lists, HHS staff analyzed the

characteristics of names listed, including date of birth and age, when they were assessed, their VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) score, whether they are experiencing chronic and/or literal homelessness, whether they are involved in the criminal justice system and experience chronic health concerns. For conditions that contribute to someone’s vulnerability or activity in criminal justice and hospital systems while experiencing homelessness, they were prioritized on the combined list, which resulted in an updated By-Name List of High System Utilizers.

There was a total of 326 deduplicated individuals from the updated By-Name List, representing people have been screened through Coordinated Entry, engaged with various services and programs since early 2020, and have varying levels of vulnerability (i.e., involved in the criminal justice system, chronically homeless, screened and prioritized for supportive housing). After analysis, 24 individuals experiencing homelessness were proven to be the most vulnerable and/or highest system utilizers based on age, criminal background, chronic health and homelessness status. The 24 individuals identified can be described as older adults, experiencing chronic and literal homelessness, long-term residents of Boulder, and who live with one or more chronic health conditions. Below are some specifics of this subgroup:

- Two-thirds of the individuals are older adults. Twenty-five percent are at least 50 years old, and 38% are 60 years and older.
- Almost 75% are experiencing both chronic and literal homelessness.<sup>3</sup>
- All 24 individuals are involved in the criminal justice system.
- All 24 individuals scored an 8 or higher on the VI-SPDAT (or the Vulnerability Index-Service Prioritization Decision Assistance Tool)<sup>4</sup>, which recommends a referral for Permanent Supportive Housing (PSH).
- Seventeen percent were assessed for the VI-SPDAT within the last year, whereas 83% were assessed 2 years ago or longer.
- Eight individuals (33%) reported having a chronic health condition.
- When cross-referenced with a recent list of names of people living in encampments and present during an encampment clean-up in the first Quarter of 2021, 2 of the 24 individuals matched.

As these 24 individuals experiencing homelessness were identified as the most vulnerable in the community, next steps include working with the criminal justice and medical/hospital systems to develop appropriate housing responses.

---

<sup>3</sup> A person who is a chronically homeless individual is someone with a disabling condition who has been homelessness for a long period of time. The US Department of Housing and Urban Development (HUD) defines chronic homelessness as having a disabling condition and living either in a place not meant for human habitation, a safe haven, an emergency shelter, or in an institutional care facility continuously for at least 12-months, or on at least four separate occasions in the last three-years, where the combined occasions total at least 12 months. Each period separating occasions must include at least seven nights.

<sup>4</sup> The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) is a prescreening tool to assess an individual’s level of vulnerability. There is a scoring matrix to identify housing solutions based on responses to the VI-SPDAT. No housing intervention is recommended for scores 0-3, an assessment for Rapid Re-Housing is recommended for scores 4-7, and an assessment for Permanent Supportive Housing (PSH) is recommended for scores 8 and higher.

## **Challenges**

HSBC has allocated significantly more resources to sheltering and housing than most cities of Boulder's size. However, several challenges remain in the provision of housing for certain subpopulations of people experiencing homelessness. Unfortunately, these are the most vulnerable of the unhoused community and are associated with the highest community costs. As the Home Investment Partnership (HOME) Grant Consortium evaluates the use of HOME funds allocated through the American Rescue Plan Act of 2021, housing interventions for some or all of these challenged populations will be considered.

### *Lengthy Criminal Histories*

People experiencing homelessness who have lengthy criminal histories face difficulty in obtaining rental housing. Landlords are unwilling to take people with lengthy backgrounds, and many are not allowed to rent to registered sex offenders.

BSH is proposing to purchase 8-10 individual units for use with this population. Units would be accompanied by case management services and potentially additional supportive services. The majority of the units would be used as a bridge to PSH units. With a person's time spent in the bridge program with a positive rental history, they will have more opportunity for PSH housing in the future. HSBC is currently evaluating the program design and will move toward implementation of this approach within 2021.

### *Methamphetamine Addictions*

Perhaps the largest challenge to housing the unhoused is methamphetamine (meth) addiction.

- Landlords will not place people with histories of or known addictions to meth. There is a high public health risk associated with smoking meth in multi-unit buildings with shared air ducts.
- People addicted to meth have shown low levels of willingness to enter into long-term treatment programs.
- Maintaining sobriety is incredibly difficult, and there are limited in-patient beds. Most programs such as at Fort Lyon require 30 days of sobriety prior to entry and significant paperwork, which is difficult for a person experiencing homelessness to navigate.
- Detox and other short term withdrawal resources were severely limited during COVID and are only recently coming back online.
- Unlike with heroin, there are not pharmaceutical treatments for meth addiction. While there are some promising protocols being developed, their success rate is only 14%.
- There is often an interplay between meth usage and psychosis.
- Improper disposal can result in discarded needles in public spaces, and needle sharing can spread disease.
- To maintain meth addiction, many people resort to theft and other illegal activities. This can also increase a person's interaction with the justice system.



HSBC set up a working group that was tasked to inform the development of a recovery housing program for people experiencing chronic homelessness who are also addicted to meth. The group recently presented its findings to the HSBC Executive Board and is now tasked with developing a Request for Qualifications (RFQ). This RFQ will identify one or more qualified nonprofit organizations who can run one or more recovery homes in Boulder County.

Single family homes or smaller units had been identified as beneficial for recovery housing, as they limit the health risks to other units and allow for live-in case managers/counselors. The organization would also coordinate transportation to treatment and provide a lived experience approach to recovery. The proposed program differs from transitional housing or traditional group home projects in that it does not have a zero-tolerance for relapses.

#### *People with Physical Health Concerns*

As the unhoused population ages and due to the health challenges of living unsheltered, there is a need for health-related resources in support of housing. HSBC has identified the following needs:

- Respite beds for short-term illnesses and medium-term recovery (bridging to long-term care)
- Housing support for people who have chronic or serious health issues (visiting nurses, etc.)
- Permanent supportive housing for people who are high utilizers of the hospital system

Experience with the CRC showed how limited benefits of respite care could support the community. When COVID-positive residency at the CRC is very low, the CRC provided short-term respite for a variety of illnesses. However, the CRC, in its current iteration, is scheduled to close once the overall risk of COVID-19 dissipates. Staff is working with Boulder Community Health to identify options to provide a limited amount of short-term respite care services post-COVID-19. Additionally, staff recently applied for the Bloomberg Mayor's Challenge to assist with this task. While this grant funding process is incredibly competitive, it would provide \$1 million toward this challenge.

#### **Severe Weather Shelter**

On Sept. 22, 2020, Council received an overview of the winter plan for the 2020-2021 season. Components of the plan included:

- Utilizing empty beds at BSH for SWS, providing an average of 25-50 beds during the season according to the following schedule:
  - Dec.1 – Mar.15, SWS beds to be available regardless of weather conditions
  - Oct. 1 – Dec. 1 and Mar. 16 – May 31, SWS beds will be available when the 24-hour forecast indicates weather conditions meet SWS weather criteria
- Provide beds for high-COVID-risk individuals between Nov. and Mar.31
  - Provide 25 hotel rooms for COVID-risk persons regardless of weather

- On Critical Weather Condition nights (an estimated 30 nights between Oct. 1 and May 31), an additional 20 hotel rooms will be provided to COVID-risk persons, for a total of 45 rooms
- Establish the following conditions for BSH SWS beds:
  - Arrive by 7 p.m.
  - Coordinated Entry (CE) screening (one grace night or until CE was next available)
  - Can use SWS for a total of 30 nights across the season
- Provide extended day services at BSH
  - Between Dec.1 and Mar. 15 extend services until 11:30 a.m. On days when weather conditions exceed the established BSH opening criteria, the shelter will remain open all day.

Critical Weather Conditions are defined as those nights with forecasted low temperatures of 10° F or below and/or there are six inches or more snow expected.

Normal SWS conditions are defined as:

- National Weather Service (NWS) winter weather, winter storm, blizzard, or cold/wind chill warning; OR
- NWS prediction of a temperature of 32° F or below; OR
- NWS prediction of a temperature of 38° F or below with a likelihood of precipitation predicted.

