Boulder City Council
STUDY SESSION

Tuesday
August 26, 2014

5-5:30 PM
Council Briefing
Framework for Understanding Poverty

5:30-9 PM
Update Regarding the Ten-Year Plan for Services Related to the Homeless

Council Chambers
Municipal Building
1777 Broadway

Submit Comments to City Council
Email: council @bouldercolorado.gov
or
Attention: Alisa Lewis, City Clerk
PO Box 791, Boulder, CO 80306
Fax: 303-441-4478

MEMORANDUM

TO: Members of City Council

FROM: Jane S. Brautigam, City Manager
Karen Rahn, Director, Human Services
Greg Testa, Chief of Police
Linda Cooke, Municipal Judge
Jeff Dillon, Director, Parks and Recreation
Wendy Schwartz, Human Services Planning Manager
Jeff Yegian, Manager, Housing Division

DATE: Aug. 26, 2014

SUBJECT: Update on Homeless Issues and Ten-Year Plan to Address Homelessness

I. PURPOSE

The purpose of this study session is to provide an update on national and local initiatives, the county-wide Ten-Year Plan to Address Homelessness (TYP), potential strategies for the City of Boulder to consider and current efforts in the downtown area. Additional information can be found in past Council Agenda Items and Information Packets on homelessness.

II. QUESTIONS FOR COUNCIL

1. Does council continue to support the Ten-Year Plan (TYP) goals and strategies and an Action Plan with a focus on permanent solutions, including permanent supportive housing?
2. Does council have any feedback on the current or potential initiatives for an Action Plan?
3. Does council have feedback on additional opportunities the city can take to advance the goal of reducing homelessness?

III. BACKGROUND

There is no one solution to addressing homelessness. There are different strategies and tools that address homelessness and populations of people who are homeless or at risk of becoming homeless (**Attachment A)**. The reasons for homelessness are as varied as the people who become homeless.

The top reasons why people become homeless are:

Lost job	40%
Housing costs	34%
Family breakup	28%
Mental health	25%
Substance abuse	19%
Domestic violence	12%

The numbers above represent percentage of City of Boulder homeless population. Estimates are an average based on 2012-2014 Point-In-Time data. Percentages do not add to 100 percent due to population overlap.

Homelessness is not just the visible, apparently homeless in the downtown area, panhandlers on street corners or transients who may stay for a while or just pass through the community.

There are many individuals and families out of sight, struggling with mental health and substance abuse issues, families with children who have lost jobs or homes and need temporary help to get on their feet. There are veterans trying rebuild their lives, individuals and families living paycheck to paycheck and just one check away from being homeless. There were those just making ends meet until the flood of September 2013 and now have fallen into homelessness or at risk of becoming homeless. Others have left the community. These are the less visible homeless in the community. Many people in the community associate the homeless with those visible on the street which speaks to the lack of understanding of whom the homeless are and the varying needs of the entire homeless community.

Chronically homeless people, often with the most significant barriers to stable daily living or self-sufficiency and most often associated with the community's homeless, have a disproportionate impact on community and public services. There is considerable evidence that relying on emergency sheltering and community services, cycling through the justice system and forgoing needed mental health and health services, is more costly to the public and community in the long run than providing a permanent home and services. The focus of federal policy and funding, and successes in many communities, is on prioritizing the chronically homeless population for placement in permanent housing and support services.

The primary focus of this study session is on addressing the population of homeless that are hardest to help and the highest users of costly public and emergency services and the most highly vulnerable. Most successful strategies that have made an impact in reducing chronic homelessness, prioritize goals and investments in permanent housing solutions, create strong community and regional partnerships to house people, create coordinated systems, and assess outcomes for clients and the community to better allocate resources to what makes a difference long term.

National Context

Opening Doors, the federal strategic plan to prevent and end homelessness, sets a goal of ending chronic and veteran homelessness by 2015, and ending homelessness among children, families and youth by 2020. Federal funding targeted for homelessness is increasingly tied to long-term solutions and effective system response, such as permanent housing and emphasizing data driven outcomes and service coordination. With these priorities as a backdrop, a number of national and local efforts around the country have had success in reducing homelessness.

100,000 Homes Campaign

The 100,000 Homes Campaign is a national movement of communities working to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families by July 2014. The campaign is led by the nonprofit Community Solutions, which provides training and technical assistance to communities on best practices. As of July 8, 2014 the campaign had surpassed its goal by housing 101,975 people in 186 participating communities.

100,000 Homes is based on four key principles for success:

1. Housing First – All 100,000 Homes communities adopt a Housing First approach. Housing First is a best-practice approach that centers on providing chronically homeless people with housing quickly and then providing services as needed to support staying in permanent housing.
2. Street Outreach – Volunteers outreach on the streets and indentify homeless persons, assess vulnerability using the Vulnerability Index (VI) or similar tool, connecting people with help and using results to build a database that prioritizes the most vulnerable.
3. Track Progress – Communities report monthly on progress toward pre-determined benchmarks. The goal is to house 2.5 percent of the community's chronically homeless each month.
4. Improve Local Systems – 100,000 Homes communities are committed to reducing multiple overlapping service systems into a single, coordinated housing placement system capable of moving homeless individuals into permanent housing in as little time as possible.

Denver has participated in the 100,000 Homes Campaign and has housed more than 2.5 percent of its most vulnerable chronically homeless population (as determined by the VI) monthly for about two years.

Although the City of Boulder did not officially signed on to the campaign, local efforts over the past two years have focused on these goals and the Housing First approach.

Efforts in Other Communities

Examples of accomplishments and initiatives in other cities and counties are included in **Attachment B.**

Although specifics of homeless initiatives vary among communities, some common themes emerge from success stories:

1. Prioritization by vulnerability – Several successful communities followed the 100,000 Homes model and used the VI or similar tool to assess and prioritize the homeless population for housing;
2. Focus on Housing First, Rapid Re-housing and Prevention – Communities focused their energy and resources on long-term solutions instead of expanding emergency or transitional housing. In some cases transitional housing was converted to permanent supportive housing (PSH) or rapid re-housing (RR);

3. Partnership with Veterans Affairs (VA) – Veterans are a federal priority group for homeless funding and resources. Communities have utilized Veterans Affairs Supportive Housing (VASH) vouchers, as well as state VA funding, and technical support initiatives from the VA to support their efforts;
4. Prioritization of Housing Choice (HCV/Section 8) or other vouchers for chronically homeless and/or veterans;
5. Engagement of private landlords to house the homeless;
6. Engagement of business and the broader community as partners and financial support for initiatives;
7. Data driven – Use of the federal Homeless Management Information System (HMIS, federal funds requirement) and/or Point-In-Time Survey (PIT) or other methods to collect data, track outcomes and measure progress;
8. Coordinated assessment/entry – Standardize the way individuals or families are assessed for need and centralize intake points;
9. Maximize local affordable housing funds for homeless housing – elevated homelessness as a priority in their affordable housing investments and/or have active participation by community partners applying for homeless housing projects.

Sources of funding for successful efforts varied among communities and included different combinations of:

- Housing Choice (Section 8) vouchers;
- Veterans VASH vouchers;
- Community Development Block Grant (CDBG);
- Private donations, including local business community and individual residents;
- Discounted rents from private landlords;
- City and/or county local funds;
- Other regional funders such as United Way, state veterans department;
- Federal Housing and Urban Development (HUD) funds, (e.g. Continuum of Care (CoC) funding and Emergency Solutions Grants (ESG);
- HOME funds;
- Local affordable housing funds.

Regional and Local Efforts

Metro Denver Homeless Initiate (MDHI)

Boulder County is one of seven counties in the Metro Denver Homeless Initiative (MDHI) Continuum of Care (CoC), which consolidates HUD planning and funding efforts for the region. MDHI's mission is to implement a comprehensive homeless housing and service CoC system in the seven-county Denver metropolitan region. MDHI is a key partner in advancing a regional approach to solving housing and services needs.

The City of Boulder, along with other local partners, have joined in several regional initiatives with MDHI to advance progress on the TYP and city Homeless Action Plan (HAP) strategies.

25 Cities Initiative Pilot Project

The Denver Metro Area is one of 25 cities and metro areas chosen for federal technical assistance in piloting a coordinated assessment and housing placement (CAHP) system. All seven counties in the CoC were invited to participate in this pilot. CAHP is a system to efficiently assess the housing needs of individuals and families, place them on a centralized list according to need, and match them with appropriate housing resources as they become available.

This pilot has several potential benefits for helping to addressing homelessness in Boulder:

- Use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), to assess the needs and characteristics of the homeless population. Tools such as VI-SPDAT help communities plan and prioritize services based on the vulnerability and risks of people experiencing homelessness;
- Opportunity to better assess homeless housing needs to inform local efforts for developing housing options. VI-SPDAT scores indicate whether clients need permanent supportive housing, rapid re-housing (usually short-term rental assistance) or market rate housing;
- Potential to more efficiently utilize local housing resources, and possibly expand access to housing options outside Boulder County. Clients are placed on a centralized regional housing list according to vulnerability score to increase efficiency of housing placement, particularly for those with the most acute needs. Most people on the list will stay in their home communities if they have support systems in place. However, if housing outside Boulder County becomes available in the system, and a Boulder client is appropriate and willing to relocate, they could be placed in that housing resource.
- The project will pilot the start of a local coordinated assessment and entry system.

The first phase of the pilot is focused on matching veterans and chronically homeless individuals with permanent supportive housing, with the goal of housing 100 people throughout the region by October 15, 2014. The pilot will be assessed on an ongoing basis, with adjustments made for challenges and successes. Future phases of the project will add other homeless populations and other types of housing options.

Along with the City of Boulder, participating agencies locally include MHP, BSH, Boulder County Housing and Human Services, Bridge House, Boulder Outreach for Homeless Overflow (BOHO), OUR Center (Longmont) and Homeless Outreach Providing Encouragement (HOPE – Longmont).

Pathways Home Supportive Housing Toolkit

The Governor's Office and the Colorado Division of Housing have created an intensive technical assistance and peer learning program, the Pathways Home Supportive Housing Toolkit, targeted at developing permanent supportive housing projects.

Homeless and housing partners locally submitted a successful application for a Boulder county team to participate in this initiative. The city's Human Services Department and Housing Division signed on to the letter of support for the application.

Although there is significant local expertise in developing supportive housing projects, participation in this initiative by a local team is valuable for two reasons. First, the intensively focused time and collaboration of Boulder housing experts and homeless services partners is likely to create momentum behind a project that might not be developed otherwise. Second, local participation in this program demonstrates the need and commitment locally for additional regional and state resources for permanent supportive housing.

Fort Lyon

The Fort Lyon Supportive Residential Community in Bent County, opened in 2013 and provides recovery oriented transitional housing to homeless individuals. The program combines housing with counseling, educational, vocational and employment services for homeless persons from across the state, with an emphasis on serving homeless veterans.

Bridge House is the designated local county-wide referral agency and provides outreach, assessment, referral and follow up services for agency partners and clients. Through May 2014, 25 of the 164 referrals made were from Boulder County. Of the 25 clients referred, 12 clients are currently at Fort Lyon and the rest are on the waitlist. Of those 12, nine are from Boulder. The profile of clients referred is chronic homelessness with a long history of substance abuse. Bridge House works, MHP, the Addiction Recovery Center and other service partners to identify clients for referral.

