

Board questions and answers regarding efforts around homelessness in Denver

For reference: Please note that information specifically on DDPHE's role in encampments in terms of enforcement was provided to the Board in writing in a Temporary Area Restriction Fact Sheet on November 9, 2020 and on January 12, 2021, attached. More information was presented to the Board on April 8, 2021, including a timeline of DDPHE's involvement serving Denver's population experiencing homelessness. That slide deck was provided to the Board and is available on the website, as is a recording of the April 8 Board meeting.

What does DDPHE see as its role in serving Denver's homeless population? We've heard about the downstream role in terms of addressing nuisance/sanitation issues after they have arisen but haven't heard as much about the upstream or midstream roles.

Because our work entails more than enforcement, DDPHE offered information in the slide deck (bulleted below) regarding this part of the Board's question: *"We've heard about the downstream role in terms of addressing nuisance/sanitation issues after they have arisen but haven't heard as much about the upstream or midstream roles."*

Our roles in serving Denver's population experiencing homelessness include downstream (individual treatment), upstream (prevention strategies for the whole community, with a focus on the vulnerable), and midstream interventions (efforts to reduce risky behaviors or exposures to hazards by influencing behaviors or psychosocial factors).

Most of the efforts outlined in the presentation reflect a combination of all three stages, with *downstream direct services* being conceived of and developed *upstream* by DDPHE and other agencies:

- Information and metrics on service provider support (midstream)
- Information and metrics on Hep A response (midstream)
- Information and metrics on COVID 19 response for those experiencing homelessness (upstream, midstream, downstream)
- Wellness Winnie support (downstream)
- SUN support (downstream)
- Harm reduction support (upstream, midstream, downstream)
- Park Ranger support (downstream)
- Enacting temporary access restrictions to protect all, (upstream, midstream, downstream)

Advocates suggest that there is finger-pointing among City agencies regarding who makes the call for the sweeps. Is there a multi-agency group that discusses strategy and alternatives prior to executing the sweep or when it appears encampments may be getting to the point where a sweep may become necessary? Who makes the call to perform a sweep? How is it decided to be a necessary step?

There are several multi-agency groups that discuss strategy and alternatives prior to a clean-up. DDPHE works together with a variety of partners and agencies and added a position to support systems-level improvement and ongoing advocacy with partners through Denver Joint Task Force, Homeless Leadership Council, and HOST. There are different efforts that address encampment clean ups: DOTI-led regular maintenance, which is done routinely; DOTI-led encumbrance cleanups; and DDPHE's temporary access restrictions.

- DOTI’s encumbrance cleanup effort occurs when an area needs extra attention to address deteriorating conditions and encumbrances in the public right of way. People are asked to move temporarily in order to thoroughly clean the area. **The decision to enact an encumbrance clean up is determined by DOTI, DDPHE, and other city agencies based on ongoing monitoring and information received via 311 from the public.**
- DDPHE does not routinely enact temporary area restrictions – we only do so when conditions are extreme and such an action is needed to preserve public and environmental health. **The decision to enact a Temporary Area Restriction is made by the Executive Director of DDPHE (who is also the City’s Public Health Administrator) on the recommendation of trained public health professionals who regularly monitor encampment areas in collaboration with DOTI and other City agencies.** This is a major decision that none of us take lightly and requires much consideration.
- **DDPHE has a chartered responsibility to keep Denver clean, safe, and free of hazards that cause harm; that responsibility is what drives DDPHE to evaluate encamped areas and respond to complaints from residents.**

How is it decided to be a necessary step?

For clarity:

If “it” refers to **regular cleaning and maintenance** done by DOTI to remove trash, clean sidewalks and other rights-of-way, including sanitization, it is determined to be a necessary step when encamped areas have a preponderance of litter and debris, and have humans living in these areas. We also consider complaints about conditions from the public.

If “it” refers to **large-scale cleanups performed by DOTI**, it is determined to be a necessary step when encamped areas have a preponderance of litter and debris, have humans living in these areas, and have items encumbering or blocking the right-of-way, impacting access to all. We also consider complaints about conditions from the public.

If “it” refers to a **Temporary Area Restriction**, it is determined to be necessary step when significant public health and environmental risks are found to exist based on the evaluation of conditions by public health professionals and a recommendation the Executive Director of DDPHE (who is also the City’s Public Health Administrator). If it is determined that the location presents significant public and environmental health risks due to unsafe conditions associated with litter, pests, human waste, and biohazards, Public Health Investigations and the city’s Public Health Administrator (Executive Director of DDPHE) will enact a temporary area restriction necessary to immediately remediate the location. Some of the factors used when evaluating an area for public and environmental health impacts are:

- Litter, including food, that attracts bugs and pests as well as causes odors.
- Human and pet waste, which contribute to the spread of disease and impacts water quality.
- Needles and other drug paraphernalia that are improperly discarded, creating risks to people living in and visiting the area, to the general public, and to workers tasked with cleaning the area.

