



City of Boulder Housing & Human Services

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 pandemic¹, 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)². 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 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 30th Street (“30th Street”). Overflow of persons wishing to access SWS were transported to BSH, up to capacity limits.

¹ 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

² 2019 CE data (as was used to determine demand for the CRC)



City of Boulder Housing & Human Services

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 30th 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.



Boulder County Public Health Testing at BSH

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.

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 30th 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 30th Street. A designated volunteer provided health screening before any person was able to access daytime services. No symptomatic person was allowed to enter 30th 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 30th Street, capacity at BSH was be limited to 90 persons, and additional beds (up to a building total of 72) were be provided at 30th 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 30th 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



City of Boulder Housing & Human Services

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

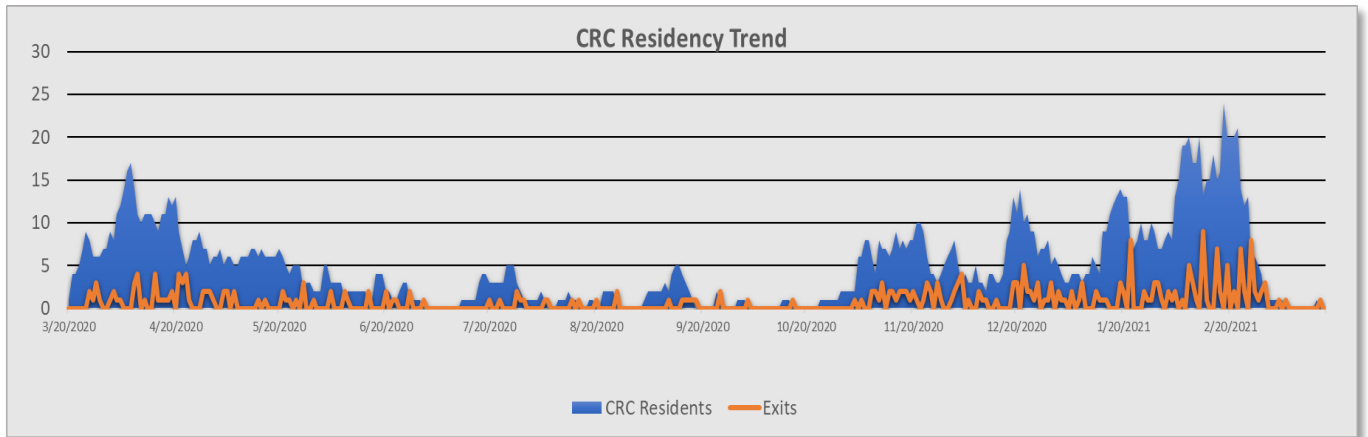


City of Boulder Housing & Human Services

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.



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.

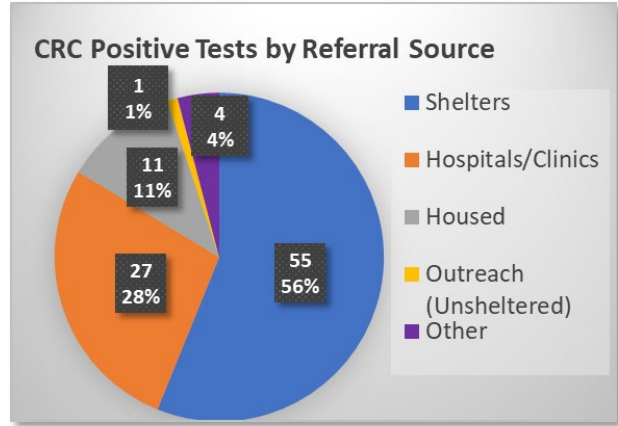
Referral Source	Total
Longmont Shelters	5
Boulder Shelters	191
Hospital/Clinic	67
Broomfield County	
Jefferson County	
Jail	4
Mountain	
Housed but No Other Resources	16
Outreach (Unsheltered)	4
Unknown/Other	
Total	287