Metro Mayors Caucus (MMC) – Homeless Committee

The Homeless Committee, working with MDHI, is developing several proposed areas for engagement on homeless issues. The Committee and MDHI have proposed three initiatives for consideration **(Attachment C).** Boulder's mayor serves on the committee. Active participation on this committee will help advance regional coordination and support.

Local Progress

Countywide TYP Accomplishments

Although significant work remains, progress has been made on TYP goals since the plan was adopted in 2010. **Attachment D** lists TYP goals and accomplishments. Highlights include:

- Thousands of people received assistance to stay in housing and avoid the far more disruptive and costly experience of homelessness;
- The community maintained emergency shelter beds and increased warming center capacity to preserve the safety net;
- New and committed transitional housing increased options for nearly 150 families and individuals;
- Boulder County expanded Medicaid enrollment has significantly increased access to health care and medication for homeless adults;

- More than 200 permanent housing options (vouchers and units) have been created; including more than 100 permanent supportive housing options; and
- A regional grants management system has been implemented to streamline funding processes and support regional planning by the City of Boulder, the City of Longmont, Boulder County and Foothills United Way

TYP Work Plan Focus Areas for 2014-2015

The Ten-Year Plan Board has prioritized four areas for focus in 2014-15 to address chronic homelessness and implement proven strategies:

1. Support the development of housing units for chronically homeless individuals and families;
2. Convene regional dialogues;
3. Provide leadership that supports plan success;
4. Measure success of plan implementation.

The board has convened two meetings with government entities and housing authorities to explore issues and barriers to providing homeless housing, with the next meeting scheduled for September 12. This meeting is a start to a countywide dialogue on identifying and developing a coordinated housing plan, beginning with public entities and housing authorities to understand issues and barriers.

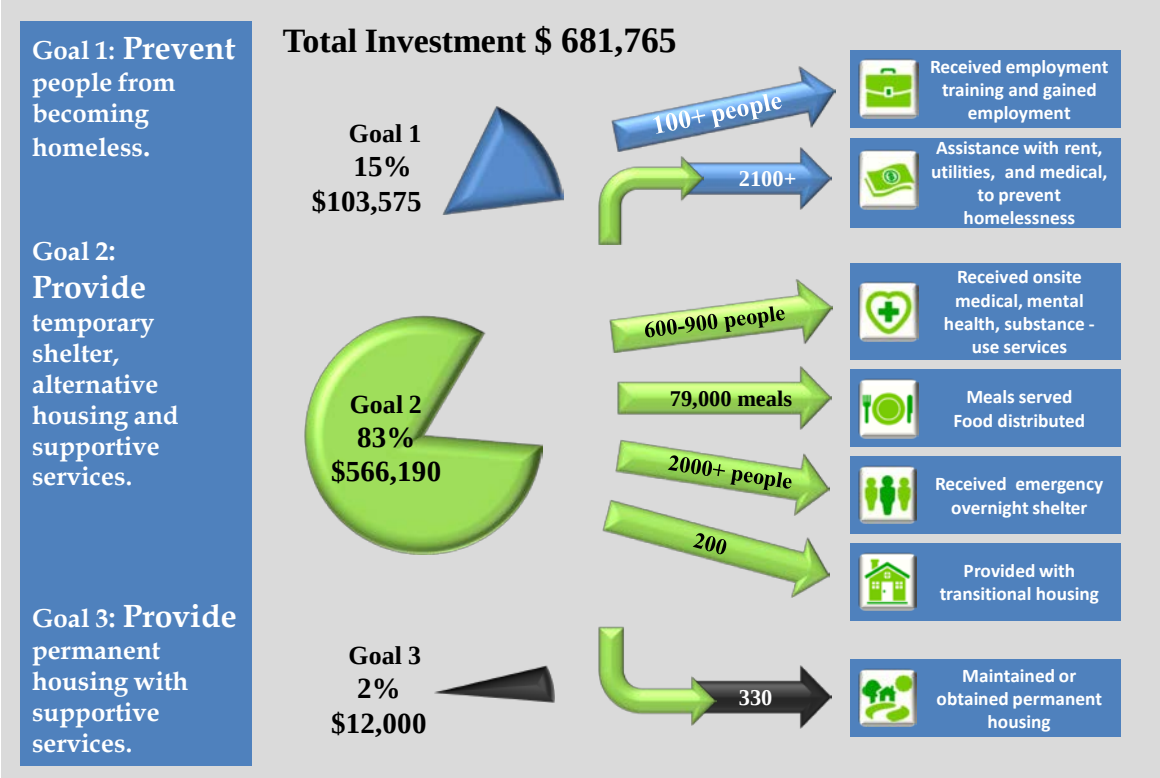
TYP accomplishments through city investments

The TYP is implemented in the City of Boulder is through:

- Planning and collaboration with regional and community partners, other funders and jurisdictions on systems coordination and development;
- Serving on the TYP Board;
- Annual investments in homeless and safety net services through the Human Services Fund (HSF); and
- Capital investments through the city's Housing Division that increase housing options for the homeless or at-risk of becoming homeless.

Highlights of results from HSF homeless investments in 2013, grouped by TYP goal, are included in Chart 1 on the next page.

Chart 1: 2013 HSF Investments in Homeless Services and Results* by TYP Goal

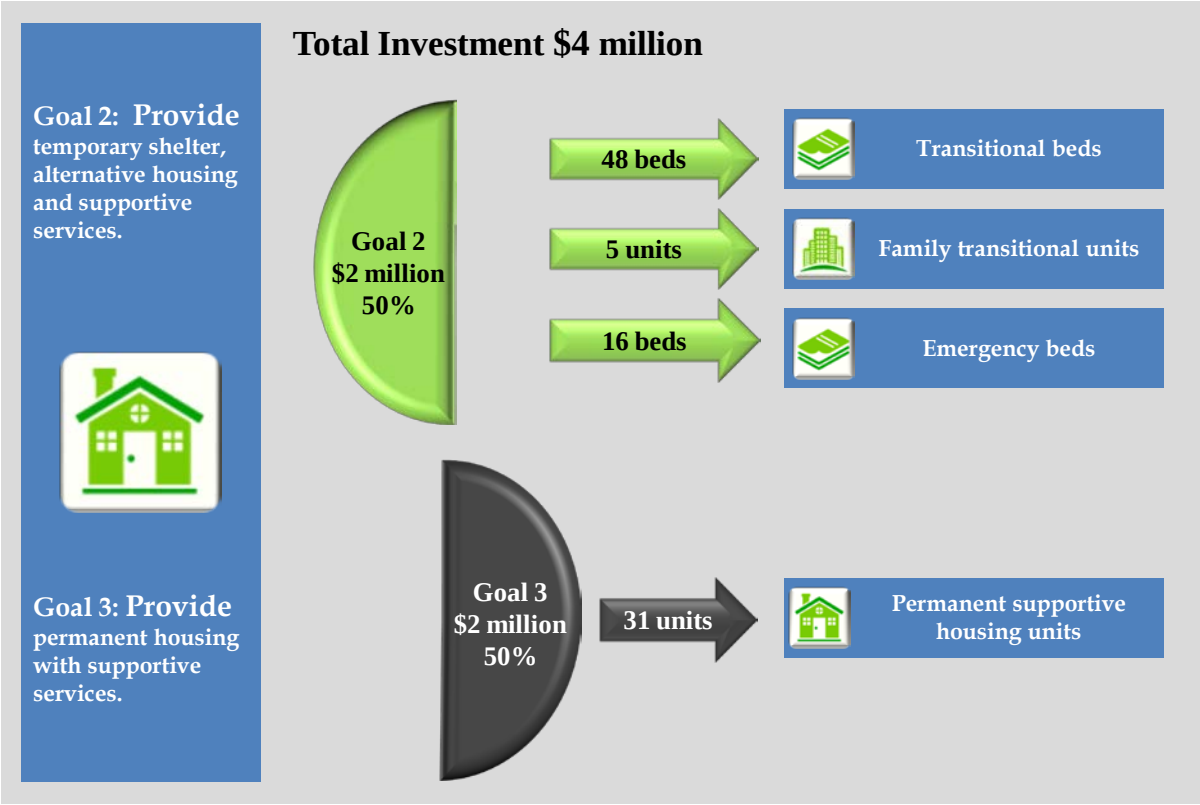


* Some results numbers are estimates to adjust for duplicated clients.

Investments distributed among prevention, emergency and permanent sheltering and programs should be evaluated in the context of regional dialogues, partnerships and the update to the Human Services Strategy.

Chart 2 on the next page shows outcomes of city capital investments in homeless housing from 2008-2014, grouped by TYP goal.

Chart 2: 2008-14 City Housing Homeless Investments and Results* by TYP Goal



*Does not include Housing investments such as repairs or debt service that did not expand housing/shelter capacity

The city contributes resources to advancing goals four through six, which involve systems improvement, such as:

- Creation and administration of joint grant management system and developing common impact areas, outcomes and indicators, in partnership with other government funders and United Way;
- Coordination of the Boulder Homeless Planning Group;
- Research, planning, coordination with community entities on coordinated system development;
- Local coordination of annual PIT Survey administration and improvements.

<u>Boulder Homeless Planning Group (BHPG)</u>
The BHPG currently consists of Boulder specific service providers and public entities, including: City of Boulder Human Services, Municipal Court, Housing Division, BSH, Bridge House, BOHO, Boulder County Housing and Human Services, MHP, Emergency Family Assistance Association, Attention Homes, and Boulder Housing Partners. The goal of the group is to address local services issues and advance progress on providing effective and efficient services to the community. BHPG's current work plan focuses on service coordination and system improvement, including:

- data sharing;
- improved communication and coordination between homeless and housing providers;
- coordinated entry and assessment; and,
- public education.

BHPG has also been acting in an advisory role on development of potential HAP strategies.

Homeless Action Plan (HAP)

Over the past year, potential city HAP goals were identified based on national best practices, federal policy direction, and success in other communities, TYP goals, consultation with BHPG and other local and regional stakeholders. These goals were presented to council as part of the May 13, 2014 Human Services Study Session. Since the study session, staff has identified more specific action items related to advancing TYP goals and best practice. The following is a summary of key issues related to those goals, current efforts and potential initiatives to consider.

1. Strengthen Regional Partnerships

Key issues:

- Homelessness is a regional issue but is often addressed at the local level.
- Boulder and Longmont, and to a lesser extent Lafayette, bear the burden of providing housing and services to the homeless from across the county.
- Boulder County receives a slightly lower share of some federal resources to address homelessness compared to its regional homeless population. It is unclear whether this has historically been related to the number of local proposals submitted, the level of competition, or other factors.
- Boulder homelessness stakeholders need to actively participate in regional initiatives to leverage regional resources and support.

Current efforts underway:

- Increase resources coming into region and county — Partnership with MDHI, Boulder County and local partners to develop a strategy to increase federal and state funding coming into the region for homeless housing and services and to better coordinate regional efforts.
- Leverage MDHI, state and federal technical assistance and resources — Maximize available resources to improve local Boulder systems such as data and service integration.
- Take advantage of regional opportunities for innovation — Actively participate in regional initiatives to pilot innovations and implement best practices. Continue regional participation projects such as 25 Cities and Supportive Housing Toolkit.
- City of Boulder Mayor serves on Metro Mayors Caucus Homeless Committee.