DDPHE regularly works with other City Departments, including DOTI, with the hope that encampments with deteriorating conditions may be addressed through other measures, such as a

DOTI large-scale enforcement cleanup, without imposing more restrictive area conditions. Only when conditions deteriorate to the point that such conditions significantly impact public health and/or the environment come into play does DDPHE contemplate the need to impose an area restriction (slides 34-35).

What role does DDPHE have in the sweeps?

As stated directly above, only when conditions deteriorate to the point that such conditions significantly impact public health and/or the environment come into play does DDPHE contemplate the need to impose an area restriction.

Large-scale encumbrance cleanups are conducted by DOTI pursuant to Ordinance. The Denver Department of Public Health & Environment (DDPHE) will monitor conditions of an area that has been brought to our attention as having potential public health risks, including encampment areas, to ensure public health and the environment are appropriately protected.

- Other Departments also routinely assess public health and/or safety of areas within the City, including DOTI and DFD, If it is determined by DDPHE that the location presents significant public and environmental health risks due to unsafe conditions associated with litter, pests, human waste, and biohazards, etc., Public Health Investigations and the city's Public Health Administrator (Executive Director of DDPHE) may enact a temporary area restriction if it is determined to be necessary to immediately remediate the location.
- However, DDPHE hopes that through its role of regularly monitoring the condition of areas throughout the city to the extent possible, including encampments, that the need for area restrictions will continue to be limited. When significant public health and environmental risks are found to exist, DDPHE will post an order temporarily limiting access to the location by members of the public. This restriction is needed to protect all members of the public, including people experiencing homelessness, to allow for the clearing, cleaning and mitigation of public health and environmental risks to this public area.
- The process includes:
 - Clearing and remediation through cleaning:
 - The area must be free and clear of people and items to allow the continued evaluation by public and environmental health professionals from DDPHE.
 - Denver's Department of Transportation & Infrastructure (DOTI) will clean the areas of concern, and the Denver Police Department is typically onsite to ensure safety and compliance with the clean-up and DDPHE's area restriction.
 - The Denver Fire Department (DFD) may also be present to address any fire hazards and provide EMT services, if necessary.
 - Assessment and abatement of public health risks:
 - During an area restriction, DDPHE continues to evaluate the condition of the area, assess hazards, and oversee abatement activities. Some of the factors used when evaluating an area for public and environmental health impacts are:
 - Litter, including food, that attracts bugs and pests as well as causes odors.

- Human and pet waste, which contribute to the spread of disease and impacts water quality.
- Needles and other drug paraphernalia that are improperly discarded, creating risks to people living in and visiting the area, to the general public, and to workers tasked with cleaning the area.

What is the board's role/authority in regard to these issues?

This is a question for your Board attorney.

Who can we refer people to? What resources can we share?

From HOST

- Denver Street Outreach Collaborative (DSOC) and Strategic Outreach to Large Encampments (SOLE)
- Large encampment outreach focused on:
 - *Primary and behavioral health support
 - *Peer navigation
- Other outreach teams beyond HOST
- Housing solutions:
 - Temporary Managed Campsites
 - Tiny Home Villages
 - Supportive Housing Projects

DDPHE's Wellness Winnie:

- Mobile unit offering support, assistance, and resources to those in need by serving them where they are.
- Winnie travels through Denver to provide equitable access to behavioral health resources and support services.
- Winnie is staffed with mental health counselors and peer navigators.
- Winnie serves housed and unhoused individuals. Services include (but aren't limited to):
 - Providing the essential supplies needed for daily living; offering information about available resources; listening
 - Behavioral health screening and assessment
 - Active referrals to services (medical, legal, social services, etc.)
 - Distribution of socks, gloves, and toiletries

DDPHE's Substance Use Navigators

- Clinical Navigator
- Peer Navigators
- Co-respond multiple times per week with a variety of City agencies, including DPD's Homeless Outreach Team and Denver Human Services

Harm Reduction Services

- Linkage to substance use disorder treatment
- Access to/disposal of sterile syringes, injection equipment
- Access to naloxone

What do we know about the populations that are homeless?

- An excellent source: 2020 Point In Time Count

- Also check out the [HOST 2021 Action Plan](#), specifically the “Data on Housing and Homelessness” section. Due to COVID, a limited Point In Time count was done this spring using only Homeless Management Information System (HMIS) data, no in-person counting.

Which populations are using available shelter services? Which people are not using the available shelter services?



Why are these people choosing not to use available services? What data are these assumptions based upon?

The reasons are varied and are different for each person. Some barriers are stigma/shame and self-reliance/pride based, others are rooted in behavioral health issues, substance misuse, or a desire to live outdoors. HOST is committed to utilizing the shelter system as a critical part of its work to end homelessness. Sheltering and emergency services should function as a component of rehousing, not as an end point for persons experiencing homelessness. To better understand the limitations of the current sheltering system and provide a framework for the future, the City commissioned the [Three-Year Shelter Expansion Plan](#), which outlines recommendations and strategies for moving toward an efficient, accessible, and compassionate sheltering system that works to end homelessness.