In January, conversations with Boulder County Public Health due to an uptick in positive COVID-19 cases within the shelter led to a limitation of daytime services until 10am. Enforcement of mask requirements was determined to be less effective during daytime hours, and it was determined that the exposure risk was higher than the risk of earlier closure on non-critical-weather days. In February, the length of time a person could use SWS was extended to 60 nights. In March, as a COVID-19 response, every-night SWS was extended through April 30.

The original 30-night limit was set to provide service for the coldest nights of the year and to provide an incentive for people to re-engage with year-round programs. The median usage of the SWS in the 2019-2020 season was 4 nights, and most super-users were eligible to utilize HSF services. Over the summer months, staff will be evaluating the effectiveness of maintaining the 60-night approach.

Without consideration of available CRC beds, these options create up to 185 beds for all BSH sheltering. To date, there have only been two nights where people have been turned away for capacity (3 total people), and those turned away occurred early in the SWS season (10/27, 11/9) and prior to the winter use of ongoing hotel rooms.

The average SWS census in March – traditionally the coldest and most used month – was 143 people, including those in hotels. The chart below shows the capacity levels by month.

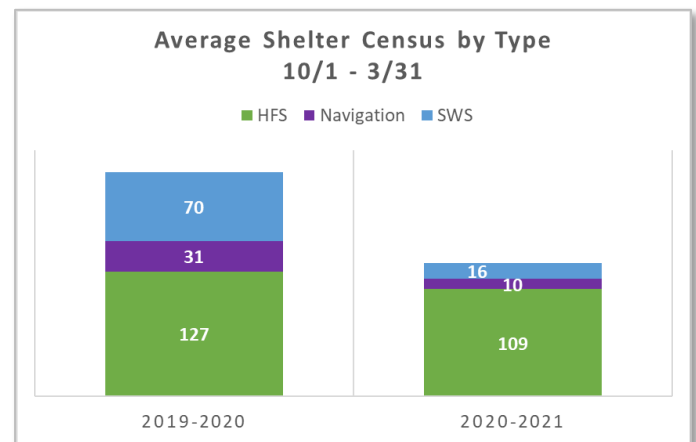
	Sept.	Oct.	Nov. 1-14	Nov. 15-30	Dec.	Jan.	Feb.	Mar. 1-15	Mar. 16-31	Apr	May
Shelter Capacity	120	140	140	140	140	140	140	140	140	140	140
Most Vulnerable to Hotels				25	25	25	25	25	25	20	
SWS Hotel Expansion*				20	20	20	20	20			
<b>Total Beds</b>	<b>120</b>	<b>140</b>	<b>140</b>	<b>185</b>	<b>185</b>	<b>185</b>	<b>185</b>	<b>185</b>	<b>165</b>	<b>160</b>	<b>140</b>

\*Critical Weather Nights

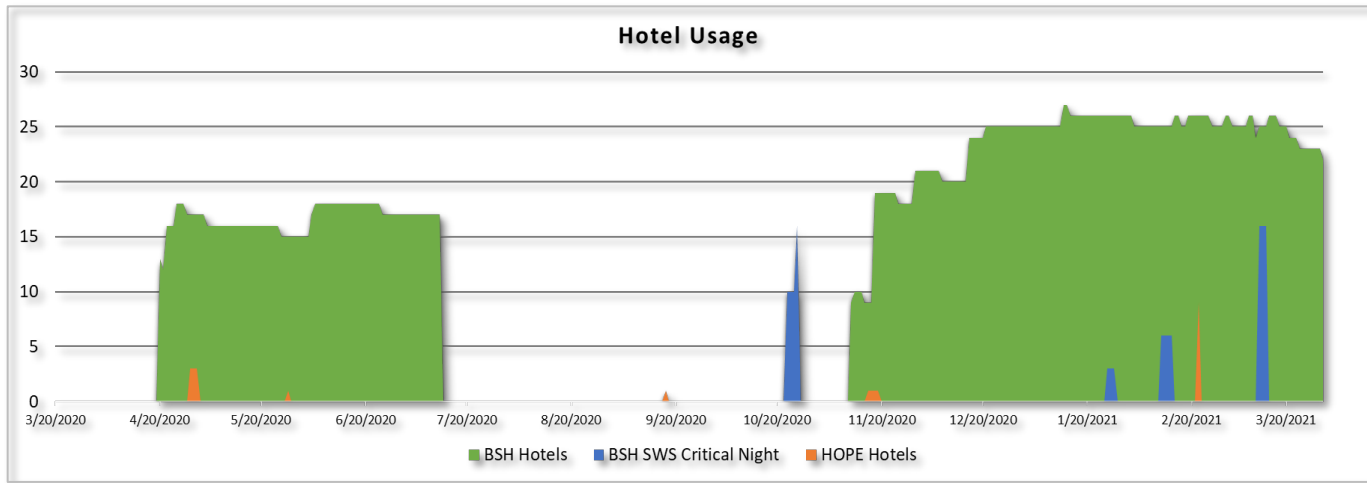
During the 2019-2020 winter season (through 3/31), the average number of people who used SWS nightly (including overflow SWS) was 70 people. That compares to an average of 16 people during the same period in 2020-2021. Much of this can be attributed to two things:

- In 2019-2020, SWS services were provided by Bridge House, a separate entity. As such, people who had been screened to HFS but chose to stay at SWS instead of at the shelter would have been counted as SWS.
- Requiring people to screen through CE helped engage people to year-round programs.

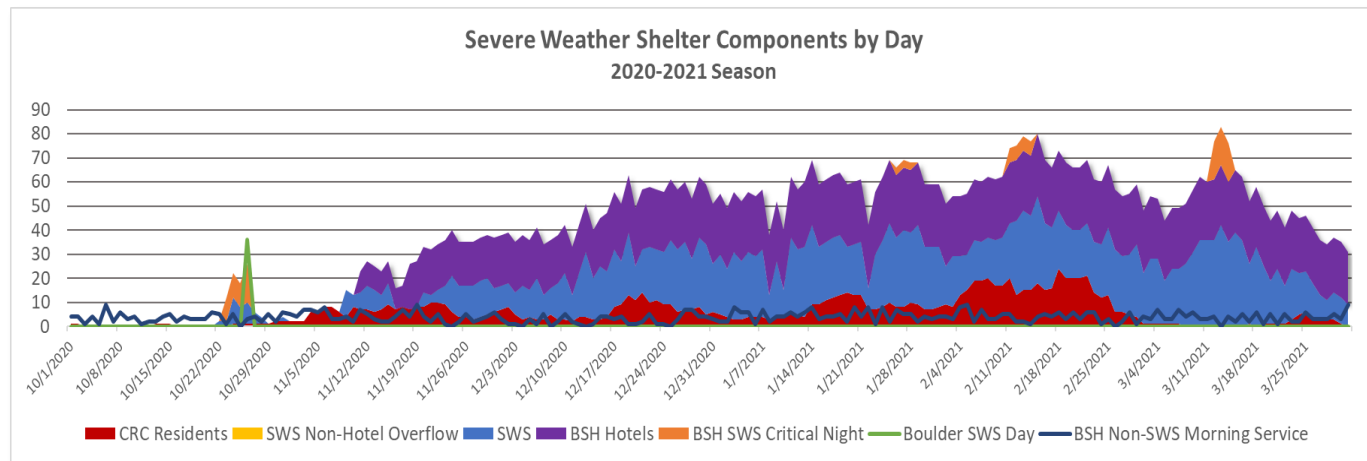
While the SWS numbers are lower in a year-to-year basis (10/1-3/31) for the reasons stated above, the total number of people using all sheltering services was lower in the 2020-2021 season, in part because of the continuation of moving individuals into housing and other solutions. The average nightly Boulder shelter system bed usage was 228 in 2019-2020, compared to an average of 135 for the same time period in 2020-2021.