Potential initiatives:

1. Expand countywide dialogue and partnerships to support housing and services through Consortium of Cities. Set and track county-wide goals for development and distribution of resources, housing and services. Consortium of Cities has scheduled two meetings (October and December, 2014) to discuss homelessness and housing.
2. Explore city funding requirements for coordinated entry, assessment of vulnerability and prioritization. Work with other funders, MDHI and service providers to identify resources needed to implement.
3. Actively support the proposed goals of the Metro Mayors Caucus, Homeless Committee.

2. Innovative Solutions to Increase Housing Options

Key Issues:

- Local housing is costly, vacancy rates are low, and in Boulder, development opportunities limited. This results in limited options for very low income people to remain housed, and for homeless individuals to obtain housing.
- The emergency sheltering system lacks a comprehensive evaluation, including reasonable bed targets based on available data, capacity of organizations to provide services and how the sheltering system integrates with other service providers to maximize long-term outcomes. The appropriate number of beds has been in question and needs to be established to minimize the tension between resources devoted to long-term outcomes and meeting emergency needs.
- Some residents eligible for federal housing vouchers and rental assistance have difficulty finding units that meet Fair Market Rent (FMR) requirements. FMR is a limit, set by HUD, on rent for units utilized with federal subsidies. High rents and low vacancy in Boulder limit the number of units available below FMR. Changes to FMR lag behind market changes, resulting in rent limits that are too low for the area.
- Vouchers are also difficult for some people to use due to landlord reluctance to accept tenants with issues such as poor credit, past convictions, and previous negative experiences with tenants with housing subsidies.
- In 2010, the TYP estimated a need for an additional 100 Housing First (HF) units for chronically homeless individuals. Since that time, The Suites in Longmont added 71 units, and 31 HF units at 1175 Lee Hill are now in the leasing process. However, in the 2014 PIT Survey (PIT) 139 individuals were counted as chronically homeless, with 105 of the chronically homeless counted in the City of Boulder, suggesting additional HF units are likely needed.
- Housing authorities have requested more specific targets for the number and type of housing units needed to effectively address homelessness. People experiencing homelessness are included within the target populations for City of Boulder affordable housing fund rounds. However, the city receives limited proposals for homeless housing projects.
- Some land use regulations have been considered barriers to some types of housing, such as single room occupancy (SRO) or communal living arrangements that would be practical alternatives for homeless individuals.

Current efforts underway:

- Investigate innovative funding mechanisms – Explore local and regional partnerships to identify shared funding and financing mechanisms to support housing and services.

- Pay for Success/Social Impact Bonds — The City has been exploring the feasibility of a Pay for Success/Social Impact Bond project for partnership with other local governments and entities. The Pay for Success model holds promise for funding new programs based on data-driven outcomes. This model requires broad partnerships with other entities, such as the county and private institutions.

- The City is currently exploring a scope of work for a feasibility study with Social Impact Solutions. The principals of this organization are recognized experts in Pay for Success/ Social Impact Bonds and have been working closely with Denver and state officials on a recent initiative in Denver to expand homeless housing and services and are considered leading experts in Pay for Success models **(Attachment E)**.

- The city's Comprehensive Housing Strategy (CHS) is in development; one draft project goal, "Strengthen Our Current Commitments," includes housing for people experiencing homelessness. Through this process, the city can consider prioritizing or incentivizing homeless housing proposals for affordable housing funds and modifying zoning/land use to enable SROs and other very low-income housing options.

Potential initiatives:

1. Set specific community goals for creating additional homeless housing options and track progress – Work with local and regional housing providers and governments to identify barriers to homeless housing production and set goals for the number, type and geographic location of additional housing needed, particularly for the chronically homeless. The TYP Board is hosting a housing work session in September.

2. Undertake more thorough evaluation of current emergency sheltering system and update target goals for sheltering. Partner with TYP efforts and housing providers, stakeholders, and funders, to establish these number. The number of shelter beds needed in 2014 needs to be assessed and the current demand for shelter beds is exceeding capacity. Expanding shelter beds is in conflict with goals of prioritizing new resources to expanding permanent housing solutions. The tension between meeting sheltering needs and the development of permanent housing solutions needs to be more clearly articulated with the establishment of a target numbers and recognizing the shelter as a countywide facility and Boulder as a countywide services center.

3. Assess the feasibility of expansion of the Bridge House Day Services Center to add capacity to intake, assessment, case management and self-sufficiency programs.

4. Community Dashboard – Use a model similar to that of 100,000 Homes to report progress on goals to place homeless people in housing.

5. 2015-2019 Boulder Broomfield Regional Consortium Consolidated Plan — Maintain current plan priority areas focused on increasing housing options for the lowest income renters and reducing homelessness. Increase emphasis on permanent supportive housing solutions for chronically homeless.

6. Support and expand existing efforts to build and strengthen landlord relationships to prevent eviction and minimize landlord/tenant conflict. Consider regional and/or local incentives with partners for landlords to accept voucher recipients (e.g., reimbursement fund or repair team to address concerns about potential damage and client behavior).

7. Remove barriers to use of federal resources – Join with local and regional partners to advocate for FMR waivers or a system of FMR increases that can more effectively keep pace with market changes.

8. The Boulder Housing Partners (BHP) Strategic Plan includes these goals:
   a. Add 250 housing options for special and vulnerable populations between 2015 and 2025. Homeless populations can benefit from this expansion of units. Consider identifying more specific numbers related to housing the homeless;
   b. Secure maximum number of HCVs (Section 8) - Additional HCVs will help the community overall. HCVs are not specifically designed for homeless people, and do not come with support services that some homeless people need, however some HCVs could be prioritized for appropriate homeless clients.

3. Improve Local Service Integration, Coordination, Data Collection and Outcomes Reporting

Key Issues:

- Limited information is available on how people move through Boulder's homeless services system, who they are, what they need, and outcomes.
- Homeless service providers collect data differently. Data systems are not integrated and longitudinal data that tracks progress of individuals or families is not in place, making it difficult to assess impacts, outcomes and gaps.
- The system has multiple entry points that are not directly linked, which may result in people visiting numerous organizations, with multiple intakes and case managers.

- A prioritization system is not in place for services. Typically clients are assisted on a "first come, first serve" basis. This may limit the community's ability to effectively focus homeless resources in a results-driven manner.
- Systems improvements such as the federal Homeless Management Information System (HMIS) and coordinated assessment are increasingly required to remain competitive for federal funding.
- The best source of community information about the local homeless population is PIT. PIT currently has a number of limitations which make it challenging to compare data from year to year.

Current efforts underway:

- Development of more accurate information on the local homeless population – Working with MDHI to improve PIT to develop more reliable and useful information.
- Three key homeless service providers are currently working on assessing service coordination and operational issues associated primarily with providing emergency services to adults, as a result of a recent consultant report.

Potential initiatives:

1. Require system improvements as contract conditions for city funding – The city (and other local funders) could require systems improvements, such as integrated data collection, coordinated entry and client assessment as a condition of contracts for services. This is a significant shift, largely unattainable to date due to the time and resources needed for start up and development and lack of clear alignment among providers. To help with transition to this model, identify time and cost elements associated and funding sources to provide assistance. These types of infrastructure costs are often not funded through traditional sources of funding.
2. Determine a prioritization system – use existing VI or other tool to determine priorities for some or all homeless services. For example, outreach, assessment and housing placement efforts could be focused on chronically homeless individuals and families that are most likely to cycle in and out of emergency services across jurisdictions. Compile list of most vulnerable chronically homeless from existing sources of information and prioritize for available housing and other limited services.

4. Improve community education and dialogue about homelessness

Key Issues:

- Many members of the Boulder community are unclear about the range of people experiencing homelessness in the city, factors contributing to homelessness, barriers to exiting homelessness, and what's being done about homelessness locally and nationally. Lack of understanding about homelessness can lead to misconceptions about the homeless, homeless services and housing projects.

Current efforts or initiatives underway:

- Both the BHPG and TYP Board have public education goals on their 2014 work plans

Potential Initiatives:

1. Work with community stakeholders to improve communications and information about homeless populations.
1. Expand communications methods to include information and stories from homeless people about homelessness. Maximize use of city and local partner websites, and media vehicles.

BHPG Input on Potential HAP Strategies

BHPG members have provided input on proposed HAP Strategies through meetings and an online survey. BHPG input to date is summarized below.

BHPG members overwhelmingly prioritized increased housing as the most important strategy and cited lack of housing as a key community gap preventing maximum impact of local efforts.

Strategies ranked by BHPG members in order of importance:

1. Innovative solutions to increase housing options;
2. Facilitate development of seamless, integrated service system (e.g. intake, assessment, case management);
3. Allocate city funds according to priorities identified through Human Services Strategy and Homeless Action Plan;
4. Promote and facilitate creation of a community-wide, shared data system;
5. Increase community education;
6. Strengthen regional relationships to address issues.

The majority of BHPG members support instituting a prioritization system for Boulder's homeless services. Most favored a system that prioritized services other than emergency shelter. The majority supported prioritization based on vulnerability (assessed by VI or similar tool).

Overall, BHPG members were supportive of the idea of the city requiring data and other system improvements for organizations it funds. Some homeless services providers expressed concerns about the potential challenges of a community-wide data system for client privacy and that some systems have historically been cumbersome for providers to implement and navigate.

IV. Other Ideas and Issues

Tiny Houses

One innovative idea implemented in other communities is Tiny Houses. Tiny House projects implemented in some cities, have the following typical characteristics:

- Between 100 and 300 square feet;
- Either on trailers or foundations;

- Arranged in a “village” with centralized kitchen, laundry, showers and other amenities such as community gardens;
- Minimal staff (usually just one full-time program manager);
- Governed by a resident board;
- Require residents to contribute service hours to the village; and
- Have rules prohibiting drugs, alcohol and other behaviors considered undesirable by the community.

Since December 2013, three tiny home villages have been implemented in Olympia, Wash. (30 houses), Madison, Wis. (11 houses), and Newfield, N.Y. (18 houses). A much larger development, for up to 200 residents, is planned to open in Austin, Texas in December 2014. Estimated costs per unit range from $5,000 to $88,000. Land for these developments has been donated, purchased by a nonprofit or leased by the local city or county for $1 per year. Fundraising and donations of material and labor are significant sources of support, along with federal, state and local grants.

The tiny home model is attractive due to the lower cost of units compared with more traditional housing and for those seeking an alternative to traditional housing. The concept is relatively new for homeless housing, and there are no formal studies on long-term outcomes. As a condition of funding received from the state, the Olympia development (Quixote Village) must provide a progress report to the state legislature in five years.

Tiny houses may be a viable housing solution for some homeless populations. The model appears infeasible for people with the most serious unabated housing stability barriers, such as alcohol or drug abuse. Tiny house villages generally prohibit alcohol and drugs and require some level of personal stability to successfully manage a village.The Housing First approach recommended for chronically homeless individuals does not require sobriety before housing and generally provides ongoing case management and onsite support.

Changes to Boulder’s current land use and building code requirements would be necessary to implement this type of housing. For example, a tiny home on wheels would be considered either a “mobile home” or “travel trailer,” both of which are strictly regulated. Non-mobile tiny homes would be considered “dwelling units” and would be subject to standard development requirements. The feasibility of using limited land opportunities for this type of homeless housing, as opposed to apartment-type housing would need to be considered.

