

**CITY OF BOULDER  
CITY COUNCIL AGENDA ITEM**

**MEETING DATE: April 20, 2010**

**AGENDA TITLE: Consideration of a Motion to accept Boulder County Ten Year Plan to Address Homelessness and Introduction, First Reading and Consideration of a Motion to Order Published by Title Only an Ordinance Amending Section 5-6-10, "Camping or Lodging on Property Without Consent ," B.R.C. 1981, by Removing the Authority of the City Manager to Issue Permits for Camping; and Setting Forth Related Details.**

**PRESENTERS:**

Jane S. Brautigam, City Manager  
Paul J. Fetherston, Deputy City Manager  
Karen Rahn, Director, Housing and Human Services  
Carmen Atilano, Office of Human Rights

**EXECUTIVE SUMMARY:**

Over the past several months, homeless people and advocates have spoken during public participation and public hearings before City Council and the Human Relations Commission (HRC). Concerns expressed include the need for additional shelter beds and overflow beds and the inability to legally camp at night within the city limits when the beds at the emergency shelter and other locations are full.

On Feb. 2, 2010, City Council directed staff work with current homeless service providers to expand temporary overflow sites for shelter for immediate needs, assess other viable strategies in conjunction with the Ten Year Plan to Address Homelessness and the HRC work plan and bring recommendations back for council consideration.

Boulder County has recently completed the draft Boulder County Ten Year Plan to Address Homelessness which contains recommendations to implement a regional approach to address homelessness. This agenda memo provides an overview of the plan.

In addition, the HRC included homelessness issues as part of its 2010 work plan to consider possible recommendations to City Council regarding two areas: (1) provide input to the Boulder County Ten-Year Plan to Address Homelessness; and (2) consider changes to city camping ordinance particularly addressing the concern that homeless people in Boulder have a place where they can *legally* sleep on nights when both the Boulder Shelter for the Homeless and warming centers in the city are at capacity.

At its March 15 and April 5, 2010 meetings, the Human Relations Commission (HRC) approved recommendations for City Council consideration which are included in the **BOARD AND COMMISSION FEEDBACK** section (page 3) of this memo.

**STAFF RECOMMENDATION:**

1. Accept the Countywide Ten Year Plan to Address Homelessness which contains recommendations to implement a regional approach to address homelessness. Staff recommends any significant new resources which become available for homeless initiatives be prioritized to acquire permanent supportive housing.
  
2. Order published by title only an ordinance amending section 5-6-10, "Camping or Lodging on Property Without Consent ," B.R.C. 1981, by removing the authority of the City Manager to issue permits for camping; and setting forth related details. The City Manager does not want discretion and in case of an emergency can use authority under provisions provided in B.R.C. 1981, Chapter 2-2.5: *Civil Emergencies and Disasters*. Toward that end, this chapter provides for *necessary organization, powers and authority to enable a timely and effective use of all available city resources to prepare for, respond to and recover from civil emergencies, emergencies or disasters that are likely to affect the health, security, safety or property of city inhabitants.*

Staff requests council consideration of these matters and actions in the form of the following suggested motions:

- a) **Accept the Boulder County Ten Year Plan to Address Homelessness; and**
- b) **Order Published by Title Only an Ordinance Amending Section 5-6-10, "Camping or Lodging on Property Without Consent ," B.R.C. 1981, by Removing the Authority of the City Manager to Issue Permits for Camping; and Setting Forth Related Details.**

**COMMUNITY SUSTAINABILITY ASSESSMENTS AND IMPACTS:**

- Economic: Homeless people in public spaces may discourage potential shoppers from patronizing stores in business districts by creating a perceived unwelcoming or intimidating environment, thus reducing sales. Homeless individuals may use more expensive health care services – such as those at the hospital emergency room – due to the lack of less costly, primary care and early intervention services available for those without insurance, increasing public costs for health care. During economic downturns more families and individuals are at risk of becoming homeless, placing greater demand on non-profits and public entities.
- Social: Individuals and families who are homeless are greatly impacted, regardless of the reasons for their homelessness. The longer one remains homeless, the more difficult it is to become self-sufficient as opportunities and even belief in oneself diminish. Without the stability of a home it is more difficult to obtain and maintain other basic necessities of life and avoid more costly emergency medical care, drug and alcohol treatment, and mental health intervention. Addressing homelessness in a sustainable, comprehensive and coordinated manner will help move homeless individuals and families into more stable daily living. Stability enables greater self-sufficiency and assists people to become more civically engaged members of the community who contribute tax revenue instead of requiring it to meet their basic needs.

**OTHER IMPACTS:**

- Fiscal: Additional significant funding for new homeless initiatives directed by council would come from the Human Services Fund Transitional and Emergency Reserve.
- Staff time: Staffing of this work plan is within the current 2010 HHS work plan.

**BOARD AND COMMISSION FEEDBACK:**

At its March 15, 2010 meeting, the Human Relations Commission (HRC) approved by vote of 3-1 (one commissioner absent) the following recommendations for City Council consideration (*Attachment B*):

- 1) That the city immediately fund, up to an amount to be determined in cooperation with staff and up to three years, a salary for the Executive Director of Boulder Outreach for Homeless Overflow (BOHO) or other position or agency determined by staff to coordinate emergency shelter sites; a vehicle to transport homeless individuals to designated overflow shelter venues; related vehicle insurance costs; and costs related to the faith community and other venues' participation in the overflow program. Monies in the Human Services Fund Emergency and Transitional Reserve will be allocated for this purpose; and
- 2) That City Council direct staff to define the process through which a permit can be requested under B.R.C. 1981 5-6-10 and the criteria on which such a request will be granted or denied. City Council will also direct staff to publicly clarify this process and related criteria to the community.

The dissenting vote by Commissioner Connors Bauer expressed that HRC recommendations should be delayed until HRC reviews the Boulder County Ten-Year Plan to Address Homelessness. Commissioner Connors Bauer indicated the Ten-Year Plan could provide information that would assist HRC assessment of recommendations to City Council.

At its April 5, 2010 meeting, the HRC heard an overview presentation of the draft Boulder County Ten Year Plan to Address Homelessness. The HRC approved by vote of 4-0 (one commissioner absent) that the HRC communicate to City Council its support for the goals, priorities, strategies of the Boulder County Ten-Year Plan to Address Homelessness.