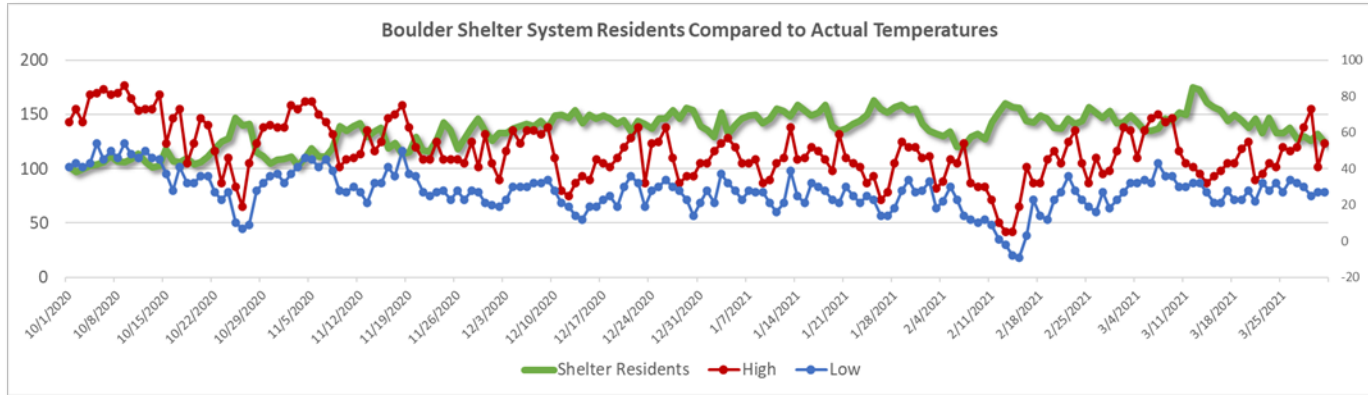
The chart below shows hotel usage since the beginning of the COVID-19 pandemic and also includes hotel usage in Longmont (HOPE). Shelter census and CRC occupancy were such that, in the summer months until mid-November, people were moved back to the



shelter. Initial estimates of critical weather conditions were that such conditions would be reached on 30 nights across the season. To date, 14 nights have reached critical weather conditions.



While there is some connection between temperatures and SWS attendance, the chart below shows that attendance has been relatively stable over the season.



For the 2021-22 season, staff proposes that the SWS requirements be similar to the current season without incorporating the ongoing hotel rooms. With the expected resolution of COVID-19, the census at BSH will return to 160 (currently 140) and there will be a reduced need to protect at-risk populations from congregate living. Vaccinations of people experiencing homelessness began on Apr. 8. Barring a change to COVID-19 expectations, the 2021-2022 Winter Season proposal would include:

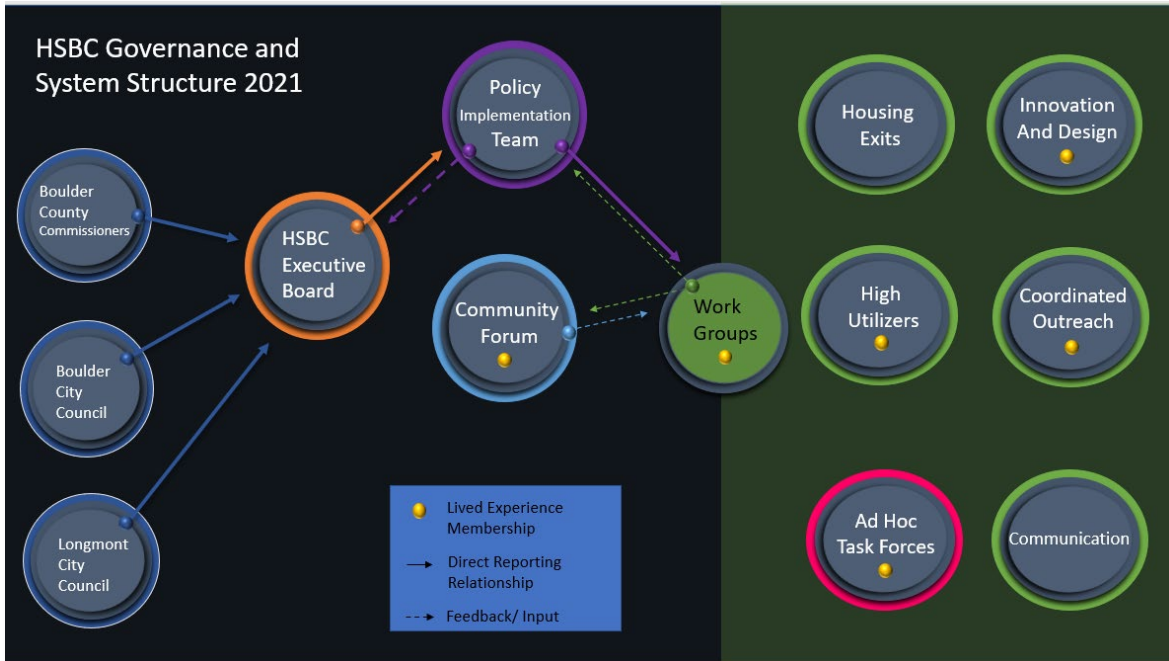
- Up to 20 hotel rooms to be used on critical weather conditions
- 5 hotel rooms to be used for short term respite care (up to two weeks) as determined by BSH and Boulder Community Health
- Full utilization of all BSH beds
  - Dec. 1 – Mar. 31, SWS beds to be available regardless of weather conditions
  - Oct. 1 – Nov. 1 and Apr. 1 – May 31, SWS beds will be available when the 24-hour forecast indicates weather conditions meet SWS weather criteria
- Maintain CE screening.
- Maintain the 60-night limit for SWS (count beginning Jan. 1) unless further research indicates a more effective intervention.

### **How Homelessness Decisions are Made**

Homelessness decisions are made either independent of or in concert with HSBC. Decisions and developments that are Boulder-specific generally do not require approval by the HSBC Executive Board, however, their input is typically sought. Changes to programs, policies, or activities that would have impact on the overall provision of services countywide or alignment with stated strategies are approved by the HSBC Executive Board. A more detailed discussion of decision authority by topic is available in **Attachment B**.

## HSBC Restructuring

Over the past year, HSBC has worked with its partners to restructure work groups and to improve the diversity of voices providing input. To that end, HSBC created a new governance structure:



A number of work groups have been reconfigured to allow for more lived experience representation, and a group of people with lived experience are working to solicit more interested parties, develop interview questions, and aid in placement of people on the workgroups that need consistent presence (i.e., Innovation and Design).

The Innovation and Design work group was created to review and evaluate proposals for enhancement to the system's offerings. The group evaluates new ideas across multiple spectra, including adherence to Housing First, cost efficiency, alliance with HSBC strategy, and feasibility of applying national best and emerging practices to Boulder County.

The Community Forum was created to inform, educate, and hear from the community at large concerning single adult homelessness. The first Community Forum will be held on May 20.

## Regional Work

Recently, Metro Denver Homeless Initiative (MDHI) hosted a convening of local elected officials to brief on work being accomplished through the Built for Zero effort. Built for Zero works primarily through Continuum of Care (CoC – regional hubs for homelessness services and funding) across the nation and uses data to help inform solutions to end homelessness. MDHI is a participant in Built for Zero, and HSBC has a participatory role. Elected officials were asked to pledge their support for Built for Zero activities, and

a resolution for support is included on the May 4 Council Agenda. Additional information regarding this effort is provided in the memo associated with the resolution.

### **Cost Comparison to Other Cities**

Cities across the Front Range, state, and nation are facing similar challenges when addressing homelessness, and have made substantial investments in their responses to homelessness. **Attachment C** provides an illustration of the budgets from regional, comparable cities, including City of Longmont, City of Fort Collins, and City of Colorado Springs. City of Boulder estimates do not include funding leveraged from partnership with HSBC.