Influx of homeless to Boulder

One concern often raised is whether the availability and extent of services in the community attract people to Boulder. Boulder is a great place to be, for many people, including the homeless. Although there are not reliable data to answer this question, some information is available that can be used as a proxy. This information is summarized below.

- PIT Survey – PIT respondents are asked to provide the county of their last permanent residence. While these data indicate that people experiencing homelessness are highly mobile, it does not indicate that Boulder experiences a higher rate of migration than the Denver Metro Region overall. In 2014, 54 percent of the people surveyed in Boulder County listed Boulder County as their last permanent residence. This is a higher "residency rate" than most other counties in the seven-county region, as shown in Chart 3 below.

Chart 3: Percentage of homeless who stayed in their county of last permanent residence

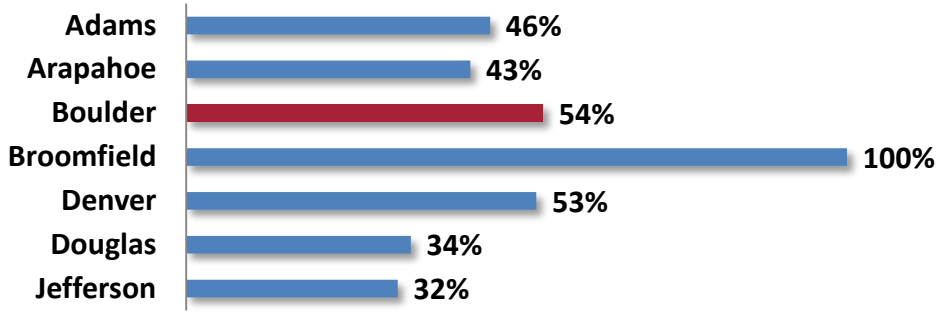
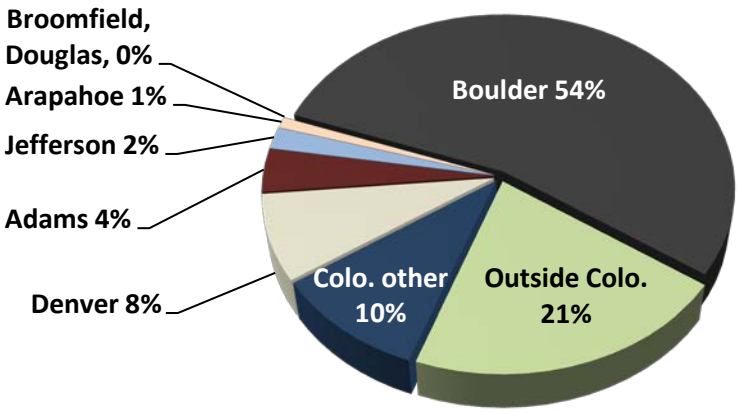


Chart 4 shows the last permanent residence of people surveyed in Boulder County during the 2014 PIT.

Chart 4: County of last permanent residence for homeless counted in Boulder, Jan. 2014



- Per-capita homeless population – In 2013 staff compared homeless populations as a percentage of overall population in local cities and national peer cities. The analysis, summarized in Chart 5 below, suggests that many cities have comparable or higher per-capita homeless rates than Boulder. However, Boulder is among the cities in the cluster of higher rates of homelessness. This analysis is based on PIT data, which has many limitations due to differences among cities in implementation.

Chart 5: Summary PIT Data for Denver Region and Peer Cities, 2013

City	Total Population	Total Homeless Population	Total Homeless as % of Total Population
Denver Region:			
Denver	649,495	4,904	0.76
Aurora	345,803	661	0.19
Boulder	103,166	748	0.73
Lafayette	26,784	259	0.97
Longmont	89,919	1,180	1.31
Peer Cities:			
Fort Collins, CO	152,061	250	0.16
Berkeley, CA <2>	116,768	808	0.69
Flagstaff, AZ <3>	68,667	332	0.48
Madison, WI	243,344	732	0.30
Norman, OK	118,197	368	0.31
Santa Barbara, CA	90,412	946	1.05
Santa Monica, CA	92,472	780	0.84

- Services in Denver compared to Boulder – Denver offers some services that Boulder does not, including year-round shelter and shelters serving specialized populations such as women. People evaluating where to go in the region based on services may prefer Denver to Boulder for this reason.

- Boulder service provider data – During late summer and early fall 2013, homeless service providers and city probation staff walked the Boulder Creek/Municipal Campus area between the County Justice Center and east side of Central Park on 16 different days, counting the number of people known to be users of local homeless services. The median percentage known in the homeless service system was 22 percent. Staff also observed that there was a high degree of turnover among the "unknown" persons in the area between each walk. BSH reports that on an annual basis roughly half of its clients stay for seven or fewer nights, and approximately a quarter stay only one night. This information suggests that there may be a high number of people that "pass through" Boulder and don't use services, or use a minimal amount. Implementing a standardized, coordinated intake and assessment at agencies would be helpful in understanding this population.

- Bridge House Resource Center (RC) data – An informal survey of RC clients asked why they came to Boulder if they came after becoming homeless. The top five responses were:
    - To find employment 16%
    - It's beautiful here 10%
    - It's safer for me here 8%

- People are friendlier here 8%
- I have friends/family here 7%
- Good shelter services for homeless people 7%

Although some people may come to Boulder for homeless services, the available information does not suggest that people are coming in significant numbers for this reason.

Options for obtaining more information on the reasons homeless people come to Boulder include conducting on street surveys or collecting this information routinely during intake by service providers.

Prioritization for homeless services

Many cities that prioritize people for homeless services do so on the basis of vulnerability, using the VI or similar tool. The most vulnerable people experiencing homelessness face the highest risk of dying on the street, and disproportionately interface with costly community resources, such as emergency rooms and law enforcement/justice systems. Cities that have been successful in reducing homeless populations, such as those featured in Attachment B, generally use vulnerability to prioritize people for services.

Service prioritization by residency is not a common practice, however some cities have incorporated residency into homeless program criteria.

San Francisco recently enacted a policy that requires families seeking long-term shelter beds to prove they are residents. The policy does not include a threshold for length of residency, but does require that they have completed an application for public benefits in the city. Concerns have been expressed about this policy because it may increase barriers for undocumented families. Residency is not required for emergency services.

The City of Santa Monica has a policy requiring homeless persons meet their "priority participant" definition to be eligible for homeless services. This prioritization system is a combination approach, with services being targeted to those most vulnerable as assessed through the VI, or those determined to be Santa Monica residents or workforce members. Homeless individuals or families who recently arrived in Santa Monica or intermittently stay in Santa Monica are not eligible for services. Santa Monica's 2014 PIT counted 742 homeless people, the same number counted in 2010.

Locally, the Outreach United Resource (OUR) Center, a homeless service provider in Longmont, requires residency of at least one month to receive direct financial assistance services, such as help with rent, utilities, and deposits. It does not require residency for other basic needs and day services it provides, such as meals and showers.

Consultant report on city adult homeless service provider organizations

Recently The Burnes Institute in Denver was contracted by Bridge House (BH), Boulder Shelter for the Homeless (BSH) and Boulder Outreach for the Homeless (BOHO) to analyze services and operations and determine the potential for increased collaboration

and coordination among the three agencies, which provide the majority of services in Boulder to homeless adults. See report here.

The report made a number of recommendations, ranging from minor operational changes to major shifts in organization role and services. BH, BSH and BOHO are now reviewing the implications of these recommendations.

The following are staff comments on the report:

- Recommendations focusing on system improvements such as coordinated entry, standardized case management and vulnerability assessment, and development of a shared data system are consistent with goals of the Ten Year Plan, federal policy and funding direction and best practice.
- Increased efforts in community education are a consistent identified community needs.
- Convert 4747 Table Mesa to a day center - The city supports BH's planned transitional housing for Ready to Work (RTW) participants at 4747 Table Mesa. This housing is necessary to implement expansion of RTW, which is a successful program helping people transition to employment and stability. The city has invested $1.2 M in this project.
- Recommendations to transition all emergency shelter to BOHO, and turn BSH into transitional housing would need careful evaluation of agency capacity, operational considerations, interests of and impacts on other community stakeholders and consistency with long-term goals.
- An expanded day services center could fill existing gaps in the community, particularly if it functions as a centralized hub for coordinated entry and assessment and other systems improvements and not strictly as day shelter.

A community resource coming on line that may impact the day services center recommendation is the September opening of MHPs' new Wellness Center at 1000 Alpine Ave. Client services located in the Wellness Center will include: education, employment preparation and training, housing strategies and benefit management, medical services, psychosocial rehabilitation and wellness. The 30,000-square-foot facility's proximity to Clinica Family Health Services, and Mental Health Partners' Warner House will result in a more integrated service delivery "hub" for clients.

This facility does not include all the functions and populations envisioned for an expanded homeless day services center, however it will improve coordination of services to clients. This new service should be considered in the mix of future needs.

- The report recommends that the city take the lead on addressing transportation issues. The city has played the role of an actively engaged partner and currently supports transportation to and from BSH and BOHO during the winter sheltering season and provides support through the city Public Works Department for special needs populations. Homeless service organizations supported by the city offer bus tokens and transportation assistance for trips to job interviews, medical

appointments, etc. However, the city could work with providers to determine if there are more efficient, effective and coordinated ways to provide transportation.

The remainder of the Burnes Institute report recommendations are primarily internal operations suggestions.

Some limitations of the report include:

- Recommendations impact other community stakeholders who were not interviewed and whose interests were not represented in the report development.
- The report recommendations did not consider information regarding how the recommendations link to the broader homeless services system and impacts, or balancing those interests or goals.
- BSH is a countywide shelter, and should be considered more broadly as a regional service provider with limited funding from the City and County of Broomfield. Providing recommendations related to significant organizational and service changes without that context is an incomplete picture.
- Feasibility assessment of the recommendations is needed.

Additional information requested by council members

Questions from council members and responses regarding the operations of BSH and BOHO is included as **Attachment F.**

Boulder Rights Watch Action Plan

Boulder Rights Watch (BRW) submitted an Action Plan for consideration to council on August 16. Staff has not reviewed the report in detail, but can provide some general feedback:

- Establish a daytime storage center for use by homeless people – BSH has lockers for the use of shelter clients. However, there are not enough available and there are access limitations. Beginning August 19, women who stay at the BOHO women's summer sleep program may check their bags for the day at the Bridge House RC on Tuesdays and Wednesdays. This will be a one-month trial.
- Storage space for people is provided in some cities and may be helpful in efforts for homeless individuals to seek services and be part of the community. Rather than investing resources in obtaining and staffing a stand-alone facility as described in the BRW document, local organizations that already serve the homeless should evaluate if an existing facility with existing staff could be utilized for this purpose.
- Create and fund a year-round comprehensive day center – Much of the discussion about the day center concept in this document focuses on the center as a centralized location for coordinated entry and services with improved data collection. Coordinated entry, centralized services and data/service integration are consistent with best practice, federal policy direction and what is known to work in other communities. These strategies may be able to be implemented without obtaining and staffing a new building and should be evaluated.