**PUBLIC FEEDBACK:**

The council received public feedback on homeless issues during public participation at the Jan. 19, 2010 and Feb. 2, 2010 regular meeting. The HRC has received public comment on homeless issues at meetings on Sept. 21, Oct. 19 and Dec. 17, 2009 and Jan. 25 and April 5, 2010. City staff held a meeting on Jan. 26 with stakeholders to explore short term and long term options for addressing current homelessness issues.

**BACKGROUND:**

The city plays a key role in combating homelessness. These efforts include developing and implementing social policy to meet the needs of the community, providing financial support to non-profit organizations focused on homelessness and homelessness prevention and

collaborating with other governmental agencies, service and community organizations to provide for the health and safety of residents. The role of the Department of Housing and Human services (HHS) in combating homelessness consists of: (1) providing support to the non-profit sector for both capital and operating expenses (*Attachment C*); and (2) collaborating with other governmental agencies, funders and non-profit organizations to develop a coordinated response. The city has and continues to work with the community to identify both short term and long term options to address community needs. Boulder County has been coordinating the development of a Ten Year Plan to Address Homelessness. Also, the HRC has homeless issues on its 2010 workplan. Recommendations from both of these efforts are included in this memo.

There has been increasing concern about the impact of the recession and an increase in homelessness in the community as a result of the downturn in the local economy. Anecdotal reports from agencies serving the homeless population indicate that an increase is occurring. Based on the current economic conditions and availability of resources at the federal, state and local level, there are concerns regarding an increase in homelessness in the community. The availability of shelter beds, particularly during winter months, and other resources for addressing homelessness, including availability of beds year around or during incimate weather remain concerns.

Reasons for homelessness include unemployment, the high cost of housing, mental illness, drug or alcohol abuse, domestic violence, and even choice as a temporary – and sometimes permanent – way of life. The commonality among the homeless is lack of housing and poverty. Across the country, the economic downturn has contributed to the number of families and individuals at-risk of homelessness or becoming homeless as evidenced locally by increases over the past two years in unemployment claims, foreclosures and applications for public subsidies and services. In addition, significant cuts in federal and state budgets have impacted funding for local mental health and other safety net services.

The lack of affordable housing has been identified nationally as a key driver of homelessness and the sustainable path out of homelessness. As a result more sustainable strategies to end homelessness are being developed across the country.

Current available data does not suggest that Boulder's homeless population has increased significantly over the past five years. The primary data source is the Metropolitan Denver Homeless Initiative (MDHI) bi-annual point in time survey. Nonetheless, anecdotal information from local service providers indicate greater numbers of people seeking assistance. It stands to reason that during an economic recession, an increase in those at-risk of becoming homeless and those who are homeless will increase. According to the most recent Metropolitan Denver Homeless Initiative (MDHI) bi-annual point in time survey completed in Jan. 2009 there are 563 self-identified homeless persons in Boulder and 1,050 county-wide. The annual number has varied, due in part, to changes in data collection methodology and lack of city specific data until recently. This makes year to year comparisons, or trend analysis, problematic. However, as a point of reference, the survey conducted in 2001 indicated 1,500 homeless county-wide and has varied up and down between 2001 and 2009. Of the 563 self identified homeless captured in the annual survey, respondents indicated they spent the previous night in emergency shelters (not necessarily in Boulder), outside, with family or friends, in a treatment facility, in transitional housing, in a motel/hotel or other accommodations.

The most recent point in time survey indicated the most significant contributing factors to being homeless were:

- unable to pay rent or mortgage;
- loss of job;
- substance abuse problem;
- breakup of a relationship; and
- mental illness.

Issues of concern are related to the need for additional overflow beds at warming centers when the shelter is full, hours of operation of the shelter, weather triggers for overflow centers to open and transportation to overflow centers.

The Boulder Shelter for the Homeless provides several programs:

- **Emergency Shelter:** Open October 1 to April 30 each year. This year the Shelter opened on Oct. 15. Hours of operation for emergency shelter are 5 p.m. to 8 a.m. There is a ninety day limit per person each year. There are no precipitation triggers for the shelter. Shelter intake is from 5 to 7 p.m. If it looks like the shelter will be full, there is a lottery implemented, so it is not on a first come, first served basis. The shelter does not offer emergency shelter in the summer months for a variety of reasons including: Lack of funding to stay open year around; exposure due to freezing weather during summer months are not an issue; emergency shelter is a temporary solution for people without housing; the ninety day limit is designed to encourage individuals to pursue other more permanent housing options, such as the transitional program and to make beds available to more people during peak winter months; opening the shelter during summer months might encourage use of the shelter as a hostel, rather than the intended purpose; the shelter's current management plan does not allow summer emergency shelter and would need neighborhood input to be changed.
- **Transition Program:** Open year around and provides housing for up to nine months. Currently there are thirty individuals in the program, with a wait list of 35. The shelter allows all those on the wait list to participate in the program and would allow additional individuals who wanted to participate to be in the program, up to nine months. Clients in the Transition Program have greater flexibility on accessing the shelter due to work hours.  
Individuals who seek shelter during summer months do have the option of participating in the Shelter Transition Program.
- **Transitional Housing Program:** Open year around and provides housing up to two years.
- **Housing First:** Permanent housing with supportive services.

In addition to the Shelter, which has a capacity of 160 beds, Boulder Outreach for the Homeless (BOHO) coordinates overflow beds at five warming centers in the city (Cornerstone Church, Crestview Church, Boulder Mennonite Church, St. Andrew Church, and Har HaShem Synagogue). Based on currently available data, it is estimated that, in addition to the beds available the Boulder Shelter for the Homeless, an additional 100 beds are needed for overflow. Currently, BOHO is able to provide for overflow as needed to approximately 75 - 80 individuals. BOHO has implemented weather triggers for opening overflow centers: 32 F with precipitation

and 25 F without. BOHO indicates they use discretion and flexibility when deciding when to open, including the number of consecutive and total days of inclement weather and temperature.

BOHO indicates that the overflow centers are on transit lines, within easy walking distance of stops and that approximately 80% of individuals use the transit system to arrive at the centers. Special transit provides free bus services from downtown Boulder to the Shelter at 5 p.m. and from the Shelter to downtown at 8 a.m. daily. Bus tokens are provided by the Shelter, BOHO, Carriage House and Community Table and other service providers. An assessment should be completed to determine if the number of tokens used to secure shelter are adequate. Boulder County Cares operates from 5 to 9 p.m, Oct. 1 through April 30. They provide transportation with two vans, however this is not a primary focus. Providing transportation removes the vehicles from service of outreaching to people on the streets.