### **NEXT STEPS**

Staff, independently and within HSBC, continues to work on finding housing solutions for the most vulnerable, hardest-to-house residents. Currently activities under housing include:

- Development of recovery housing for people experiencing homelessness who are suffering from meth addiction.
- Planning the acquisition and rehabilitation of individual rental units to be used as bridge housing for people experiencing chronic homelessness who have lengthy criminal histories.
- Working on increasing Veterans Administration Supportive Housing (VASH) vouchers for veterans who are experiencing chronic homelessness.
- Continue to increase the number of PSH vouchers and other housing options.
- Deploying American Rescue Act of 2021 (ARPA) funding for housing and prevention efforts.
- Coordinating with Eviction Prevention activities to ensure that people do not end up in shelters.

Other service work includes:

- Enhancements to outreach systems and further development of the BTHRE program.
- Opening the CE screening center at 909 Arapahoe and developing improvements to visibility/accessibility to the unhoused population. Particularly those in encampments and who are utilizing Community Court services.
- Adding sharps containers in public spaces, in connection with Boulder County Public Health, Boulder Community Health, and Colorado Department of Public Health.
- Evaluation of SWS services and planning for the 2021-2022 season.
- Reviewing current county-wide Navigation and HFS programs for potential improvements.
- Update of HSBC Policies and Procedures.
- Continued representation on the Family Homelessness subcommittee to coordinate services and effectively collect/use data.
- Outreach and interviews of people who are not engaged with the system.

- Reducing the length of time between prioritization and placement into PSH programs.
- Working with neighboring communities to improve regional efforts.
- Providing COVID responses and planning for CRC demobilization.

In addition, if directed by council, staff will draft and bring forward ordinances prohibiting tents in urban parks and regulating propane tanks in parks.

## **CONCLUSION**

Homelessness and housing services, including putting in place safety measures to protect both people experiencing unsheltered homelessness and the community at large, continue to be priorities in Boulder. Boulder has made significant investments to ensure all residents thrive. While there continue to be challenges in meeting this goal, the current system has seen some long-term success in aiding the most vulnerable members of the community.

## **ATTACHMENTS**

Attachment A – COVID Year One Report

Attachment B – How Homelessness Decisions are Made

Attachment C – Cost Comparison of Other Cities



## Evaluating the COVID-19 Recovery Center: Evidence from One Year of Service for People Experiencing Homelessness

As noted in a report generated in the beginning of the COVID-19 pandemic<sup>1</sup>, it was estimated that people experiencing homelessness who became infected with Coronavirus would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die from the illness as the general population. People experiencing homelessness could have potentially overwhelmed hospitals if congregate situations and mitigation protocols were not put into place. To respond to the crisis, Homeless Solutions for Boulder County (HSBC), Boulder County, the countywide Emergency Operations Center (EOC), Boulder County Public Health, and the cities of Longmont and Boulder, Colorado developed a multi-phase approach to mitigating the spread and severity of COVID-19 within the unhoused population. Opened on March 20, 2020, the Covid-19 Recovery Center (CRC) has been a critical piece of this response.

### *Homelessness in Boulder County*

Through the HSBC, the community has been able to establish a coordinated entry (CE) system for service screening and to collect data about the people utilizing HSBC services. Best estimates based on shelter data and unsheltered observations put the countywide individual homeless population at between 300-450 people at any time. Of the people who accessed CE, 57% self-identified with a disabling condition, and the average age was 41.64 (this number continues to increase as the population ages)<sup>2</sup>. At any time, and due to the difficulties of living unhoused, shelters estimate that at least 25% of their residents are suffering from various illnesses. Boulder County 2020 Point in Time Count, which includes information for both individuals and families, designated 678 people in Boulder County as unhoused. Of that number, all but 118 were living in sheltering situations.

### *Homeless Solutions for Boulder County*

In October 2017, the City of Boulder, the City of Longmont, and Boulder County formed HSBC to coordinate the services provided to individual adults experiencing homelessness countywide, ensure common focus on long-term housing exits, and to create a countywide data repository for information and policy analysis. Decisions are made by an executive board that meets at least monthly. On March 13, the HSBC Board agreed to adopt the first phase of the approach described below. On March 18, approval was given to establish the CRC with the City of Boulder acting as the lead agency.

## A Phased Approach

### *Phase I: Congregate Shelter Operations*

On 3/16/2020, shelter operations in Boulder were consolidated among the participating agencies to allow for adequate resident separation, and Phase I was implemented and provided some separation to minimize interaction between “at risk” residents and residents that were determined to be healthy, low risk residents. Prior to 3/16/2020, two facilities in Boulder held a maximum of

---

<sup>1</sup> Dennis Culhane, Ken Steif, Dan Treglia, Randall Kuhn, Thomas Byrne, *Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality*, March 27, 2020

<sup>2</sup> 2019 CE data (as was used to determine demand for the CRC)

282 shelter beds between them across three programs of service. Housing Focused Shelter provided for a maximum of 160 beds at the Boulder Shelter for the Homeless (BSH, 4839 Broadway). The Path to Home Navigation Program (PTHN, 50 beds) and Severe Weather Shelter (SWS, 72 beds) were both administered by Bridge House at 2691 30<sup>th</sup> Street (“30<sup>th</sup> Street”). Overflow of persons wishing to access SWS were transported to BSH, up to capacity limits.

A pilot was implemented to change SWS operations to allow for SWS to be open every night between 1/26/20 and 3/31/20, regardless of temperature. On 3/16/20, the PTHN program was relocated to the BSH location. Recent long-term housing activities had significantly reduced the census at BSH, which allowed BSH to absorb the PTHN beds. The 72 SWS beds were spread out across the entire 30<sup>th</sup> Street location. In addition, the shelters walked their facilities with Public Health for optimal bed spacing and changes to operations, and the shelters adopted Centers for Disease Control (CDC) protocols for COVID-19 contagion mitigation. Shelter staff was provided with personal protective equipment, and a system for supply replenishment was put in place. Shelters met with City of Boulder, City of Longmont, and Boulder County homelessness leads for daily situational briefings and to discuss any needed policy changes in alignment with EOC activities.



*Boulder County Public Health Testing at BSH*

Several changes were made to Phase I operations since March 16:

- On April 1, SWS was extended to be open every night, regardless of temperature, through April 30. Also on April 1, limited/controlled daytime access to handwashing, showers, and restrooms was implemented at the 30<sup>th</sup> Street location between 10am-2pm daily. This was in response to a lack of access to public restrooms and water fountains (facilities in parks have been winterized; de-winterization is weather-dependent and is expected to occur by the first week of May). People exiting BSH nightly shelter were also provided with two bottles of water daily, and water was provided at 30<sup>th</sup> Street. A designated volunteer provided health screening before any person was able to access daytime services. No symptomatic person was allowed to enter 30<sup>th</sup> Street during the day, and symptomatic persons were transported to the COVID-19 Recovery Center.
- On April 18, the capacity of BSH was limited to 120 persons in an effort to control spread within the congregate setting. HSBC temporarily suspended shelter (outside of SWS) availability for Diversion Services clients.
- On May 1, PTHN operations moved back to 30<sup>th</sup> Street, capacity at BSH was be limited to 90 persons, and additional beds (up to a building total of 72) were be provided at 30<sup>th</sup> Street. Daily SWS (regardless of weather) and day services were extended through May 31.
- On June 1, Navigation Services were relocated to BSH, as part of a long-planned closure of the 30<sup>th</sup> Street location. BSH capacity was extended to 120 beds, and BSH implemented

morning service to provide showers, meals, and assistance to anyone who had been screened through Coordinated Entry (CE).

- In Fall 2020, Boulder County Public Health began routine weekly COVID-19 testing at BSH. Shelter capacity was increased to 140 beds.
- On October 1, SWS operations began to be provided at BSH.