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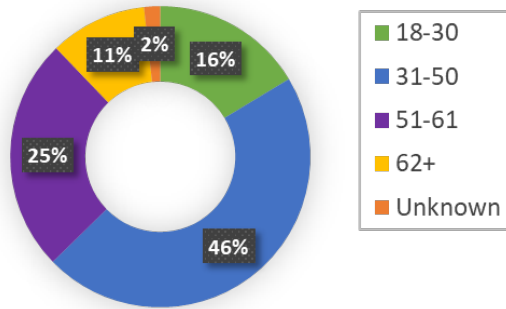
Over 72% of shelter referrals did not test positive for COVID-19. Most of the shelter referrals were made during the first months of operation and Winter 2020-21, and many of the referrals from Nov. 2020 to Feb. 2021 were in response to asymptomatic testing at BSH. As people were identified as being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

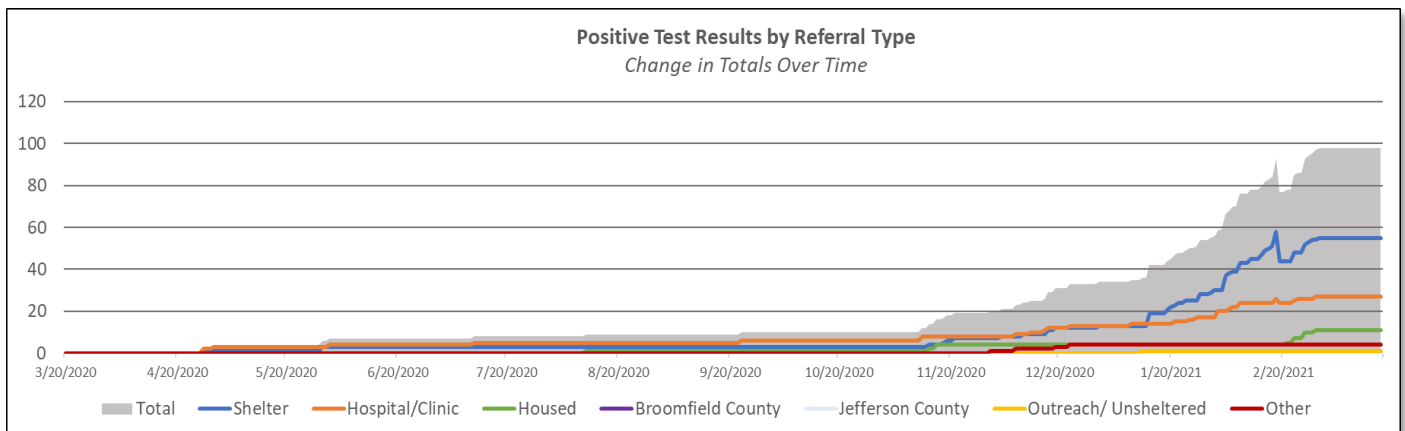


The largest percentage of people using the CRC have been those individuals who were between 31-50 years of age; however, 36% of residents were 51 or older.

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.