Since Feb. 2, the city has provided \$5,000 in additional funding to BOHO to coordinate shelter at five overflow sites. Funding is used to pay for staffing to provide oversight at the shelters and pay for operating expenses. Staff recommends any additional funding for emergency sheltering services be provided through the established funding process of the Human Services Fund.

#### **ANALYSIS:**

##### ***Boulder County Ten Year Plan to Address Homelessness***

Clearly, this issue is not confined to the City of Boulder; more than many issues, addressing homelessness requires a regional approach. Homelessness in Boulder is influenced not only by national and regional economic trends, but, because of the often transient nature of homelessness, also by those beyond the city limits who are currently homeless and those at risk of homelessness. As part of Boulder County's adoption of a human services strategic plan in 2008, an effort was initiated to address homelessness in a more regional and coordinated manner across the county. The city, through the administration of the HUD Consolidated Housing Plan and affordable housing goals, also had an interest in addressing homelessness regionally. In June, 2009, the county, City of Boulder and City of Longmont initiated a community based process to develop a Ten Year Plan to Address Homelessness, similar to other efforts elsewhere across the country. The county provided the significant funding resources to develop the plan. A draft plan was completed in April, 2010 (*Attachment D*). The plan is currently going through a public review process.

The overarching goal of the planning process was to develop a single plan to address homelessness and coordinate existing resources and services to meet needs across the county. The community advisory committee which developed the plan includes representatives from: Boulder Shelter for the Homeless, Carriage House and Community Table, Emergency Family Assistance Association, Clinica Family Health, Mental Health Center serving Boulder and Broomfield Counties, Community Food Share, OUR Center, Sister Carmen, Project HOPE, City of Boulder, City of Longmont and Boulder County.

The plan is designed to provide a framework for communities to prioritize needs and resources, with a focus on expanding the Housing First model as the sustainable model for best long term

outcomes for individuals, families and the community, while continuing to provide emergency shelter beds and resources.

The plan identifies six goals with specific strategies identified as priority areas. The specific strategies under each goal can be found in the plan.

- Prevent individuals and families from becoming homeless;
- provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless;
- provide permanent housing with supportive services to meet the long-term needs of chronic homeless individuals;
- improve and implement systems to support efficient and effective plan implementation;
- promote public awareness and advocacy; and
- implement a effective governance and staffing structure.

In addition to these goals, the plan identifies the development of an evaluation and funding strategy to be able to fully implement the goals and strategies identified. The plan attempts to provide a framework to address complex social issues with limited systems resources. The plan anticipates that policy makers will need to prioritize where limited resources will be allocated within the plan but also for many other social needs.

Sustainable solutions should focus on prevention, early intervention, supportive services to address reducing chronic homelessness, permanent housing strategies and better coordination of existing resources and services.

The focus of the plan to address permanent housing needs is the Housing First model. Housing First focuses on moving homeless individuals and families into permanent supportive housing. This model takes into account the varying circumstances of homelessness. It combines permanent housing with specific support services to meet the individual or family needs to improve the likelihood of remaining in stable housing and moving toward greater long term self-sufficiency. Most ten year plans incorporate key elements of the Housing First model. Numerous studies demonstrate the model's effectiveness:

- decreased amount of time that families and individuals spend homeless;
- improvements in physical and mental health;
- reductions in arrests;
- increased income, including employment income;
- increased placement and retention in permanent housing; and
- decline in costs to traditionally used institutions, particularly for chronic homeless.

Expanding the Housing First model also positions the community to compete better for federal resources that are provided for homeless prevention and intervention efforts. The federal Interagency Council on Homelessness encourages the Housing First model in ten year plans; Federal Homeless Prevention and Rapid Re-housing (HPRP) funding had provided over \$1 million in new funding to services providers county – wide, specifically to provide financial assistance aimed at prevention efforts and re-housing based on the Housing First model.

Locally, there is a limited Housing First program. Currently, there are 25 units through the Boulder Shelter for the Homeless (Shelter) and an additional 225 units through the Mental Health Center, specifically for homeless adults with major mental illness. These units are county-wide.

Recently, BHP has been negotiating to purchase the parcel of land next to the Shelter on Broadway to develop transitional and supportive housing units. The city partnered with BHP and the Shelter to submit a proposal to HUD for \$3.6 million to develop an additional 40 units, which would serve needs county-wide. This project would provide housing units for individuals with serious mental illness and/or chronic substance abuse and/or physical disabilities.

In addition to these units, the Mental Health Center provides support services with 220 units in the Shelter Plus Care System which is focused on individuals with major mental illness.

### ***HRC Recommendations***

At its Sep. 21, 2009 meeting, advocates and homeless members of the Boulder community expressed concerns regarding Boulder camping ordinance to the HRC. Advocates expressed that the Boulder Shelter for the Homeless emergency services only operate in the winter, and when it is closed or full, there is no legal public place for the homeless to sleep. Over twenty homeless individuals spoke on how this issue has cost them jail time, the loss of all their belongings, medical problems, mental health problems, loss of access to essential services, danger and harassment by the police and community members. They suggested a safety net for the interim period between Shelter availability, camping permits and reducing the fine. They asked that the HRC recommend to City Council that the ordinance be reviewed. The HRC requested to speak with the Police and Municipal Court and hold a public hearing.

The HRC held a public hearing on Oct. 19, 2009. During that hearing, the HRC heard more comments from homeless people concerning the dilemma they face: no legal place to sleep at night when the beds at the Shelter and other locations are full and loss of their possessions when they are taken to county jail.

The HRC also heard from Police Chief Mark Beckner about enforcement of the current camping ordinance and Municipal Judge Linda Cooke regarding court procedures. While the fines for violating Boulder's camping ordinance may be \$100, the Municipal Court most often gives violators the chance to provide community service as an alternative to the fine. Housing and Human Services staff also discussed with the HRC issues surrounding public safety and public health concerns regarding total repeal of the ordinance.

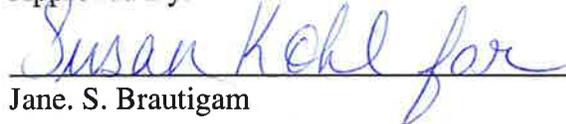
The HRC expressed its concerns about the human rights and human dignity implications of Boulder ordinances affecting homelessness populations in Boulder including the need to define the process through which a permit can be requested under B.R.C. 1981 5-6-10 and the criteria by which such a request will be granted or denied. The HRC expressed the importance in avoiding perceptions of discrimination with regards to the granting or denial of permits.