- Address housing for poorest community members as part of Comprehensive Housing Strategy (CHS) – Homeless and at-risk populations are an important consideration for policy discussions regarding housing priorities.
- Year-round homeless shelter and overflow facilities – Keeping BSH or BOHO at full operating capacity year-round may fill some current gaps in needs, including people with no indoor shelter. BSH and BOHO were both open on four of the five nights this year when tragic deaths occurred. It is unknown what barriers prevented the people who died from accessing either shelter. A more thorough assessment is needed.
- The National Alliance to End Homelessness recommends having year-round indoor shelter available, although permanent housing is preferred.
- Public education campaign – Public education is a clearly identified need. Public education should be a community effort, including public entities.
- Community Response Team– The EDGE (Early Diversion Get Engaged) program, collaboration between MHP and the Boulder Police Department, described later in this report, has the potential to perform some of the functions proposed by BRW for the community response team. Expanding community outreach and connections to services should be considered as a viable part of an effective service delivery system.

V. UPDATE ON CURRENT EFFORTS IN THE DOWNTOWN AREA

Area improvements and activation

Beginning in 2013, after growing concern from the community, the city launched an effort to enhance the municipal campus and downtown areas to be a safe, welcoming and enjoyable for all members of the community.

Specific activities related to the downtown area include: increased police patrols, implementing a municipal campus smoking ban, clean up of the creek corridor, seeding the municipal lawn, and activation of municipal campus area with events and activities as part of Phase I of Civic Area Plan implementation.

Improvement and repair projects have included flood repair, removal of the children's playground, municipal parking and Arapahoe median improvements, Library Pooh garden improvements, and the train track removal scheduled for August.

Parks and Recreation, Library, BPD, DBI and other community organizations have partnered to have activities and events throughout the summer. Park ambassadors have been deployed for creek walks during the farmers market and event support.

Crime

Boulder Police Department and Municipal Court data indicate that most crime – misdemeanor, felony and municipal crime – is committed in the downtown area, regardless of housing status. The police department deploys resources across the city where the need is. The presence of officers in the downtown is consistent with this methodology.

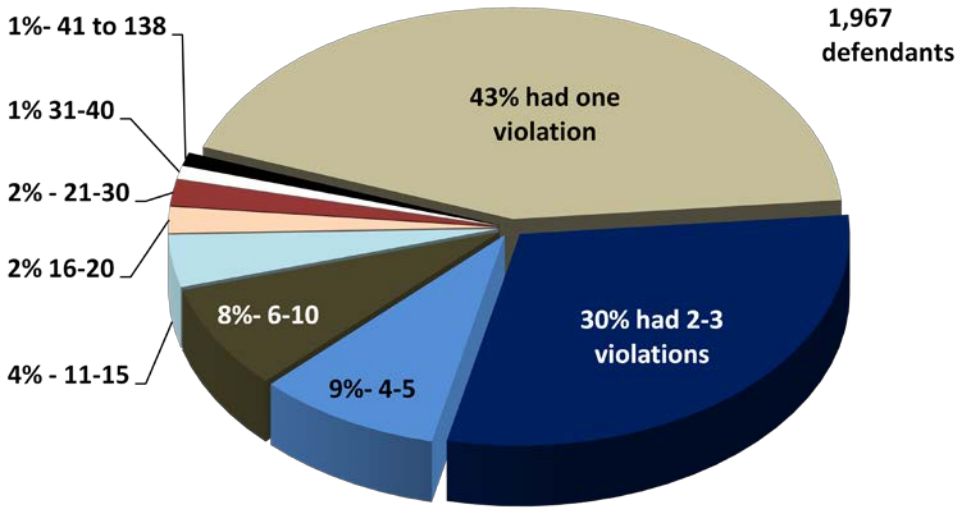
Among all summons and arrests issued to those without an address or listing the BSH as their address, between January 2009 and June 2014, the top violations by type of offense are identified in Chart 6 below:

Chart 6: Top five violations by type, January 2009 - June 2014

Type	First	Second	Third	Fourth	Fifth
Municipal ordinance	Possession or consumption of alcohol	Camping	Trespass	Fighting words	Urinating in public
State misdemeanor	Theft	Violation of protection order	Possession of marijuana	Possession of drug paraphernalia	Third degree assault
Felony	Second degree assault	Criminal impersonation	Failure to comply with court order	Unlawful possession of controlled substance	First degree trespass

Chart 7 shows Municipal Court data for all municipal violations issued between Jan. 2009-June 2014 to those without an address or who listed BSH or Bridge House as an address.

Chart 7: Municipal court defendants and number of violations, January 2009-June 2014



Focusing efforts and resources on reducing the recidivism rate of defendants with repeat violations would reduce the burden on police and municipal court. The Court has been working with Bridge House and other service providers to get defendants into services

and assessed for needs. In 2013, the Municipal Court added staff resources to help homeless defendants connect with community resources. Changes to the service delivery system such as coordinated entry and case management, assessment, and prioritization based on vulnerability and development of additional permanent supportive housing options, could potentially impact positively recidivism rates and defendants lives.

The police department has collaborated with MHP in a grant to provide immediate and direct intervention for community members who need resources through the use of mental health clinicians. Clinicians work out of the police department and ride with officers during specified times and days of the week. The program, Project EDGE (Early Diversion Get Engaged), and focuses on diverting individuals with behavioral health conditions before they face arrest.

During summer months, when school is not in session, school resources officers are assigned to the downtown, municipal campus, and creek path areas on foot and by bicycle for additional presence. There are overtime assignments April through October on the municipal campus, Central Park area and creek path. Liaisons are also assigned to BSH and BOHO.

IV. NEXT STEPS

With feedback and direction from council, staff will revise and update goals and strategies for the draft HAP. Other related upcoming discussions include:

- Public Hearing Comprehensive Housing Strategy Housing Strategy, Goals and Work group Structure – Sept. 2 and 16, 2014
- Study Session – Smoking Prohibited in Public Places – Sept. 23, 2014
- IP – Council Homeless Issues Update – November 2014
- Study Session – Comprehensive Housing Strategy – Dec. 9, 2014
- Human Services Study Session – January 2015

V. ATTACHMENTS

Attachment A: Homeless definitions and populations
Attachment B: Other community initiatives in reducing homelessness
Attachment C: Metro Mayors Caucus Homeless Committee Memo
Attachment D: Ten-Year Plan activities and achievements
Attachment E: Denver Social Impact Bond Initiative summary
Attachment F: Responses to council questions

Homeless Definitions and Population Estimates*

	Definition
Homeless Approximately 647 people in the City of Boulder	1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided; 2. People who are losing their residence, including motels, hotels, or "doubled up" situations, within 14 days and lack resources/support networks to remain in housing; 3. Families with children/unaccompanied youth who are unstably housed and likely to remain so; 4. People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources/support networks to obtain other permanent housing.
Chronically Homeless Approximately 15% of homeless (97 people)	A chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. Disabilities are typcially diagnosed substance use or mental health disorders, co-occuring or dual diagnosis disorders. A family with an adult member who meets this description would also be considered chronically homeless. Permanent supportive housing (Housing First) is a key evidence-based intervention for this population. HUD has made this a priority population, with a goal of ending chronic homelessness by 2015.
Newly or Situationally Homeless Approximately 24% of homeless (155 people)	People who are homeless for less than one year and are experiencing homelessness for the first time. Those who are newly homeless may also be situationally homeless. Situationally homeless are inidividuals or families who are facing some sort of housing, health care, financial, or job loss crisis. When homeless services are provided, these individuals usually are able to locate and obtain another stable housing situation. Rapid re-housing (short-term rental assistance) to get people back into permanent housing as soon as possible, is a best practice intervention for this population.
Unsheltered Homeless Approximately 11 % of homeless (70 people)	A homeless individual or family who lacks a fixed, regular, and adequate nighttime residence, resides in places not meant for human habitation such as in cars, parks, sidewalks, abandoned buildings, bus or train stations, aiports, or camp grounds. The population often needs permanent supportive housing.
Episodically Homeless Population numbers not available	An individual who is having recurrent problems that result in the loss of their housing. Often these individuals have seasonal/minimum wage income or sporadic domestic situations that affect stable housing.
Transients/Travelers Population numbers not available	National homeless organizations have refrained from defining this group because they believe "transient" is being used in a derrogatory way, disparaging people who are homeless. Mobility is common to many homeless subpopulations who move to access needed services or housing or for a variety of other reasons. In Boulder transients are often described as people whose lifestyle involves traveling from place to place, spending limited time in any one place. "Rainbow" people who are often in Boulder during the summer months are included in this group.
At Risk of Homelessness Approximately 120 people	An individual or family who has an annual income below 30 percent of the median family income for the area, doesn't have sufficient resources or support networks to prevent them from moving to an emergency shelter or doesn't have an adequate nighttime residence (uses a car, park, abandoned building, bus or train station, airport, forests or open space, etc. as a nighttime residence), or an individual or famiy who is severely housing cost burdened (pays 50 percent or more of household income on housing), or an individual or family whose severe housing cost burden is a result of a required and unexpected emergency expense or income interruption/job loss. Data on at-risk and homeless populations were separated for the first time in the 2014 PIT. Prevention strategies, such as short-term financial assistance, landlord outreach, employment, health services and wrap-around family supports are cost-effective strategies to avoid homelessness for this population.
Youth Approximately 1% of homeless (8 people)	Youth need a variety of case management, health and educational supports to increase stability in housing and plan for a successful transition to adulthood.
Young Adults Approximately 8% of homeless (51 people)	People aged 18 to 24. Young adults need a variety of supports. Those leaving the foster care system need transition planning for a successful transition to adulthood.
Families Approximately 43% of homeless (280 people)	Households with children under 18 years of age. Families are less likely than single adults to be chronically homeless, and comprise a higher percentage of the at-risk population than the homeless population. In the 2014 PIT, 70% of people counted as at-risk for homelessness were in families with children. Families in this situation need rapid re-housing assistance and wraparound family support. Children in homeless or at-risk families may face challenges attending school and keeping up with classwork due to instability. In addition to community non-profits serving families, school districts and the city's Family Resource Schools program have programs supporting these families. HUD goal of ending family homelessness by 2020.
Veterans Approximately 7% of homeless (47 people)	Persons who served in the U.S. Military. Veterans have a variety of housing needs and are sometimes eligible for Veterans Affairs Supportive Housing (VASH) permanent supportive housing vouchers. HUD and the VA have made this a priority population, with a goal of ending veteran homelessness by 2015.

*Population estimates developed based on three-year averages of 2012-1014 Point In Time (PIT) count and survey data. National estimates suggest PIT undercounts the homeless population by at least half.