*Phase II- COVID-19 Recovery Center (CRC)*

On March 20, Boulder County, The City of Boulder, and the City of Longmont opened the CRC through the countywide EOC system. This is a separate 24-hour, stand-alone facility to provide any individuals experiencing homelessness who are symptomatic of COVID-19 with testing and respite services. In late Spring 2020, the CRC extended service to persons in mobile home communities or others that may be ill, lack resources, and also need to shelter for recovery away from immuno-compromised family members or precariously housed without resources to isolate. There was a specific communication outreach for this service to Latinx community members. In Fall 2020, HSBC entered into partnership with Broomfield and Jefferson Counties to provide back-up respite services if needed. To date, neither Broomfield County nor Jefferson County has utilized the CRC.



*Former Mt. Calvary Lutheran Church*

The City of Boulder is the lead entity for this purpose, as the facility was first housed at the City of Boulder's East Boulder Community Center, located at 5660 Sioux Drive. On June 12, 2020, the CRC moved to the former site of the Mt. Calvary Lutheran Church (3485 Stanford Court) in Boulder, now owned by the City's housing authority. The CRC serves as a shelter for the care of homeless residents of Boulder County who either have been exposed to persons who have been infected by COVID-19 or who are infected with the

virus and need to be quarantined or isolated from the rest of the population. There can be up to 40 people at the facility, and each person has their own designated space that is separated according to CDC guidelines.

Prior to entry into any of the existing locations, including the two aforementioned Boulder shelters and one in Longmont, all persons experiencing homelessness must undergo a daily health screening. No person is admitted to the existing shelters who shows symptoms of COVID-19. To that end, the City of Boulder and its partners initially deployed screeners at each location. After approximately six months, shelter personnel began administering the screenings themselves as part of shelter intake processes. CRC staff provide transportation to individuals identified by the shelter, by area hospitals or clinics, or through outreach workers, to the CRC in a controlled and CDC-compliant manner. Once a person has undergone intake at the CRC and if the person has not already been tested, the person is transported to the local clinic for COVID-19 testing. The CRC

is not a medical facility, but rather stands to allow people experiencing homelessness who are symptomatic or who have tested positive for COVID-19 with a location for recovery when the person's symptoms do not rise to level of hospitalization. Beds are well-separated and activity is strictly limited to maintain social distancing protocols. Representatives from the Medical Reserve Corp provide daily rounds to monitor respite clients for possible hospital referrals.



*CRC transportation van provided by I Have a Dream Foundation*

The manager of the facility is funded through the City of Boulder. Other paid staff is provided through Boulder County. Volunteers from City of Boulder staff and the community augment paid staff resources.

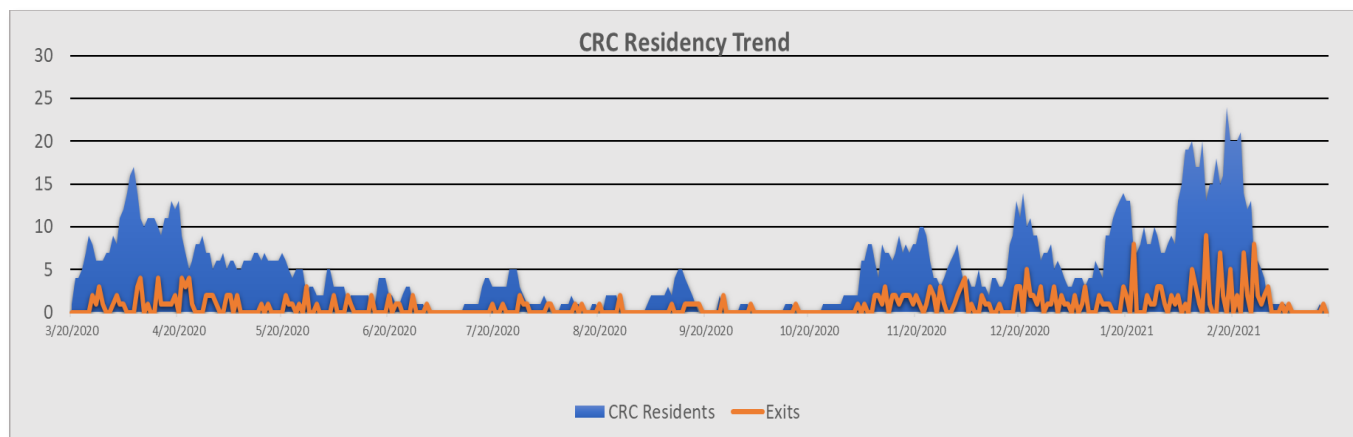
### *Phase III: Non-Congregate Sheltering*

Since April 27, 2020, the City of Boulder and BSH have been providing non-congregate sheltering to high-risk shelter residents. BSH currently provides 25 hotel rooms to persons who are designated as highest risk (age, specific pre-existing health conditions) but not currently symptomatic of COVID-19. On critical weather nights (low temperature of 10°F or lower, 6" of snow or more), BSH can utilize up to 20 additional hotel rooms for this population. Hotel stays are supported by food service and BSH shelter support services (health screening, resident monitoring, food delivery, etc.). This limited non-congregate sheltering supports the overall approach of spread mitigation, removal of symptomatic persons from congregate settings, and protection of the most at-risk sub-populations.

### **CRC Results and Demographic Information**

From March 20, 2020 to March 19, 2021, the CRC has provided 1,783 beds nights to 287 unique people. Peak census was reached on Feb. 18, 2021, with 18 people residing at the CRC, but the average census at the CRC was five residents on any given day. Eighteen percent of the nights in the year's operation had zero residents, primarily in Summer 2020 and March 2021.

## Attachment A – COVID Year One Report

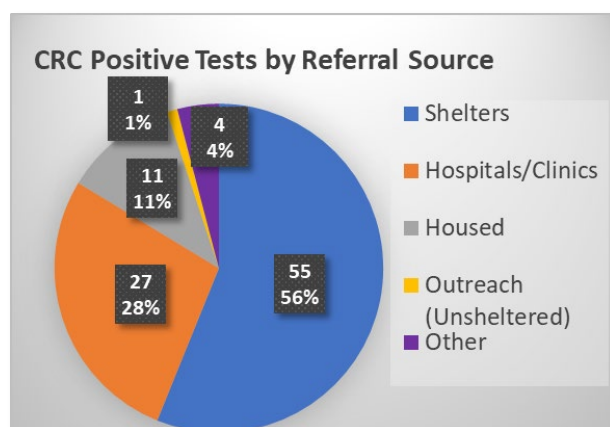


Referrals primarily came from the shelter system, with 69% of the residents coming from BSH, Bridge House, or HOPE in Longmont. Of the shelter referrals, 97% came from Boulder shelters. Arrangements with local hospitals and clinics, including a decision tree developed for Emergency Department staff, accounted for an additional 23% of referrals. While the actual breakdown of the hospital and clinic referrals is not available, a significant portion of these referrals was from Longmont-area health facilities.

Referral Source	Total
Longmont Shelters	5
Boulder Shelters	191
Hospital/Clinic	67
Broomfield County	
Jefferson County	
Jail	4
Mountain	
Housed but No Other Resources	16
Outreach (Unsheltered)	4
Unknown/Other	
<b>Total</b>	<b>287</b>

Over 72% of shelter referrals did not test positive for COVID-19. Most of the shelter referrals were made during the first months of operation and Winter 2020-21, and many of the referrals from Nov. 2020 to Feb. 2021 were in response to asymptomatic testing at BSH. As people were identified as being asymptotically positive, shelter residents with whom they had come in contact were quarantined at the CRC.