The HRC decided that it would include as part of its 2010 workplan, further discussion on the homelessness issue in Boulder for possible recommendation to City Council in two areas. The first area would be input to the Boulder County Ten-Year Plan to Address Homelessness. The HRC heard an update and overview of the Ten Year Plan at it's meeting on April 6. The second area would be to consider changes to B.R.C 1981 5-6-10, specifically section (a) (1) requiring "a permit from the city manager, in the case of city property". The HRC expressed concern that homeless people in Boulder have a place where they can *legally* sleep on nights when both the Boulder Shelter for the Homeless and warming centers in the city are at capacity, especially during the winter months when the elements may threaten life. The commission also expressed the need for a permit process to the camping ordinance to avoid perceptions of discrimination with regards to granting and denial of permits by the city. Recommendations of the HRC are included as Attachment B.

**NEXT STEPS:**

1. Second Reading amending B.R.C Section 5-6-10, at council direction.
2. April- Sept. 2010: Work with service providers to: 1) Assess capacity for BOHO to coordinate estimated overflow needs of 100 beds (an additional 20-25 beds) at existing warming centers and; 2) Assist BOHO and other service providers assess need for additional bus tokens to access the Shelter and overflow centers. Work with county-wide funders and Consortium of Cities to: 1) Assess funding priorities, as identified in the ten year plan, to insure (100) overflow beds are available for the 2010-2011 season in Boulder and (30) in Longmont; 2) Assess current distribution of funding resources across the county and impact in Boulder and other communities and; 3) Continue to work with the Ten Year Plan Committee to target priorities and sources of funding for the plan.
3. Sept. 2010: Return to council with any additional recommendations based on outcomes of report from analysis of issues, if needed.

Approved By:

  
\_\_\_\_\_  
Jane. S. Brautigam

**ATTACHMENTS:**

- A. Proposed Ordinance
- B. HRC Recommendations
- C. City Funding of Non-Profit Organizations
- D. DRAFT Boulder County Ten Year Plan to Address Homelessness

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE AMENDING SECTION 5-6-10, "CAMPING OR LODGING ON PROPERTY WITHOUT CONSENT," B.R.C. 1981, BY REMOVING THE AUTHORITY OF THE CITY MANAGER TO ISSUE PERMITS FOR CAMPING; AND SETTING FORTH RELATED DETAILS.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BOULDER, COLORADO:

Section 1. Section 5-6-10, B.R.C. 1981 is amended as follows:

**5-6-10 Camping or Lodging on Property Without Consent.**

(a) No person shall camp within any park, parkway, recreation area, open space, or other city public or private property, without first having obtained:

(b) No person shall camp within any public property other than city property or any private property without first having obtained:

~~(1) A permit from the city manager, in the case of city property;~~

~~(2) Permission of the supervisory authorized officer of ~~other such~~ public property; or~~

~~(3) Permission of the owner of private property.~~

~~(c)~~ This section does not apply to any "dwelling" in the city, as defined by section 5-1-1, "Definitions," B.R.C. 1981.

~~(d)~~ For purposes of this section "camp" means to reside or dwell temporarily in a place, with shelter, and conduct activities of daily living, such as eating or sleeping, in such place. But the term does not include napping during the day or picnicking. The term "shelter" includes, without limitation, any cover or protection from the elements other than clothing. The phrase "during the day" means from one hour after "sunrise" until "sunset", as those terms are defined in chapter 7-1, "Definitions," B.R.C. 1981.

1 (~~de~~) Testimony by an agent of the persons specified in subsection (~~ab~~) of this section that such  
2 agent is the person who ~~issues permits or grants~~ permission to camp or lodge upon such property,  
3 ~~that such agent has inspected the records concerning permits,~~ or that in the course of such agent's  
4 duties such agent would be aware of permission and that no such ~~permit was issued or~~  
5 permission was given, is prima facie evidence of that fact.  
6

7 Section 2. This ordinance is necessary to protect the public health, safety, and welfare of  
8 the residents of the city, and covers matters of local concern.

9 Section 3. The city council deems it appropriate that this ordinance be published by title  
10 only and orders that copies of this ordinance be made available in the office of the city clerk for  
11 public inspection and acquisition.  
12

13 INTRODUCED, READ ON FIRST READING, AND ORDERED PUBLISHED BY  
14 TITLE ONLY this 20th day of April 2010.

15  
16 \_\_\_\_\_  
Mayor

17 Attest:

18 \_\_\_\_\_  
19 City Clerk on behalf of the  
Director of Finance and Record

20 READ ON SECOND READING, PASSED, ADOPTED, AND ORDERED  
21 PUBLISHED BY TITLE ONLY this \_\_\_\_ day of \_\_\_\_\_ 2010.

22  
23  
24 \_\_\_\_\_  
Mayor

25 Attest:

26  
27 \_\_\_\_\_  
28 City Clerk on behalf of the  
Director of Finance and Record

## ATTACHMENT B

### Human Relations Commission Recommendations

- 1) The Human Relations Commission (HRC) wishes to communicate to City Council its appreciation of Council's concerns about the City of Boulder's camping ordinance. While the HRC concurs that a complete moratorium is not warranted, HRC wishes to reiterate its concerns about the human rights and human dignity implications of this ordinance and the sleeping in vehicles ordinance.
- 2) HRC also wishes to communicate to Council its appreciation of Council's suggestion that longer term solutions to homelessness be addressed through the county-wide plan currently in development and that such plan place an emphasis on the "Housing First" model being adopted by other ten-year plans in communities throughout the nation. The HRC concurs, based on data provided and testimony heard, that this is the best course of action for the future to address issues surrounding homelessness.
- 3) HRC agrees with comments made at the January 19 City Council meeting that other communities throughout Boulder County need to financially contribute to increasing shelter opportunities for Boulder County residents.
- 4) HRC communicates to City Council its continuing concern that Boulder's current homeless population numbers are greater than the maximum number of beds available nightly through the Boulder Shelter for the Homeless and warming centers available in the City.
- 5) HRC communicates to Council its concerns that, until such time as a county-wide plan is adopted and the subsequent funding secured for its implementation, homeless people in Boulder need a place where they can *legally* sleep on nights when both the Boulder Shelter for the Homeless and warming centers in the city are at capacity, especially during the winter months when the elements may threaten life.
- 6) HRC respectfully submits to City Council the following recommendation:
  - A. The City will immediately fund, up to an amount to be determined in cooperation with staff and up to three years, a salary for the Executive Director of Boulder Outreach for Homeless Overflow (BOHO) or other position or agency determined by staff to coordinate emergency shelter sites; a vehicle to transport homeless individuals to designated overflow shelter venues; related vehicle insurance costs; and costs related to the faith community and other venues' participation in the overflow program. Monies in the Human Services Fund Emergency and Transitional Reserve will be allocated for this purpose.
  - B. City Council will direct staff to define the process through which a permit can be requested under B.R.C. 1981 5-6-10 and the criteria on which such a request will be granted or denied. City Council will also direct staff to publicly clarify this process and related criteria to the community.