Other Communities' Initiatives in Reducing Homelessness

Community	Accomplishment	Methods/Resources
Nashville, TN	Housed 189 chronically homeless individuals in 100 days as part of 100,000 Homes Campaign	• Used VI-SPDAT to assess, prioritize most vulnerable in population • Repurposed $200K CDBG and raised $300K in private donations for move-in costs • Social media campaign and events for fundraising • Housing authority created preference for vulnerability, issued Housing Choice (Section 8) vouchers to 18 most vulnerable per month • VA prioritized chronically homeless for VASH vouchers • Private landlords discounted rents significantly on units likely to remain vacant
Phoenix, AZ	Connected 222 chronically homeless veterans with housing and support services. Two years later, 95% have retained housing.	• VI to assess, prioritize most vulnerable veterans • Developed list of "friendly" private sector landlords (12% vacancy rate in city) • City contributes $50K annually for "bridge housing" (motel rooms) while VASH being processed • "Navigators" provide outreach and ongoing post housing support. Paid for by Sun Valley United Way ($306K annually) and AZ Department of Veterans ($125K annually) • Prioritized HUD housing vouchers (including Housing Choice) for most vulnerable veterans
Salt Lake City, UT	Housed 92 of 100 chronically homeless veterans in 45 days as part of 100,000 Homes Campaign	• Mayor convened stakeholders including housing authorities and private landlords to ask for help in initiative • 42 landlords contacted city to participate and offer units • Veterans housing office, staffed by service providers and VA, opened at emergency shelter • Primary support was VASH vouchers • Additional funding from Support Services for Veterans Families Program, CDBG, federal Emergency Solutions Grant funds

		• City invested in a homeless services coordinator
Quincy, MA	Decreased chronic homelessness 50 percent between 2005-2009. Able to close a 35-bed emergency shelter due to lack of need.	• Added Housing First units using HOME funds and private investment • Downtown businesses, bankers contribute • CoC HUD funds used for supportive services • No additional city general funds • Worked with state systems to change discharge policies for jails, hospitals, substance use facilities • Data driven approach (HMIS+PIT) to measure progress, re-design local homeless policies • Community Housing Development Organization active in going after local affordable housing trust fund and other sources for Permanent Supportive Housing projects • City and homeless providers prioritized fed and private funding for PSH versus transitional/emergency housing. Terminated a transitional housing program to divert funds to PSH. • Other funding: Neighborhood Reinvestment funds, Federal Home Loan Bank, State's Center for Community Recovery Innovations
Fairfax-Falls Church, VA	Reduced overall homelessness 33 percent 2008-2014, including significant declines in family homelessness	• County created Office to Prevent and End Homelessness (OPEH) - consolidated all homeless funding, programs; oversees TYP implementation • OPEH budget - $13M in local funds, plus fluctuating fed, state funds • Has created few new units • Focus on rent subsidies to prevent homelessness, and rapid re-housing for homeless. Started with stimulus funds. Replaced with local funds after success • Standardized homeless services intake, coordinated entry, with focus on prevention, diversion and re-housing • HMIS centrally coordinated with 120 agencies participating • Local affordable housing investments. Homeless housing was previously one of many populations in priorities. Elevated to one of four priority areas • Re-purposed HUD funding from transitional housing to PSH. Converted transitional

		housing to PSH.
Norfolk, VA	Reduced homelessness by 25 percent 2006-2008 and reduced chronic homelessness 25 percent between 2013-2014	• Implemented Housing First program – Includes Housing First Assertive Community Treatment (ACT) Team for intensive home-based care. Funded at $1.8M per year through Continuum of Care (HUD) funds, Section 8, CDBG, local general funds, private funds. • Increased both permanent and permanent supportive housing. Permanent supportive housing increased 65% between 2005-2008. • 3-4 local housing authorities for Norfolk and nearby communities pooled vouchers to get permanent supportive housing built • Norfolk and another local community each have 80-unit SROs being built by housing authorities for workforce housing with developer getting tax credits through the state • City general fund contributing $60K per unit for many homeless housing projects. Most housing projects financed through combination of tax credits, vouchers and city contributions • Implemented Homeless Action Response Team (HART) – multi-disciplinary team of social workers, mainstream caseworkers and others to work exclusively with homeless families and serve as central intake. A focus on prevention and rapid re-housing has resulted in more stability for families, with fewer requesting shelter or emergency housing payments • HART has 80% “diversion rate” – they can divert about 80% of families that come to them from emergency shelter, and instead find placement with family, friends or rapid re-housing into permanent situation • Local family homeless services provider has a large rapid re-housing program. • Strong investment in rapid re-housing on state level

MMC HOMELESS COMMITTEE

Mission: *Remove barriers to collaboration and support efforts to reduce homelessness in the metro area.*

The **Metro Mayors Caucus Homeless Committee (MMC-HC)** has met monthly since March to study the issue of homelessness in metro Denver. MMC-HC has worked closely with the region's HUD designated Continuum of Care provider, the **Metro Denver Homeless Initiative (MDHI)** to better understand the many facets of the issue and how the mayors may expand, accelerate or otherwise add value to efforts to both new and ongoing efforts to reduce metro area homelessness. MMC-HC & MDHI have agreed on the below common definition of homelessness and are developing several proposed areas for MMC engagement on which we are seeking feedback from the Caucus.

Homelessness in Metro Denver

MMC-HC has adopted the broader MDHI definition of homelessness that includes vulnerable citizens in unstable circumstances. This expanded definition incorporates families and individuals on the verge of homelessness as part of a more holistic and proactive long-term approach to reducing homelessness in the metro area. Included in the MMC-HC/MDHI definition are those in the following circumstances:

- Sleeping in places not meant for human habitation (i.e., cars, parks, or abandoned buildings)
- Sleeping in an emergency shelter
- Living in transitional housing or a hotel or motel
- Living temporarily with family members or friends
- Transitioning out of jail, prison, halfway house, foster care, hospital, detox or other types of residential programs without stable, permanent housing
- Facing eviction from permanent housing
- Loitering and congregating in public places due to a lack of a permanent residence

MMC-HC and MDHI have proposed the following initiatives for consideration of MMC

Short-range Goals (6-12 months)
Invest in regional resources to maximize impact

- Appoint city representatives to participate in city or county homeless prevention initiatives
- Identify underutilized regional resources to reduce and prevent homelessness

Medium-range Goals (1-2 years)
Raise public awareness of homelessness as a regional issue

- Increase mayors engagement on homelessness
- Support pilot of Coordinated Entry system
- Support initiatives to expand housing resources e.g, landlord recruitment

Long-range Goals (2-4 years)
Increase housing resources

- Conduct regional housing & services assessment
- Grow regional housing stock across the seven county area

Ten-Year Plan Activities and Achievements to Date by Plan Goal	
Goal	**Activities and Achievements**
Goal 1: Prevention/Intervention	• Boulder County (BC) Housing Counseling Program expanded to provide pre-rental counseling and related services to prevent homelessness. • Boulder County Housing Stabilization Program expanded through HUD's Emergency Solutions Grant. • Over 1,000 people received rental assistance in the BC Housing Stabilization program. • 76 families received Family Unification Program (FUP) vouchers. • 52 families received Tenant-Based Rental Assistance (TBRA) vouchers for families with school aged children. • 35 families involved with child protection received short-term housing assistance. • Approximately 1000-2000 people annually receive assistance with basic needs to prevent homelessness through City of Boulder Human Services Fund (HSF)-funded agencies.

Goal 2: Temporary Shelter, Alternative Housing and Support	• Countywide homeless housing inventory created by City of Boulder in 2013 to track system resources and capacity.
	• The County has installed the common database, Efforts To Outcomes (ETO), at five local agencies.
	• The Boulder Shelter hired a full time benefits coordinator for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) applications.
	• Year-round day services are being offered by Bridge House and the OUR Center in Longmont.
	• Boulder County Medicaid enrollment has dramatically increased to 42,000 people.
	• Medical respite beds are now in place in Longmont and in Boulder.
	• Twelve Boulder County residents placed in Fort Lyon Supportive Residential Community, with an additional 13 on waitlist.
	• The Boulder Shelter continues to provide 160 beds of temporary winter shelter.
	• Attention Homes expanded emergency youth shelter capacity from 10 to 16 beds.
	• BOHO has expanded its warming center to accommodate up to 120 adults in the winter.
	• BOHO has ongoing pilots of women-only warming centers and summer sleep sites.
	• Agape Family Services offers up to 20 warming center beds in Longmont in the winter.
	• Transitional Housing supply increased:
	  o 17 units in Longmont (Inn Between)
	  o 14 units for families in Louisville (EFAA)
	  o 4 units for individuals/families homeless due to domestic violence
	  o 12 units county-wide (Boulder County Short-Term Housing Program for homeless families in child protection)
	  o 45 vouchers for families with school-aged children (Colorado Division of Housing, TBRA Program)
	  o Five additional family units under construction in Boulder (EFAA).
	  o 48 beds for Ready-to-Work (RTW) participants to open in June 2015. Will expand RTW capacity.

Goal 3: **Permanent Housing and Support Services**	• Bridge House started the RTW program. Increased city support in 2014 through HSF. • Bridge House/OUR Center have added peer navigator outreach workers to their staffs. • Boulder County Cares street outreach is in operation during winter months in Boulder. • Boulder County Medicaid enrollment increased dramatically to 42,000 people. • Boulder County team accepted as part of Governor's Supportive Housing Toolkit Initiative to develop a permanent supportive housing project. • 35 homeless veteran households in Boulder County permanently housed with HUD Veterans Affairs Supportive Housing (VASH) vouchers in 2013. Boulder County Housing Authority invited to apply for 25 additional VASH vouchers. • The Boulder Shelter hired a full time benefits coordinator for SSI/SSDI applications. • The Boulder Shelter hired a Resource Specialist to assist clients in the referral process. • The Boulder Shelter is now doing regular shift briefings at the Boulder Police Department. • Homeless Outreach Providing Encouragement (HOPE) street outreach is in operation year-round in Longmont. • The Longmont Housing Authority purchased 71 units of housing for the homeless by purchasing The Suites. • Lee Hill 31-unit Housing First development is in process of leasing to first tenants. • 50 family and youth households housed by Boulder County (HUD Family Reunification funding) • 24 family units developed in Lafayette (Aspinwall at Josephine Commons) • 18 units in Lafayette (Aspinwall) for vulnerable homeless (chronic, disabled or domestic violence) leasing up in 2014.
Goal 4: **System Improvements**	• BHPG formed to improve service integration in the city of Boulder and address local issues. • Regional Grants Management System implemented to coordinate human services funding and reporting processes for Boulder, Longmont, Boulder County and Foothills United Way. • Increased involvement in Metro Denver Homeless Initiative (MDHI) regional planning efforts. • Conducted countywide Vulnerability Index (VI) survey of homeless veterans, resulting in additional veterans housed as described in Goal 3 above. • Participation of Boulder County partners in Denver Metro Region 25 Cities. Initiative to pilot coordinated assessment and housing placement system. • Adoption of the universal Self Sufficiency Matrix evaluation tool by local service agencies. • Bridge House Resource Center (RC) created. Provides wraparound services and support. Now takes Municipal Court referrals.
Goal 5: **Public Awareness and Advocacy**	• Annual homeless memorial held to commemorate the lives of homeless people who have died on the streets in Boulder. • Public information provided on homelessness through "Human Services Insight" on Channel 8. • Improved public education on homelessness on work plans for BHPG and Ten-Year Plan (TYP) Board. • A county group now meets regularly with local landlords. • Two MDHI board members are now from Boulder County.
Goal 6: **Governance and Staffing**	• The TYP Board was awarded a Volunteers in Service to America (VISTA) volunteer for 2015.