Forty percent of the people referred by hospitals or clinics tested positive, many of whom were known to be COVID-positive prior to referral. Of the 11 housed individuals, 69% tested

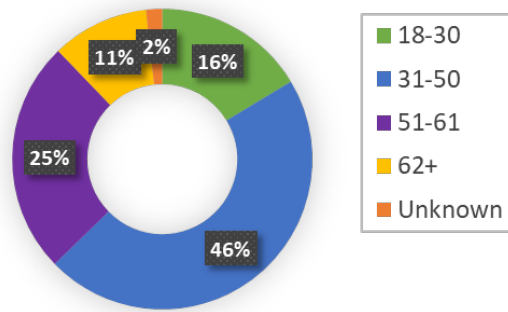




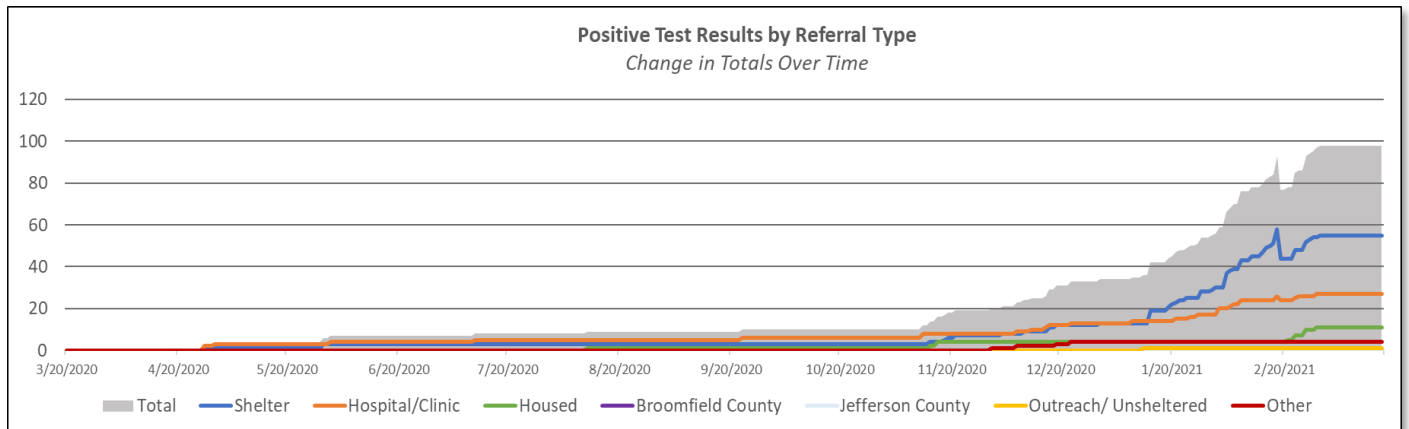
positive for COVID-19. As shelter referrals disproportionately impact CRC census, they contribute to 56% of the overall positive cases at the CRC.

The largest percentage of people using the CRC have been those individuals who were between 31-50 years of age; however, 36% of residents were 51 or older.

Residents By Age



CRC census was directly impacted by the late 2020 surge in COVID-19 experienced nationally. Combined with the increases in referrals from BSH testing, the overall number of people testing positive at the CRC changed significantly; most of the people referred between Nov. and Feb. tested positive. However, over the year, there were no documented deaths in Boulder County of people experiencing homelessness, and there were few hospitalizations following a stay at the CRC.

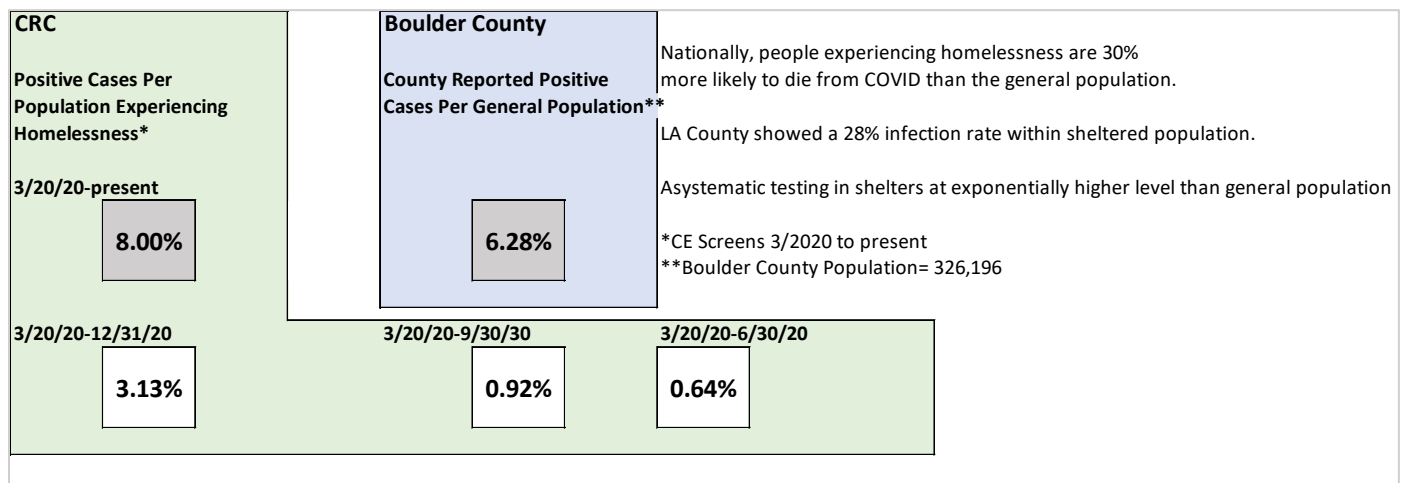


### Comparison to Boulder County Overall Population

The true success of the CRC can be measured with its comparison to the spread in the overall Boulder County population. People experiencing homelessness are at extremely high risk of contagion, due to their congregate living situations and the underlying health conditions many experience from unsheltered living. One study last year found that 30 percent of homeless people

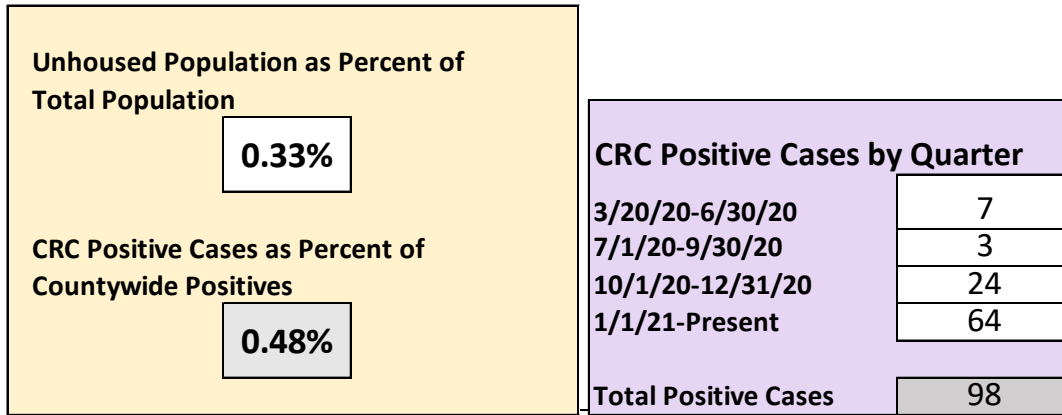
## Attachment A – COVID Year One Report

had chronic lung disease<sup>3</sup>, a significant COVID-19 risk factor. Nationally, projections by researchers<sup>4</sup> suggest that about 40% of the estimated 550,000 people experiencing homelessness in the U.S. could be infected at the population's viral peak (not total), with more than 21,000 needing hospitalization. When considering the impact of COVID-19 on the unhoused population, it is necessary to use the number of Coordinated Entry screenings between March 2020 and Feb. 2021 (1,088) for a proxy population number instead of the Annual Point in Time Count. Data from CE shows that a certain percentage of the people screened in the community do not stay in the community, but they would be impacted by COVID-19 while in the community and would be potential residents of the CRC. Based on this information, was expected that 435 people would be infected at peak. The total number of people infected would be significantly higher. While the percent of the unhoused population that tested positive at the CRC compared to CE screens was higher than the percentage of positive-testing members of the general public, it was significantly less than expected.



<sup>3</sup> Thomas Fuller, *Coronavirus Outbreak Has America's Homeless at Risk of 'Disaster'*, New York Times, March 10, 2020, updated August 18, 2020

<sup>4</sup> Culhane, et al, *Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality*, March 27, 2020, updated August 2020.