## 2009 Housing and Human Services

## Homelessness and Health Operating Funding

Agency	Program	2009
<b>Shelter and Basic Needs</b>		
Attention, Inc.	Broadway House	19,604
Boulder Shelter for the Homeless (formerly BCATH)	Window replacement at eleven transitional units - <i>Capital Funding</i>	21,000
Boulder Shelter for the Homeless (formerly BCATH)	Transitional Housing	7,500
Boulder Shelter for the Homeless	Boulder County Cares	15,000
Boulder Shelter for the Homeless	Boulder County Housing First	10,000
Boulder Shelter for the Homeless	Winter Shelter & Transition Program	62,294
Boulder Shelter for the Homeless	Debt Service - <i>Capital Funding</i>	126,000
Carriage House Community Table	Basic Needs	17,257
Community Food Share	Food Collection and Distribution	10,000
Center for People with disabilities	Independent Living and Core Services	23,000
EFAA Echo House Rehab	Office Capital Improvements	35,000
Emergency Family Assistance Association (these two programs have merged)	Basic Needs	53,000
Emergency Family Assistance Association (these two programs have merged)	Shelter Program	54,500
RSVP of Boulder County	Safety Net Services	11,762
Safehouse Progressive Alliance for Nonviolence	Emergency Shelter & Transitional Services for Women, Children and Youth	60,000
<b>Shelter Subtotal</b>		<b>525,917</b>
<b>Physical Health</b>		
BCAP	HIV Care Services for People Living with HIV/AIDS	35,000
City of Boulder/HHS/CYF	Family Resource Schools	5,403
Clinica Family Health Services (People's Clinic)	Primary Health Care for Low-Income Boulder Residents	350,000
Dental Aid, Inc.	Children and Youth Oral Health	29,406
Dental Aid, Inc.	High-Risk Adult Assured Access	66,000
Dental Aid, Inc.	Preschool Education, Prevention and Treatment	8,179
Women's Health	Family Planning and Gynecology	75,000
Women's Health	Youth Services Program	35,000
Women's Health	Purchase property to expand services - <i>Capital Funding</i>	50,000
YWCA Children's Alley	Child care provider / family support	68,750
City of Boulder/HHS/CYF	Child care provider / family support	45,005
<b>Physical Health Subtotal</b>		<b>767,743</b>
<b>Mental Health</b>		
Mental Health Center Serving Boulder and Broomfield Counties	Boulder Child, Adolescent and Family Services	99,213
Mental Health Center Serving Boulder and Broomfield Counties	Psychiatric Emergency & Adult Services	180,388
Mental Health Center Serving Boulder and Broomfield Counties	Retire Bridge Loan for People's Clinic site - <i>Capital Funding</i>	80,000
Access Counseling	Family Counseling Program	29,568
Access Counseling	Individual Counseling Program	21,108
City of Boulder/HHS/CYF	Family Resource Schools	32,238
City of Boulder/HHS/CYF	Prevention and Intervention Program	144,629
<b>Mental Health Subtotal</b>		<b>587,144</b>
<b>TOTAL</b>		<b>1,880,804</b>

**Draft: Monday, April 12, 2010**

**Letter from the Leadership Committee and Summary Acknowledgement**

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**I. Introduction**

While homeless services have been provided in Boulder County for the past several decades, efforts to address homelessness from the perspective of planning, coordinating and leverage resources, and evaluation have not occurred until two recent and separate strategic planning processes. In 2008 the County developed a five-year Human Services Strategic Plan with the participation of representatives from county and municipal agencies, commissioners, funders, the non-profit and faith communities and local residents. The planning effort took a comprehensive view of the human service system with the intention of developing a “dynamic, accessible, coordinated community-wide human service delivery system.” (plan, page 3). Completed in 2008, the Boulder County Human Services Strategic Plan includes a number of goals and strategies that address homelessness including the provision of housing opportunities, basic needs services, case management support and measures designed to prevent homelessness with at-risk populations.

In Longmont, a homeless planning process was implemented in 2000 under the direction of the Longmont Housing Opportunities Team (LHOT). This effort included 50 members representing government, social services, shelters, housing providers, domestic violence agencies, police, mental health, school district, banks, youth and senior services, churches, businesses, recovery programs, and private individuals. The mission of LHOT is to eliminate homelessness in the Longmont area using a Housing First approach, with the provision of supportive services and other housing activities that maximize the effectiveness of the agencies and mobilize community residents that assist the homeless. The efforts of this group culminated in 2009 with an adopted plan to end homelessness in Longmont.

In June 2009, a decision was made to support a process that would build upon and expand these efforts with the aim of developing a single, comprehensive plan to end homelessness in the County. This planning process was implemented through two primary groups. First,

a *Leadership Team* was created and included three primary staff: Robin Bohannon, Director of the Boulder County Community Service Department; Karen Rahn, Director of the Department of Housing and Human Services for the City of Boulder; and Karen Roney, Community Services Director for the City Of Longmont. The cities of Boulder and Longmont comprise the majority of homeless individuals and families in the County, and the Boulder County Community Services Department plays a key role in managing County services for the homeless. This Leadership Team developed meeting agenda, facilitated meetings and guided the overall planning process.

Secondly, a group of individuals from across the county who work with the homeless were invited to participate on an *Advisory Committee*. This committee, comprising non-profit and government service representatives<sup>1</sup> met monthly with the Leadership Team to help develop plan contents. Joint meetings of the Leadership Team and Advisory Committee were supported through facilitation and consultation from the OMNI Institute, a non-profit social research firm, and the Institute on the Common Good at Regis University.