Social Impact Solutions

Denver Social Impact Bond Initiative: Supportive Housing

Problem to be Addressed:

The City of Denver, like many other communities around the country, faces limited resources to invest in existing preventive programs for the chronically homeless and individuals who struggle from mental health and substance abuse challenges. As a result, too many of these individuals frequently interact with the police, jail, detox, and emergency care systems. These current interactions are extremely costly and ineffective. The Denver Crime Control and Prevention Commission (DCCPC) has tracked these interactions across systems for the last four years and has calculated that the top 300 heavy-utilizers cost upwards of $11.4 million per year.

On a given year, DCCPC has calculated that the top 300 individuals spend over **14,000 nights in jail** and **visit detox facilities over 2,000 times**.

Lacking an effective intervention, they will continue to be very costly to the City – including the cost of police time, jail days, detox programs, emergency room visits, and other health care expenses. Without an appropriate intervention, the City and its taxpayers will continue to pay a high cost for ineffective remedial and emergency care systems.

In addition, supportive housing resources available for operation and services have decreased, forcing many providers and housing developers to scrap together various grants or abandon plans for the creation of new housing and programming. Without a consistent source of funding, future housing programs targeting the most vulnerable homeless populations may not move forward.

Proposed Approach:

Denver has committed to fully developing a Social Impact Bond to ensure the City is delivering the most effective services, paying for results, "Paying for Success," and shifting its spending from short-term band-aids to long-term, sustainable solutions. The supportive housing initiative will target chronically homeless individuals who also struggle with mental health and substance abuse challenges. Denver is committed to addressing the challenge of chronic homelessness through the very best, evidenced-based, data-driven programs and the most innovative and modern funding mechanisms.

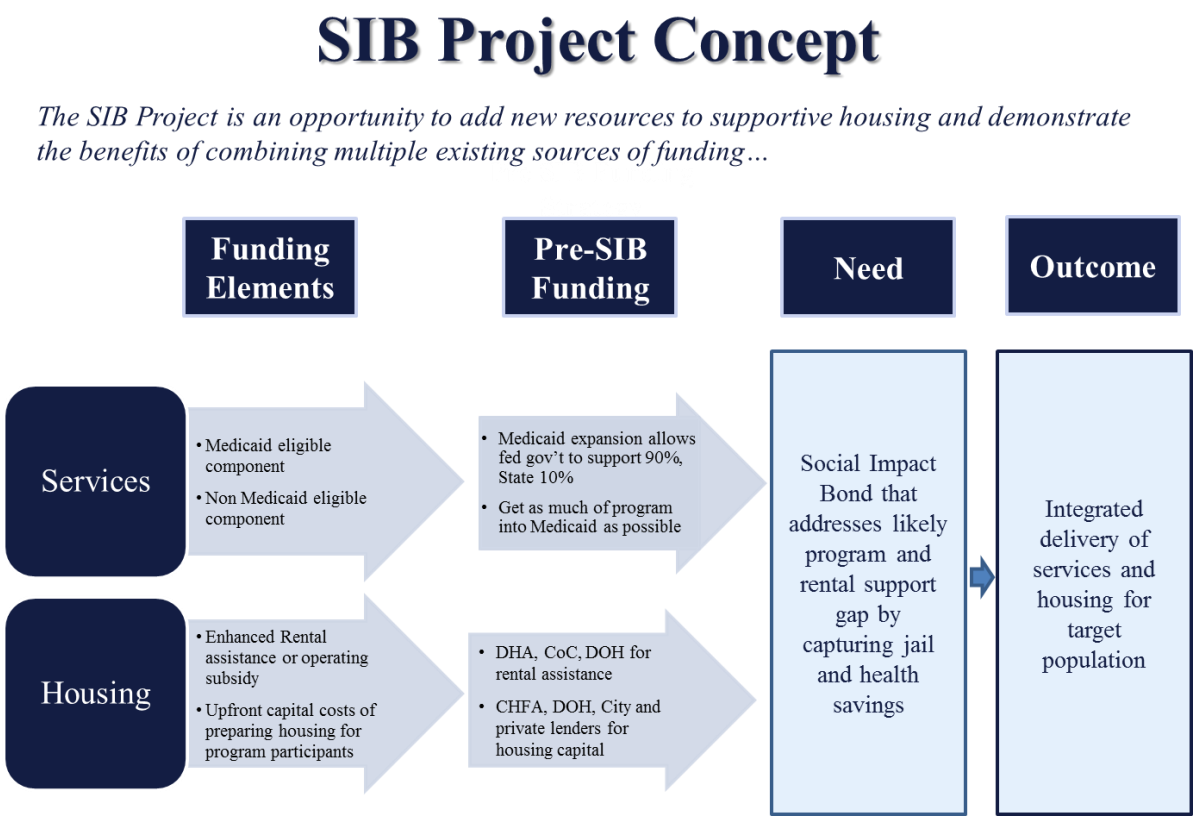
Through its partner organizations, the Corporation for Supportive Housing and Enterprise Community Partners, the City & County of Denver will implement an initiative to serve 200-300 chronically homeless individuals over the next six years using Social Impact Bond financing. The program will be based upon various proven models that combine the approaches of Housing First with intensive case management. Given the overall affordable housing needs of Denver, the initiative will likely make use of a combined housing approach—using an existing scattered-site housing units in the short-term and building new permanent supportive housing units for the long-term. Both housing models will include either mobile or onsite units that will provide intensive case management that will focus on physical health, behavioral health, substance abuse, and daily needs.

Over the next year, the City and its partners will work together to develop the program model, the housing financing needed to build new, permanent supportive housing units, and develop a market-ready structure for the Social Impact Bond. The City brings a vast knowledge of the population to be served and a commitment to funding preventative solutions, which will combine with its partners' strong housing expertise and resources to create long-term solutions for the City's vulnerable population.

The initiative will attempt to combine existing services and housing development resources together with new innovative funding structures in order develop a new model for increasing supportive housing. Through its continued work to promote supportive housing, the State of Colorado has made great progress in using Low-Income Housing Tax Credits and Medicaid reimbursement of behavioral health treatment to promote supportive housing across the state. Denver will work to build upon this framework using Social Impact Bond financing to raise $8-15 million in financing.

This initiative will expand upon Denver's Road Home and other past efforts by leveraging the new financial tool of Social Impact Bonds, scaling up existing programs targeting this population, and bringing in new expertise and best practices to help target this vulnerable population. The City has recently completed a feasibility analysis of conducting a Social Impact Bond for chronically homeless individuals in Denver.

Once the development process is complete, the City and its partners will begin to implement a five to six year program.



Denver Social Impact Bond Initiative: Frequently Asked Questions

Program Overview:

The City & County of Denver is developing a Social Impact Bond initiative to provide supportive housing to chronically homeless individuals who also struggle with mental health and substance abuse challenges. The 6-year initiative will aim to promote housing stability, better life outcomes, and reduce contacts with the police and criminal justice systems and the use of emergency services.

What is Social Impact Bond financing?

Social Impact Bond financing, also called Pay for Success contracts, combine nonprofit expertise, private sector funding and rigorous evaluation to transform the way government and society respond to chronic social problems. In a Social Impact Bond, funders provide the upfront funding needed to deliver the program and taxpayers only repay these funder if the program achieves verified outcomes that create benefits and generate savings for government. All outcomes are rigorously evaluated and verified to ensure that the intervention is producing results.

Why is the City using Social Impact Bond financing over other funding mechanisms?

Social Impact Bond financing allows the City to pay only for outcomes, transfer the risks of program performance to private investors, and make an important transition away from costly, ineffective remedial services to less costly, preventative programs. The use of upfront private financing allows the City to move towards results-based and performance-based financing while ensuring that nonprofits have the funding needed to prove the effectiveness of their program. The City only expends resources when results are achieved and when benefits and savings are generated to the public. Overall, this innovative form of performance-contracting and financing enables the efficient use of taxpayer dollars by allowing the government to purchase social results (e.g. increased housing stability and reduced use of emergency services) rather than outputs and services (e.g. number of meetings with a client) that might not achieve the desired results.

Why is the City addressing chronically homeless individuals who also struggle with mental health and substance abuse challenges?

The City of Denver, like many other communities around the country, faces limited resources to invest in existing preventive programs for the chronically homeless and individuals who struggle from mental health and substance abuse challenges. As a result, too many of these individuals frequently interact with the police, jail, detox, and emergency care systems. These current interactions are extremely costly and ineffective. The Denver Crime Control and Prevention Commission (DCCPC) has tracked these interactions across systems for the last four years and has calculated that the top 300 heavy-utilizers cost upwards of $11.4 million per year. Lacking an effective intervention, they will continue to be very costly to the City – including the cost of police time, jail days, detox programs, emergency room visits, and other health care expenses. On a given year, DCCPC has calculated that the top 300 individuals spend over 14,000 nights in jail and visit detox facilities over 2,000 times.

Both local and national organizations have proven that by targeting this hard-to-serve population and providing them with housing and intensive case management, significant savings and benefits for the City can be achieved.

Will this initiative attract more individuals to Denver in order to access the program?

The initiative will target individuals who have already been identified as interacting with the police, jail, detox, and emergency care systems. The target population consists of individuals who suffer from mental health and substance abuse issues and often find themselves in cities in order to survive. Because of their vulnerable conditions and needs, moving from one location to another is not viable option. Therefore, the individuals served by the program will likely be and continue to be people who have been in Denver for multiple years. As the most recent Metropolitan Denver Homeless Initiative point-in-time survey indicates, homeless individuals and families are just as likely to migrate away from Denver as they are to move into Denver. Given the needs and conditions of the target population nationally, Denver is unlikely to attract more individuals by trying to treat the current needs of individuals already in Denver.

How much money will this initiative cost?

The ultimate cost of this initiative to the City will depend on the ability of the program to qualify individuals for health and Social Security Benefits, the total amount of individuals served, and the performance of the program. Current estimates of providing services and housing to 250 individuals range from $8 to $14 million. Additional State, Federal and private dollars may be needed for the capital costs associated with building new housing units.

Who are the partners that are a part of the initiative?

Corporation for Supportive Housing—For 20 years, CSH has been the leader of the supportive housing movement, demonstrating supportive housing's enormous potential for improving lives of very vulnerable individuals and families. CSH has been a national leader in designing and supporting programs that address vulnerable populations through supportive housing.

Enterprise Community Partners— For more than 30 years, Enterprise has introduced solutions through public-private partnerships with financial institutions, governments, community organizations and other partners that share their vision that one day, every person will have an affordable home in a vibrant community, filled with promise and the opportunity for a good life. Since 1982, Enterprise has raised and invested nearly $16 billion in equity, grants and loans to help build or preserve nearly 320,000 affordable rental and for-sale homes to create vital communities and more than half a million jobs nationwide.

Social Impact Solutions (SIS) – Mary Wickersham and Ken Weil have a combined several decades of high level policy development, financing and implementation experience. Through SIS, they are leading Pay for Success / Social Impact Bond efforts throughout the state. They support clients in positioning successful programs for innovative finance through feasibility studies, financial modeling, identification of funders and structuring deals.

Harvard Kennedy School Social Impact Bond Lab—The SIB Lab conducts research on how governments can foster social innovation and improve the results they obtain with their social spending. An important part of the research model involves providing pro bono technical assistance to state and local governments implementing pay-for-success contracts using social impact bonds. Through this hands-on involvement, the lab gains insights into the barriers that governments face and the solutions that can overcome the barriers. By engaging current students and recent graduates in this effort, the lab is able to provide experiential learning as well.