### *Costs*

Costs per bed night were approximately \$280. While this is more expensive than provision of hotel rooms for people symptomatic of or testing positive with COVID-19, there are certain considerations which make this an appropriate emergency response:

1. Local hotels were not willing to allow people who were ill to be in their facilities, necessitating another location.
2. Input from other communities that opted for wholesale hotel placements indicated significantly higher rates of spread within the community and an inability to control hotel populations to ensure CDC protocols.
3. This bed night cost also included the provision of \$5.33 per meal food costs as well as all transportation needs. Applying this same factor to a hotel program plus staff costs for non-congregate shelter support, the hotel cost comes closer to the CRC model.
4. Some of the expenses incurred included capital expenses that occurred upon relocation to the former church site and maintenance costs for appliance failures.

While the CRC was an effective and appropriately expensed emergency response, it has limitations for long-term sustainability in non-COVID conditions. The model is heavily reliant on city and county staff as well as community volunteers.

### **Lessons Learned**

During the first month of operation, the CRC was staffed completely with city employees and community volunteers. This proved to be unsustainable, and Boulder County quickly authorized the hiring of paid staff members. The use of paid, reliable staff members, with a city-paid facility manager resulted in a reduction in workload for people tasked with volunteer solicitation and scheduling as well as a providing an opportunity for consistent training and work product.

Meals are provided by the Bridge House Ready to Work program, a local nonprofit that provides culinary job training. In addition to the low-cost and healthy meals provided to residents, this partnership helped support a nonprofit program aimed at providing services to the unhoused.

Continuous communication with Boulder County Public Health ensured that the program was established or modified in a manner that aligned with CDC standards. The partnership between



## Attachment A – COVID Year One Report

multiple jurisdictions and partner nonprofits contributed to speedy problem-solving and streamlined communications.

Daily reporting from the overall shelter system allowed the CRC leadership team to monitor trends and respond accordingly.

The speed with which the CRC was established and the thoroughness of the response led to a control of COVID-19 spread within the unhoused community. Until the last quarter of 2020, positive diagnoses were minimal within the CRC. Even with the increase seen at the end of 2020 and beginning of 2021, the number of people experiencing homelessness who had severe cases of COVID-19 was insignificant, and there were no reported deaths in the unhoused community associated with COVID-19.

This endeavor was not accomplished without a significant contribution from many partners. The support of Boulder County Commissioners, City of Boulder Council, City of Longmont Council, city and county management, State of Colorado Division of Local Affairs, Boulder County Emergency Operations Center, and Colorado State Emergency Operations Center was critical to the success of this program. In addition, the network of partners including Boulder Shelter for the Homeless, Boulder Bridge House, HOPE Longmont, hospitals, clinics, I Have a Dream Foundation, Salvation Army, Colorado Health Foundation, faith-based organizations, and nonprofit organizations provided the underlying structure for success. The staff and volunteers for this project include:

### **HSBC Executive Board (as of March 2020)**

Robin Bohannon, Boulder County  
Kurt Firnhaber, City of Boulder  
Karen Kreutzberg, Boulder Housing Partners  
Angela Lanci-Macris, Boulder County

Matt Meyer, Metro Denver Homeless Initiative  
Karen Roney, City of Longmont  
Jeff Zayach, Boulder County Public Health

### **CRC Logistics and Leadership Team**

Jim Adams-Berger, Boulder County  
Dave Bannon, City of Boulder  
Vicki Ebner, City of Boulder  
Nicolia Eldred-Skemp, City of Boulder  
Joycelyn Fankhouser, Boulder County ESF6  
David Gehr, City of Boulder  
Peter Gibbons, City of Longmont  
Heidi Grove, Boulder County  
Jeff Haley, City of Boulder  
Gordon Holman, City of Boulder  
Maxen Jones, City of Boulder  
Aimee Kane, City of Boulder

Tip-arpar Karasudhi, City of Boulder  
Chris Krolick, Boulder County  
Stephanie MacArthur, City of Boulder  
Zach McGee, City of Boulder  
Eliberto Mendoza, City of Longmont  
Brian Reimel, City of Boulder  
Marla Riley, City of Boulder  
Anna Scott, Boulder County  
Edward Stafford, City of Boulder  
Melinda Waite, City of Boulder  
Rewa Ward, City of Boulder  
Joel Wagner, City of Boulder

## Attachment A – COVID Year One Report

### CRC Staff

Manager – Megan Newton	Lorraine Diaz de Leon	Trevin Montano
Asst. Manager – Lenora Schlosser	Jennifer Flemming	James Montavon
Mandy Ambrosio	Lori Hopkins	Kelly Nix
Austin Amos	Kenna LaForge	Abigail Nguyen
Kathryn Caudill	Nicholas Martino	Sean Phelan
Alec Camp	Hannah McReavy	Hayden Robinson
Kieran Cecil	Breton McNamara	Julius Sheppard
Julia Chavarria	Morgan Montalvo	

### Boulder County Public Health Staff

Gina Bare	Rory Elmore	Betty Tovar
Abby Bohannon	Indira Gujral	Christopher Urbina
Chris Campbell	Carol Helwig	Alayna Younger
Mia Delano	Neftaly Hernandez	
Erin Dodge	Heather Marshall	

### Clinica

Emily Barnak  
Beth Mazzola  
Emily Shady

### Boulder Community Health

Grant Besser  
Madelyn Hunt

### Medical Reserve Corps Volunteers

Niamh Coleman	Tricia Montgomery
Mary Faini	Barb Mulshine
Jim Hill	Jennifer Samuels
Sandi Klatt	Alan Smith
Bob Jenkins	Stephanie Smythe
Bob Olsen	

### CRC Volunteers: Facility, Screeners, and Drivers

Tony Alexander	Sierra Bell	Andrew Brogdon
Brian Allen	Amanda Bender	Augusta Bryan
Jason Allen	Hillary Bernhardt	Shannon Bryan
Judy Amabile	Dale Betterton	Terry Bu
Kyle Anderson	Amanda Betzen	Katherine Buckman
Shawn Ange	Christopher Black	Cliff Callahan
Emily Archambault	Eli Blackhouse	Benjamin Campbell
Ellen Arkfeld	Jacob Blackmer	Cameron Carlson
Michael Baird	Ariana Blakely	Nuria Catalan
Muhumanickmam,	Charlie Bloomfield	Chris Cernac
Balakrishnan	Charity Bonner	Ryan Chanin
Michael Bass	Cody Boppre	Joshua Charland
Helen Bassett	Elizabeth Bowman	Joey Charrlin
Catherine Bates	Samuel Scott Boykin	Michael Chen
Lisa Bell	Erica Brigger	Timothy Churchill