By design, the planning process was scheduled to be completed over a six month period. While this was viewed to be an aggressive schedule, it was felt that a great deal of work had already been accomplished through previous homeless planning efforts in the county and that many ideas and lessons could be drawn from other 10-year plans. Moreover, all partners agreed that the planning process would never truly be completed since ideas and opportunities will continue to evolve. Therefore, this plan serves as a first, best starting point, and will be reviewed and updated on a regular basis. The first draft of the Boulder County 10 Year Plan to End Homelessness was completed in April, 2010.

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<sup>1</sup> A full list of Advisory Committee Members is provided attachment X

## II. Goals at a Glance

The Boulder County 10-Year Plan to End Homelessness is organized around six goals that are designed to have a significant impact on homelessness. Taken together, these goals represent a comprehensive approach that addresses all facets of homelessness by combining the development of a more efficient, effective and coordinated service delivery system with the provision of needed services and housing options. Below is a brief description of each goal.

1. *Prevent individuals and families from becoming homeless*

While permanent housing solutions are needed to help individuals and families become self-sufficient once they are homeless, it is equally important that efforts are made to prevent the occurrence of homelessness whenever possible. This first goal focuses on the provision of preventive services to individuals and families who are at risk of becoming homeless due to life events such as a temporary loss of job, inability to pay for utilities or rent, or the need for some form of short term subsidy to maintain an existing living arrangement. It is further recognized that individuals leaving public institutions, such as prisons or the foster care system, or who are experiencing major life transitions, such as returning veterans, are at a higher risk of becoming homeless. The plan seeks to work with agency partners to better coordinate transition planning efforts and related services. Finally, many low income individuals and families are vulnerable to becoming homeless due to a lack of financial resources or other supports such as health insurance. A third key strategic area under this goal is to assist individuals and families with accessing and securing benefits to which they are entitled.

2. *Provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless*

The temporarily homeless are those who experience an acute homeless episode or have intermittent periods in which they need housing assistance and / or supportive services. With this support, these individuals and families are often able to move back quickly to a stable and self-supported living arrangement. The Boulder County 10-year plan addresses these populations through the provision of appropriate housing options, prevention strategies and supportive wrap-around services. Given the emergent nature of their need, the temporary homeless may also need short-term shelter services. This goal also focuses on the strategic management of shelter beds along with the development of overflow resources to ensure that emergency sheltering needs can be met with the most appropriate populations.

3. *Provide permanent housing with supportive services to meet the long-term needs of chronic homeless individuals*

This plan is aligned with the Housing First Model which seeks to move homeless individuals and families into permanent supportive housing as quickly as possible. A chronically homeless individual is defined by the Federal Government as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years (reference)." These individuals frequently need multiple services in addition to a viable housing option. The Boulder County 10-year plan has a three part strategy for impacting Chronic Homelessness which includes the provision of permanent housing, needed services and the provision of effective outreach that is aimed at helping to identify and connect these individuals with needed services and housing.

4. *Develop and/or improve systems to support efficient and effective plan implementation*

Implementation of this plan will require the addition of new resources that focus on significantly impacting homelessness in Boulder County. At the same time, there is much that can be done through the leveraging of existing resources and enacting improvements in their efficiency, effectiveness and coordination. This is made possible, in part, due to past planning efforts as well as ongoing infrastructure and program investments made by the local government. Key objectives under this goal are to support better information exchange, improve the coordination of services, develop and implement more effective case management and outreach efforts, and augment the use of cross-system data to focus government and non-profits systems in ways that have a more lasting impact on homelessness.

5. *Promote public awareness and advocacy*

It is critical that the citizens of Boulder County stay fully informed about the changing nature of homelessness in Boulder County as well as efforts related to the implementation of this plan. This helps to maintain public confidence in activities related to plan implementation and also provides avenues for greater public participation. The plan developers recognize that they cannot fully solve the problem of homelessness on their own and that success requires participation from a variety of sectors including non-profits, faith-based organization, business, the larger community and the homeless population. The community awareness and advocacy efforts outlined in this goal are designed to galvanize relevant sectors in the County to ensure the plan receives ongoing community support.

6. *Implement an effective governance and staffing structure*

Plans of this nature are difficult to implement and require support from a number of people and institutions to be successful. Implementation of Boulder County's 10-year plan requires the development of a governance structure that will help to manage, oversee and guide the various strategic efforts outlined in the plan. This includes coordination and oversight of plan efforts, the strategic allocation of resource, review and improvement of plan contents, implementation of a project evaluation and securing financing for the plan.

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### **III. National and Local Homeless Numbers**

#### **National Statistics on Homelessness**

According to the 2008 Annual Homeless Assessment Report to Congress, 664,414 persons nationwide were homeless on a single night in January 2008. Nearly 60% of these persons were in emergency shelters or transitional housing programs, while a little over 40% were unsheltered on the “street” or in other places not meant for human habitation. These numbers have changed little since the 2007 estimate, decreasing by about 1 percent or 7,500 people. Of those counted, about three-fifths were homeless as individuals (62 percent), while two-fifths (38%) were part of a family.

Over time studies show that about 1.6 million persons used an emergency shelter or a transitional housing program during the 12-month period between October 1, 2007 and September 30, 2008, representing approximately 1,092,600 individuals (68 percent) and 516,700 persons in families (32 percent). When individual family members are converted to households, there were approximately 159,142 sheltered families, about 14 percent of all sheltered homeless households. The total number of sheltered homeless persons remained essentially unchanged between 2007 and 2008, increasing by only 5,200 people. However, the household composition of the sheltered homeless population shifted somewhat between 2007 and 2008. The number of homeless individuals was fairly stable, while homelessness among persons in families increased by about 43,000 or 9 percent. Accordingly, the share of family households among all sheltered households also increased, by nearly 3 percentage points.

Similarly, little has changed since 2007 with respect to estimates of the chronically homeless population. National 2008 Point in Time (PIT) estimates suggest that approximately 124,135 persons or 30% of all homeless individuals were deemed to be chronically homeless.

#### **Metro-Denver and Boulder County Homeless Statistics**

Due to methodological issues and changes in survey design, point-in-time estimates in Colorado are somewhat unreliable as an estimator of homeless trends over time. Nevertheless, these data provide us with the only available estimate of homelessness in the Denver-Metro area, Boulder County and its major municipalities.