Response to council questions July 31, 2014 HOTLINE

Responses are provided by Boulder Shelter for the Homeless (BSH) and Boulder Outreach for Homeless Overflow (BOHO) and Boulder PD.

Questions from Council Member Morzel:

1. *While the homeless shelter is open for emergency housing, how many beds are available? What is the bed capacity of the shelter? I ask because my understanding is that the shelter provides about 160 beds/night yet my recollection is that the total capacity is in the mid-200's. Is that correct?*

   The shelter has city land use approval to house up to 160 clients each night. Zoning rules would allow up to about 190 clients per night based on the size of the lot, but for space and safety reasons, the building capacity was set at 160.

2. *If the physical capacity of the shelter has more than 160 beds, why are we not using these beds? What is being done with the space that was intended for beds but is not being used for beds?*

   All spaces intended for sleeping are being used for that purpose. In fact, mattresses on the women's living room floor are used as overflow when the women's dorm is full.

3. *How often during the times of the year when the shelter is open is the shelter at capacity?*

   Depending on the year, the shelter is at capacity between 120 and 160 nights per year.

4. *What is the actual number of individuals the shelter serves on an annual basis? What is the average stay for an individual?*

   The shelter serves between 1,000 and 1,200 unduplicated clients each year. The average stay is about a week.

5. *What are the times of day the shelter is open and closed? What times can people seeking shelter access the facility? What instruction, if any, occurs when an individual is turned away due to the shelter being at capacity or other reasons?*

   The shelter opens for check-in at 5 p.m. and everyone must be out of the building by 8 a.m. the next day. Exceptions are made for clients performing service work or meeting with case managers or accessing other on-site services. Operating hours are also modified for holidays when there are no other daytime sheltering options available.

When clients are turned away due to capacity, they are offered a free bus ride to the BOHO warming center. If they are turned away due to intoxication, a ride to the Addiction Recovery Center (ARC) is offered.

6. *Is there any type of initial screening done for those seeking shelter at the facility? For example, are any professionals on site that are screening for mental health issues, substance abuse, etc. for those entering the shelter? If so, what kind of help or services are individuals being provided?*

   Potential clients are screened by shelter staff for appropriateness to stay at the shelter. The shelter partners with its sister agencies including Mental Health Partners, the ARC, Clinica and Dental Aid to provide specific, on-site services. These services are discretionary and client participation is not required.

7. *What kind of help is present at the shelter to ensure safety for those who come to seek shelter? Are there cameras or monitors to ensure a safe environment? How are fights and assaults handled? How many fights and assaults occur at the shelter on an annual basis?*

   Shelter policies, rules and staff are all in place to ensure safety; not just for clients but for shelter staff and volunteers as well. There are no cameras or security guards. Safety is maintained by setting very clear behavior expectations and holding all clients to these expectations. There are very few physical altercations at the shelter; typically one or two per year. The police are called when client behavior cannot be managed by shelter staff.

   Boulder PD:

   Calls for service to the Shelter from April 19, 2012 – Aug. 4, 2014:

   - Total calls - 1,154: 17 assault; 46 disturbance; 1 fight
     Reported crimes (officers took a report, issued a ticket or made an arrest:
     - Felony crimes - 2 assaultive behavior
     - State misdemeanor reported crimes, summons or arrests for assaultive behavior: 5 third degree assault; 1 menacing; 1 harassment
     - Municipal ordinance violations (reported/summons/arrests for assaultive behavior): 1 assault in the third degree; 2 brawling;4 threatening bodily injury; 1 use of fighting words.
     - Total misdemeanor crimes by year (municipal and state): 2009-2; 2010-6; 2011-0; 2012-4; 2013-4; 2014-2

8. *Who is allowed to stay at the shelter? Is it a first come, first served process or is there more to it?*

Any adult, who agrees to abide by the shelter's conditions of stay, is not currently under consequence for previous behavior and who is capable of caring for themselves is welcome to stay. When the shelter anticipates filling to capacity bed allotment is done by lottery.

9. *Are individuals staying at the shelter for multiple nights allowed to leave any of their belongings in a secured location at the shelter? If not, could that occur?*

   The shelter has a locker room for clients to store their personal belongings in secure, individual lockers.

10. *Where are women needing emergency shelter housed? Are they in a secure location separate from men and the transitional housing?*

    Women sleep in separate dormitories from the men. There is also a women's living room and women's laundry that are women-only spaces.

11. *What is the typical turnover at the shelter for those seeking emergency shelter? I understand individuals are allotted a limit of stay of 90 days. Is that correct? Are records kept? How does the process work? Is there any tracking for those individuals in terms of their improvement? What is the policy or philosophy of limiting a stay to 90 days? Is 90 days enough for someone dealing with mental health or substance abuse or other issues?*

    Emergency clients are limited to 90 nights a season. The shelter has always been, and was designed to be, a temporary place for people in crisis. It is not permanent housing. The 90-night limit allows the shelter to serve a much larger population than it otherwise could and also serves as an incentive for clients to find permanent housing solutions. The shelter tracks each client's information, including the number of stays, in a database. Any client who is interested in working towards stability is encouraged to enter the shelter's transition program. This is a clean and sober program that offers case management support and an extended stay of up to nine months.

12. *What happens when a family with children comes to the shelter? Are they directed elsewhere?*

    Families almost never show up at the shelter. If they do, they are referred to Emergency Family Assistance Association (EFAA), the OUR Center in Longmont or Sister Carmen Community Center in Lafayette.

13. *Does the shelter allow dogs? What happens to the dogs of individuals who come to seek shelter for the night?*

    The shelter has two outdoor kennels for clients' dogs.

14. *I would like more explanation regarding those at the shelter who are considered "transitional." What criteria or conditions do those individuals need to meet in order to go from being housed in emergency shelter to being designated "transitional housing services" at the shelter? Where are the "transitional" housed in the shelter? Are they separated from the emergency overnight individuals? How long are the transitional individuals allowed to stay housed at the shelter? How is the shelter staff working with these individuals to help them achieve more stable lives? Is there a time limit to the length of time an individual considered transitional can stay? Where do these individuals go once they have exceeded their time at the shelter? What kind, if any, assistance is given in helping these individuals move on to more stable positions in their lives?*

    The shelter has five different programs as one size does not fit all. Boulder County Cares is the shelter's street outreach program that assists people who are literally on the streets. Winter Emergency Sheltering is low-barrier assistance for clients seeking safe shelter and food during the winter months. The shelter's Transition Program requires a client to complete an intake interview with a case manager to be admitted into the program. Once admitted, clients must stay clean and sober, work with a case manager toward stability and secure some form of income. Participants can stay in the program up to 9 months. Successful transition from this program can take a variety of forms included moving into a market rate apartment, moving in with family, securing a Section 8 voucher, finding a roommate or moving into stable housing in a different city. The Boulder County Housing First program (in partnership with BHP) offers permanent housing, with case management support, for chronically homeless individuals. This program currently houses 25 formerly chronically homeless individuals in scattered site apartments throughout Boulder County. This program will expand by 31 units with the completion of 1175 Lee Hill. And finally, the shelter's Transitional Housing Program consists of 12 scattered site apartments that offers reduced rent accommodations for up to two years.

15. *When did the shelter host its last "good neighbor" meeting? How often are these meetings scheduled? What neighborhoods are included? How are individuals from the neighborhoods selected or can individuals apply? Are the "good neighbor" meetings open to the general public? How are "good neighbor" meetings announced?*

    Per the shelter's Management Plan, the shelter hosts the Neighborhood Shelter Action Group (NSAG) at the shelter. The NSAG meets monthly, quarterly or annually depending on the desires of the neighborhood. It is made up of representatives from several HOA's in the area, north Boulder businesses and shelter board and staff. NSAG meetings are not public meetings; however, interested parties often attend as guests. The NSAG last met on May 13, 2014 and is scheduled to meet again on September 9.

Questions from Council Member Shoemaker: Requested information attached

1. *The number of beds occupied at the shelter, monthly, for the past 10 years.*

2. *The number of individuals turned away at the shelter (if available), monthly, for the past 10 years.*

3. *The number of beds occupied at BOHO facilities, monthly, since BOHO's creation.*

Boulder Shelter for the Homeless and BOHO statistics

Total Bed Nights at the Shelter*	**FY 2004**	**FY 2005**	**FY 2006**	**FY 2007**	**FY 2008**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**	
Oct	2,375	1,826	3,310	3,920	3,932	4,017	2,750	2,629	2,903	3,254	4,399	
Nov	2,469	3,414	4,001	4,533	4,637	4,616	4,607	4,543	4,616	4,748	4,687	
Dec	3,415	3,418	4,101	4,718	4,871	4,870	4,835	4,787	4,791	4,939	4,924	
Jan	3,930	4,072	4,132	4,729	4,869	4,807	4,833	4,780	4,861	4,942	4,940	
Feb	3,965	3,613	3,830	3,928	4,346	4,308	4,230	4,103	4,522	4,405	4,420	
Mar	4,149	4,230	4,296	4,249	4,536	4,300	4,394	4,516	4,873	4,881	4,797	
Apr	3,868	3,701	3,473	4,274	3,850	3,846	3,985	4,301	4,430	3,314	3,004	
May	837	1,045	989	877	1,216	1,318	1,602	1,568	1,497	1,726	1,784	
Jun	839	894	913	903	1,222	1,299	1,298	1,425	1,573	1,664	1,726	
Jul	911	908	897	918	1,310	1,258	1,522	1,411	1,596	1,776	1,800	
Aug	844	914	830	855	1,272	1,246	1,548	1,289	1,597	1,620	1,800	Est.
Sep	807	923	806	841	1,226	1,204	1,383	1,507	1,566	1,623	1,750	Est.
Total	28,409	28,958	31,578	34,745	37,287	37,089	36,987	36,859	38,825	38,892	40,031	
Turn Aways												
Oct		71	5	16	0	6	3	0	40	45	71	
Nov		26	64	66	271	158	193	80	87	505	382	
Dec		34	61	95	194	297	137	120	116	706	468	
Jan		9	53	32	196	161	230	89	196	518	472	
Feb		32	54	2	41	49	45	16	225	414	481	
Mar		0	148	0	46	0	0	25	246	292	126	
Apr		0	0	3	0	0	0	18	34	33	6	
May		0	0	0	0	0	0	0	0	0	0	
Jun		0	0	0	0	0	0	0	0	0	0	
Jul		0	0	0	0	0	0	0	0	0	0	
Aug		0	0	0	0	0	0	0	0	0	0	
Sep		0	0	0	0	0	0	0	0	36	0	
Total	-	172	385	214	748	671	608	348	944	2,549	2,006	
BOHO												
Total Bed Nights at the Warming Centers**							**2010/11**	**2011/12**	**2012/13**	**2013/14**		
Sep										223		
Oct							179	406	595	809		
Nov							1159	1711	1313	2139		
Dec							2010	2453	2845	3253		
Jan							2756	3064	3590	3745		
Feb							2273	3484	3245	3759		
Mar							1481	1282	2643	3600		
Apr							957	759	2283	1557		
May							380	255	330	703		
Total							11195	13414	16844	19788		

*Does not include Housing First or Transitional Housing numbers. Does include the Transition Program.

**Includes all overflow sites and women-only sites added in 2013-14.