## Attachment A – COVID Year One Report

Megan Cleek	Julie Daniels	Maya Douglas
Alison Cline	Vince Darcangelo	Natalie Du
Mitchell Cole	Rohini Dasan	Lynn DuFresne
Kristen Compston	Sophie Dasaro	Julissa Duran-Malle
Elizabeth Crowe	Joseph Daus	Kali Ciera Dykstra
Allison Crump	Kathryn Davinroy	Julia Eckel
Mason Curtis	Spencer Davis	Jason Eckenroth
Jo Daloisio	Sacharissia Dimas	David Emme
Caroline Erickson	Tayelin Jones	Jack Mori
Diane Louise Evans	John Kellow	Jennifer Morin
Nathan Fischer	Lauren Kennedy	Vaughn Morrison
Jenn Flemming	Carolyn Kerchof	Eric Cody Moxam
Matthew Fonken	Sarah Khan	Alex Mulvaney
Jenny Forrester	Kaylee King	Cameron Nesmith
Andrew Fratzke	Liza Kinney	Nhat Nguyen
Madelyn Fratzke	Vishnusai Kodicherla	Beth Niznik
Katya Friedman-Bush	Lauren Kolb	Jonathan Noe
Jordan Funderburk	Andrew Kruse	Lauren Olsen
Whitney Garcia	Mark Lackey	Laurel Olsen-Horen
Amrita George	Kristi Lahusen	Sonya Oster
April Goebel	Ellie Lamberty	Ned Otey
Kelly Goodman	Melody Leach	Chris Passarelli
Jennifer Grande	Megan Leuthold	Kruti Patel
Kestrel Green	Katie Li	Jack Powers
Austin Griffiths	Courtney Lippman	Jonathan Pratt
J Alex Grizzell	Monique Lucero	Thomas Prince
Nicole Haberer	Anne MacCarthy	Richie Puls
Cortney Haggart	Daniel MacDonald	Erin Rast
Jason Hanna	Mauel Macias	Varun Ravichandran
Marie Hargan	Joshua Mahelek	Joy Redstone
Melissa Harrison	Grace Marx	Jackson Reilly
Susan Healey	Julio Masip Garcia	Keri Rich
Jeremy Herder	Kassia May	Emily Riley
Julia Herz	Nathan McCarty	Andrew Rittenhouse
Annalise Hildebrand	Kathleen McDonald	Michael Roche
James Hoover	Molly McElroy	Mis Rodriguez
Landon Hovey	Jack McGrail	Summer Ruckman
Sonya Hueftle	Sean McKell	Greeley Sachs
David Hughes	Brian McPhail	Sebastian Salazar
Trace Jablin	Enihs Medrano	Avery Sheiner
Francie Jaffe	Caoline Michael	Dori Shiovitz
Katherine James	Yuki Mikle	Riputapan Singh
Erika Jensen	Andrew Monaghan	Brandon Skari
Krissy Jensen	Garnet Moore	Sheena Skinner
Trine Jensen	Jillian Moore	Kylen Solvik
Stacie Johnson	Kelly Morgenstein	Colin Spencer

## Attachment A – COVID Year One Report

Melanie Spillane  
Andrew Stewart  
Blake Stone  
Gabi Sullivan  
Wyatt Sutter  
Jon Sykes  
Akhil Tadiparthi  
Own Tallmadge  
Brian Taylor  
Emma Thomas  
Benny Thompson  
Aditi Tiwari  
Pat Todd

Wayne Tomac  
Olivia Torbert  
Nicholas Toriggino  
Will Trapp  
Karenn Traylor  
Judah Trimmer  
Adam Turner  
Zach Valentine  
Simone VonRivenburgh  
Elizabeth Wallace  
Tobias G. Ward, III  
James Weatherly  
Raland Wheeler

Rachel Wiatrowski  
Thomas Wilinon  
Stephen Willis  
Harry Wilson  
Matthew Winfrey  
Michelle Wingfield  
Carrie Womack  
Avery Wyrick  
Marcus Zamora  
Keon Ziashakeri  
Jovan Zimmerman

## **How Homelessness Decisions are Made**

<b>Topic</b>	<b>Decision Made By</b>
Ongoing BSH Operations	BSH is an independent organization and, as such, makes funding and operational decisions. BSH makes policy and procedure decisions, oversees staff, determines facility hours. The organization is directed by a board of directors.
CRC Operations	Generally, Boulder staff makes operational decisions about the use of the CRC. Decisions about intake policy or fund allocation are made by an HSBC CRC Leadership Team. The actions of the CRC are also subject to an Intergovernmental Agreement between City of Boulder, City of Longmont, and Boulder County. The use of the facility is handled through a lease with Boulder Housing Partners.
SWS	SWS is a City of Boulder activity, and the Council approves the approach for the upcoming season. Boulder staff works with BSH to monitor operations and to make changes to SWS as situations develop. Operational policy is approved by BSH. Policies that impact the homeless system within the community are done in collaboration with city staff and BSH, with input from HSBC. Boulder staff reviews upcoming plans with the HSBC Policy Implementation Team to identify unintended consequences, and staff provides the HSBC Executive Board with regular updates about SWS.
Housing Development	Generally, this is a city-specific activity. When development interacts with HSBC activities (i.e., recovery housing), development is accomplished in coordination with HSBC efforts. Funding and processes are governed by the City of Boulder.
Housing Vouchers	Funding of local vouchers are approved by Council. Staff works with Boulder Housing Partners and BSH to develop tenant selection plans, prioritization, the connection of people to resources, housing search and placement, and monitoring of expenditures as they relate to contracts. Approval of non-local vouchers can come from federal, state, and MDHI applications. Boulder Housing Partners, as the city's housing authority, applies for and manages vouchers on the city's behalf. Mental Health Partners is also a recipient of DOH vouchers. As the "owner" of the vouchers, each of these entities makes decisions about the administration of these programs as required by the funding authorities. Each of these entities works with the HSBC Housing Exits group to coordinate all activities, including tenant placement and developing funding requests.

## Attachment B - How Homelessness Decisions are Made

BTHERE	BTHERE was developed by the City of Boulder and is handled through an HHS department contract with TGTHR (formerly Attention Homes). Leveraged funding is provided by state ESG funds administered by Boulder County. As such, a coordinating committee of Boulder County, HHS staff, Mental Health Partners, and TGTHR works to manage contracts. TGTHR and MHP manage the ongoing operations and staffing of the program.
Year-Round Programs (HFS and Navigation)	These programs are run by HSBC. While Boulder manages some of the contracts for specific activities, contract management is handled by HSBC. Council has decision authority over the amount of city funding provided to support these programs in the annual budgeting process.
Encampment Clean Up	These activities are city-specific and are not controlled by HSBC. City staff manage and prioritize clean-up activities and approaches. Staff provides HSBC with regular reports on any policy changes to these efforts and discuss any engagement of HSBC services identified through these efforts.

## Cost Comparison of Other Cities

### City-Funded Services for Single Adults Experiencing Homelessness

Each city has its unique approach to addressing and ending homelessness. When comparing to other cities in the region, there are similarities in the types of services and programs cities may fund, including outreach, shelter, and housing. The charts below display the nuances of the services and resources available in each municipality and the capacity for which each city can support services for single adults experiencing homelessness in their respective community.

The reported budgets are specific to single adult homelessness and do not include funds allocated for homelessness prevention, economic mobility, encampment clean up, justice-related activities, or family homelessness. The City of Boulder also leverages funding through its partnership with Homeless Solutions for Boulder County. Those funds are not reflected below.

#### *City of Boulder, Housing & Human Services Department*

Services	\$290,000
Diversion	\$100,000
Navigation	\$90,000
Outreach	\$100,000
Shelter	\$502,922
Boulder Shelter for the Homeless	\$230,000
Severe Weather	\$272,922
Housing	\$2,427,375
Permanent Supportive Housing	\$921,875
City-Sponsored PSH Project	\$1,405,500
Other Housing	\$100,000
Total	\$3,220,297

#### *City of Longmont, Community Services Department*

Services	\$527,745
Diversion	\$40,000
Navigation	\$400,000
Outreach	\$20,000
Basic Needs	\$87,745
Shelter	\$20,000
Housing Focused Shelter	\$20,000
Housing	\$280,000
Housing Vouchers (HSBC)	\$215,000
Other Housing	\$65,000
Total	\$827,745

## Attachment C - Cost Comparison of Other Cities

### *City of Fort Collins, Social Sustainability Department*

Services	\$200,000
Outreach	\$100,000
Day Center	\$100,000
Shelter	\$168,000
Seasonal Overflow/Emergency Weather	\$168,000
Administrative	\$445,000
HMIS	\$15,000
CoC	\$15,000
Equity, Housing, Homelessness (ongoing)	\$415,000
Total	\$813,000

### *City of Colorado Springs, Community Development Division (2020 spending)*

Services	\$989,500
Outreach	\$239,500
Homeless Welcome Center	\$750,000
Shelter	\$2,450,000
Shelter Support	\$700,000
Emergency Shelter	\$50,000
COVID Temporary Shelter	\$1,600,000
Youth Shelter & Outreach	\$100,000
Housing	\$130,000
Rapid ReHousing	\$130,000
Administrative	\$136,000
HMIS	\$136,000
Total	\$3,705,500