The latest information on homelessness in the 7-county Denver metro area was collected using the PIT survey in January 2009. The following represent major data areas from the collection effort:

- A total of 11,061 persons were counted as homeless in the metro area on the January PIT data collection day. Of these, 5916 were single individuals and 5145 were person in families (including families with children and couples with children).
- There were an estimated 1,643 family households and single parent households comprised almost 75% of the family households surveyed.
- Children and teens under the age of 18 totaled 2,965 persons and comprised 26.8% of all persons counted.
- Approximately 497 of the 5916 single homeless individuals (just over 8%) were classified as chronically homeless and 76% of these were male.

Losing a job (34.7%) was the most frequent contributing factor reported by respondents as leading to their homeless status and an inability to pay rent or mortgage (31.2%) was the second. Single individuals were more likely than heads of family households to report substance abuse (35.4%) and mental illness (19.2%) as significant contributing factors to their homeless situation.

In Boulder County, approximately 1050 individuals and family members were counted as homeless in 2009. This represents approximately 10% of the homeless population in the metro area. Of these, 627 were individuals and 423 were part of a family. Approximately 48% were white and 39% were of Hispanic origin. For those reporting family status, approximately 108 children were identified in the age category of 0-5.

Disabling conditions were reported for homeless individuals and heads of households. Duplicated counts of these reported conditions show the following pattern:

- 31% reported a serious mental illness
- 28% reported a substance abuse problem
- 18% reported a co-occurring disorder
- 17% reported a physical disability

The reported contributing factors to homelessness are consistent with patterns observed at the metro-Denver level. The top five reported contributing factors were:

- Unable to pay rent or mortgage (323)
- Lost their job (272)
- Substance abuse problem (218)
- Breakup of a relationship (176)

- Mental illness (166)

Finally, the number of chronically homeless individuals in the county in 2009 was estimated to be between 96 and 108.

The cities of Boulder and Longmont have the largest share of Boulder County's homeless populations. However, data from the PIT study is considered to be unreliable at this level and, therefore is not reported.

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#### **IV. Addressing Needs of the Homeless in Boulder County**

Attempts to address complex social issues often struggle in the face of limited resources. The Boulder County Plan to end Homelessness is ambitious and will almost certainly require additional financial support to be successful. While there is much in place to begin addressing the problem, existing systems, resources and programs must also serve multiple social problems and, unfortunately, cannot simply focus on solving this single issue.

An important feature of this plan is that it helps to identify and prioritize key areas of need so that efforts to secure resources are deliberate and, once obtained, can be strategically applied to plan objectives. In addition, the plan identifies strengths within the current system that can be leveraged, better coordinated or re-focused without the need for significant dollar investments. Given the scarcity of resources, it is critical that efforts are made to build upon and align current service delivery to meet the needs of the homeless while exploring opportunities to access additional resources to address the problem over the long term. The following discussion outlines some of the identified needs in the county that will be addressed through the plan.

##### **Preventing Homelessness**

There currently exist programs and services in Boulder County that provide financial support and supportive services to those who are at risk of losing their primary place of residence. This vulnerability has been made more acute in recent years given the economic down-turn and the resulting loss of jobs and rise in home foreclosures. Prevention efforts are one of the strengths of Boulder County's current response to helping at-risk families which has been expanded with the recent infusion of Homelessness Prevention and Rapid Re-Housing (HPRP) dollars. Moreover, American Recovery and Re-Investment Act (ARRA) dollars have been helpful for augmenting job search and placement efforts.

At the same time, there is a need to improve coordination between the various stakeholders, providers and agencies that are involved in these efforts. This includes working with the landlords, utility companies and employers to improve responsiveness to emergent issues while seeking to secure resources that can help support home, rent and utility related assistance. It is also recognized that many at-risk individuals and families qualify for public health and income benefits which they would likely obtain with additional support. Accessing these benefit would help to decrease financial burden and

increase economic security. While there are disparate programs designed to support benefits acquisition, there is an opportunity to improve these efforts through the implementation of a client-centered, mobile model that would increase acquisition successes. This approach is included as one of the plan's strategies.

A final area for focusing prevention efforts relates to issues that confront individuals who are transitioning back into the community. These populations are at greater risk of homelessness given their need to establish an economic base and secure housing resources within the community. They include individuals being released from jail or prison, emancipating from foster care, returning to the community as a veteran of war, or leaving other public institutions such as a mental health center or substance abuse treatment program. While coordination efforts in these areas do exist, they are not optimally and systematically organized and therefore, require additional structure so that individuals are better able to transition into a successful and stable living situation.

### **Increasing the Capacity to Meet Short and Long Term Housing Needs**

While prevention is a first and critical step, it is also necessary for the County to have a sufficient range and quantity of housing opportunities for those who become homeless. Currently, there is limited capacity to meet the shelter and housing needs of homeless individuals in the County. There is one primary shelter, the Boulder Shelter for the Homeless, which has the capacity to hold 160 individuals. This shelter, however, only provides overnight sheltering in the winter months. Moreover, it is typically at capacity and a lottery system is used to determine who will receive a bed on a given night. While the Longmont and Boulder communities have established warming center options during extremely cold weather, there is a general recognition that current shelter capacity is not sufficient for meeting the needs of the homeless in the County.

At the same time, the Housing First approach taken in this plan (see below) does not recommend making significant investments to expand a formal emergency shelter system as a primary means of dealing with the needs of the homeless. While shelters are a critical part of homelessness infrastructure, there can be an over-reliance on their use and they are not cost effective over the long term when compared to permanent and supported housing options. Thus the short-term need to meet emergent shelter needs, particularly in the winter months, must be addressed while also working work on the creation of additional permanent housing solutions.

Other forms of housing that are typically part of a continuum of care include transitional housing and permanent supportive housing. Transitional housing is provided as a

temporary place of residence (usually up to two years). However, because this housing is temporary, it is also not considered to be the best investment from a Housing First perspective. The County currently has a limited stock of transitional housing located in Boulder, Longmont and Lafayette. While this is not sufficient to meet the needs of individuals and families who might benefit from this form of housing, Boulder's plan focuses on investments in permanent supportive housing stock as this provides a more stable and long term living arrangement for the homeless.