Anecdotal data from outreach workers, shelter workers, substance use navigators, health care providers and others contribute to the data source. DDPHE, HOST, and other agencies are working together to refine the collection of the data and questions asked during outreach to develop the data.

What preventative services are currently being provided to prevent the health and sanitation issues in the encampments and/or before encampments form, to reduce/avoid the need for sweeps (water, sanitation services, trash services, food storage, etc.)? Why or why not are these provided?

Through DOTI’s Division of Solid Waste Management, we support Citywide efforts by removing trash, cleaning sidewalks, streets and other rights-of ways, including sanitization, when necessary and facilitating no-cost storage of personal belongings, including unattended personal belongings that do not pose a public health or safety risk. Workers provide trash bags and containers to those living in encampments and they pick up the waste from the sites. DOTI also oversees the Public Restroom Project, which includes the mobile trailer-based program and the fixed unit site at 16th and Champa. DDPHE has seasonally provided hand-washing stations to numerous outdoor locations as a control to address the spread of disease. The Wellness Winnie offers bottled water, packaged snacks, socks, gloves, and hygiene kits to every person with

whom they engage. While we offer essential supplies to those living outdoors, we work to strike a balance between empowering those living outdoors to choose shelter and work toward housing and enabling people to remain in unhealthy conditions.

We all know that the long-term solution is additional affordable housing and services which allow people to gain housing. At the same time, we recognize that's long-term and resource intensive. What are the intermediate solutions? Is there potential for DDPHE to participate in intermediate solutions? What are the barriers to those intermediate solutions?

From HOST

Supportive Housing Projects

- Temporary Managed Campsites
- Tiny Home Villages
- Supportive Housing Projects

DDPHE supports the above projects with consultation on best residential health practices.

What, if any, pre-planning is done to accommodate individuals when they are forced to move? Is there any counseling of individuals to determine where individuals plan to go? This could also be a role for the advocacy groups. Are the residents of the encampments viewed as a group or as individuals whereby more case-management could take place?

Homeless outreach and mental-health workers make regular efforts to connect those in encamped areas with services, shelter, and housing. On any given night, empty shelter beds are available for people experiencing homelessness, as well as hotel and motel rooms for those who test positive for COVID-19 or are at risk of contracting the virus (these rooms are funded federally, thus this resource is limited to the availability of those funds). Efforts intensify before, during, and after clean ups and Temporary Area Restrictions. People experiencing homelessness are best served indoors, through the network of nonprofit shelter providers, where they can sleep safely, access basic needs like showers, clean drinking water and restrooms, and resources to help find permanent housing.

I'd like DDPHE or the Mayor's office to describe the long-term strategy to address the homeless issue and how City agencies are working to achieve the goals of that strategy. How have we, or have we, evolved from Denver's Road Home?

From HOST: The long-term strategy to address homelessness (and its evolution over time) can be found in [Housing an Inclusive Denver](#), the [Three-Year Shelter Expansion Plan](#), and most recently our [2021 Action Plan](#) and [Investment Framework for the Homelessness Resolution Fund](#) (2B). HOST is also currently in the midst of creating our five-year strategic plan to help guide how we invest resources, create policy and partner to provide housing stability, resolve episodes of homelessness, and create housing opportunities for the people of Denver.

The About page on HOST's website might also be helpful:

<https://www.denvergov.org/Government/Departments/Department-of-Housing-Stability/About>

What resources are available to refer people to that helps them avoid living in an encampment?

The services and programs below help connect people who are experiencing housing instability to temporary solutions for safe housing, behavioral health services, legal services, and more to help them avoid living in an encampment.

From HOST

- Denver Street Outreach Collaborative (DSOC) and Strategic Outreach to Large Encampments (SOLE)
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What is the "flow process" like for those who are persons experiencing homelessness who have gone through a sweep? Are they placed in a shelter, etc.?

This varies by individual based on their choices. Outreach workers provide options and resources. Some choose to accept our help to be reunited with family and return home, some choose to accept services and shelter, some choose to remain outdoors. Homeless outreach and mental-health workers make regular efforts to connect those in encamped areas with services, shelter, and housing. On any given night, empty shelter beds are available for people experiencing homelessness, as well as hotel and motel rooms for those who test positive for COVID-19 or are at risk of contracting the virus (these rooms are funded federally, thus this resource is limited to the availability of those funds). Efforts intensify before, during, and after clean ups and Temporary Area Restrictions. People experiencing homelessness are best served indoors, through the network of nonprofit shelter providers, where they can sleep safely, access basic needs like showers, clean drinking water and restrooms, and resources to help find permanent housing.