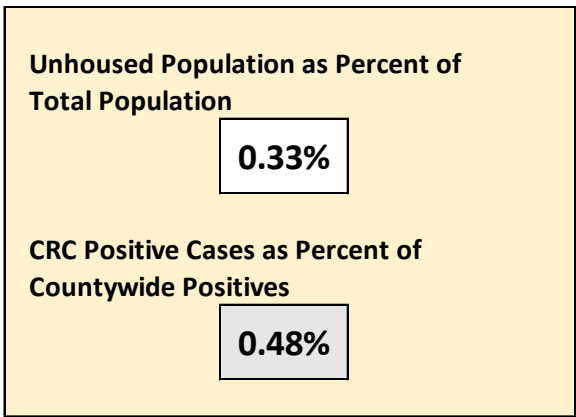
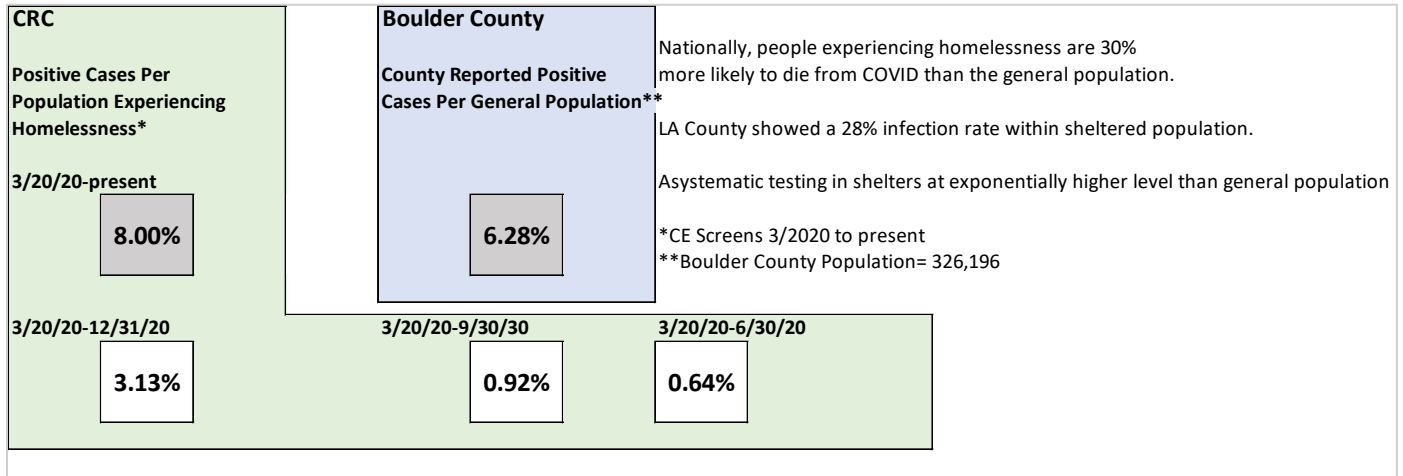




City of Boulder Housing & Human Services

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 had chronic lung disease³, a significant COVID-19 risk factor. Nationally, projections by researchers⁴ 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.



CRC Positive Cases by Quarter	
3/20/20-6/30/20	7
7/1/20-9/30/20	3
10/1/20-12/31/20	24
1/1/21-Present	64
Total Positive Cases	98

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

⁴ 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.



City of Boulder Housing & Human Services

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.



City of Boulder Housing & Human Services

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 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 Kreuzberg, 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



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Rewa Ward, City of Boulder

Joel Wagner, City of Boulder

CRC Staff

Manager – Megan Newton
Asst. Manager – Lenora Schlosser
Mandy Ambrosio
Austin Amos
Kathryn Caudill
Alec Camp
Kieran Cecil
Julia Chavarria

Lorraine Diaz de Leon
Jennifer Flemming
Lori Hopkins
Kenna LaForge
Nicholas Martino
Hannah McReavy
Breton McNamara
Morgan Montalvo

Trevin Montano
James Montavon
Kelly Nix
Abigail Nguyen
Sean Phelan
Hayden Robinson
Julius Sheppard

Boulder County Public Health Staff

Gina Bare
Abby Bohannon
Chris Campbell
Mia Delano
Erin Dodge

Rory Elmore
Indira Gujral
Carol Helwig
Neftaly Hernandez
Heather Marshall

Betty Tovar
Christopher Urbina
Alayna Younger

Clinica

Emily Barnak
Beth Mazzola
Emily Shady

Boulder Community Health

Grant Besser
Madelyn Hunt

Medical Reserve Corps Volunteers

Niamh Coleman
Mary Faini
Jim Hill
Sandi Klatt
Bob Jenkins
Bob Olsen

Tricia Montgomery
Barb Mulshine
Jennifer Samuels
Alan Smith
Stephanie Smythe

CRC Volunteers: Facility, Screeners, and Drivers

Tony Alexander
Brian Allen
Jason Allen
Judy Amabile
Kyle Anderson
Shawn Ange
Emily Archambault
Ellen Arkfeld
Michael Baird
Muhumanickmam,
Balakrishnan
Michael Bass
Helen Bassett
Catherine Bates
Lisa Bell

Sierra Bell
Amanda Bender
Hillary Bernhardt
Dale Betterton
Amanda Betzen
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Ariana Blakely
Charlie Bloomfield
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Cody Boppre
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