The greatest need, therefore, is for Permanent Supportive Housing. This is a combination of affordable housing with services that help people live more stable and productive lives. This is the preferred approach to housing the homeless, particularly for those identified as chronic, as it provides the most cost-effective and long-term solution for addressing homelessness. However, current limitations in shelter and transitional housing capacity put pressure on the need to quickly increase the supply of Permanent Supportive Housing, which is costly in the short term.

Currently, there are 25 permanent supportive housing units in the county which are managed by the Boulder Shelter for the Homeless. As of this plan's writing, all units were at capacity. There is an additional 220 "Shelter Plus Care Slots" that are managed by the Mental Health Center Serving Boulder and Broomfield Counties. Shelter Plus Care provides housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters.

Current estimates suggest the need to add approximately 100 new Permanent Supportive Housing units in the County in order to meet the needs of the Chronic Homeless Population. To reach this goal, however, requires a concerted effort to identify housing opportunities and resources.

### **Expanding Access to Mental Health, Substance Abuse and other Supportive Services**

Successful efforts to permanently impact homelessness require the provision of a variety of supportive services that work in tandem with housing supports. These services are designed to address both substantive issues such as obtaining employment; accessing medical, mental health and substance abuse services; or obtaining public benefits, as well as meeting basic needs such as food, clothing, childcare and transportation.

Colorado is not known for its generosity in funding mental health and substance abuse services. A 2009 study by the American College of Emergency Physicians, for example, ranked Colorado 50<sup>th</sup>, or last, in the availability of in-patient psychiatric services. Similarly, a 2001 study conducted by the National Center on Addiction and Substance Abuse at Columbia University found that Colorado spent less than .01% of its budget on prevention, treatment and research related to substance abuse. Because mental health and/or substance abuse issues often impact the chronically homeless population, efforts will need to be undertaken to supplement these already stressed service areas.

Other supportive services are distributed throughout the County and are provided by a variety of non-profit organizations and within city and county government agencies. While these services may be in greater supply, they may not be optimally organized across the system or in sufficient quantities to meet the needs of the homeless populations targeted in this plan. Improvement in the delivery of basic supportive services is aided in the plan by the development of a service inventory that will be used in conjunction with referral and case management processes to ensure that participants receive the right services at the right time.

### **Improving Infrastructure and the Coordination of Service Delivery**

While it will be necessary to secure additional resources to support many of the plan's objectives, there is much that can be accomplished in the shorter term by improving, leveraging and re-focusing current efforts that relate to homeless service provision. During the planning process, participants identified a number of areas that could immediately be started in support of the plan's goals. For example, there currently exist two separate Homeless Outreach efforts in the County. The first, Boulder County Cares, is managed by the Boulder Shelter for the Homeless and the other, Homeless Outreach Providing Encouragement (HOPE), serves the city of Longmont. Despite the presence of these two effective outreach efforts in the same County, they are not based on the same implementation model, nor do they use common intake or reporting forms that would assist with the integration and analysis of client information. In order to develop a countywide outreach response, as is discussed in the plan, it will be important to create common standards and practices that can help to align these two separate efforts.

Standardizing the provision of case management services also provides an opportunity for improved service coordination. The County has invested significant resources into the development of a common case manager training, standard assessment tools, a data system to support and document activities, and the development of protocols to guide the conduct of workers. Case management services are often at the heart of homeless intervention

efforts as many homeless individuals and families require support in accessing and navigating needed services. Current case management work represents a clear opportunity for organizing homeless service delivery, but will require an investment of time and energy to put the standards of practice in place with government and non-profit services providers.

A related area which has a significant implication for the efficacy of service provision relates to the sharing of information about homeless individuals across the service system. There is often a reluctance to share identifying information about homeless individuals and families between service providers as the practices can violate client confidentiality. This, however, creates a barrier to the provision of comprehensive services as organizations serving the same individuals are unable to communicate and jointly plan. Moreover, case management efforts are sub-optimal since case managers are unable to access needed information across all service partners.

Issues of information sharing also occur at higher levels, in which larger systems are not in full communication with each other regarding how homeless needs are or are not being met. Both individual and aggregate data sharing can be facilitated through the use of common data systems and the development of data sharing agreements between parties. The use of the Homeless Management Information System, for example, will greatly aid in the management and analysis of data across the county. Many of the areas discussed above are already underway and will serve as early accomplishments in the plan's execution.

### **Keeping the Community Engaged**

The plan outlines a clear and effective approach for impacting Homelessness across the County. However, overall success will be at least partially dependent on the participation of a broad range of stakeholders including non-profit service providers, business leaders, county and municipal government officials, community residents, law enforcement and homeless individuals and families. What became clear in the planning process was that participants shared but also disagreed in some fundamental areas about how to approach problem solving efforts. This, no doubt, also plays out across the broader community. One need look no further than the debates occurring at the time of this plan's writing about how to deal with camping tickets in the City of Boulder.

Yet, it is possible to garner the support of diverse stakeholders to help with the plan's implementation. Though there may not always be agreement about specific strategies, many will find common cause with the ultimate aims of the plan. This is critical as the plan

will require ongoing support of these stakeholders groups as well as concrete investments of time and resources from community funding partners.

In order to help keep the various stakeholders groups informed and at the table, the plan outlines a number of information dissemination efforts. This includes use of HMIS data to support reporting of program activities and outcomes, development of a website to centralize and disseminate information on plan activities, and creation of a legislative agenda that will help to sustain support within the political environment.

### **Ensuring Successful Implementation**

Planning processes, such as this, are met with a great deal of creative energy and effort which culminates in the creation of a final document. Once developed, however the reality of implementation begins to set in, which typically requires even more sustained energy and dedication. Implementation efforts for homeless plans require a responsive governance structure, dedicated staff leadership, broad-based community support, and a sustained commitment (i.e., ten years) to implementing the plan's strategies, monitoring efforts, and making adjustments along the way.

While government agency and non-profit staff are over-worked in the best of times, current pressures on state and local budgets and their downstream effects on non-profit agencies has made it that much more difficult to devote resources to the management of complex plans such as this. The governance structure goal of this plan outlines an effective means of supporting all facets of the plan's implementation process.

## V. The Way Forward - Discussion of the proposed approach

Guidance for framing the overall planning process came from two separate but related areas. First, the Advisory Committee and Leadership Team explored the role values play in helping to shape an approach to impacting homelessness. Secondly, the group examined different models of homeless service provision as reflected in theories of action found in other 10-year plans and current research. These discussions provided an important starting point for the planning effort and helped to shape the content and focus of the final document.

### Values Underlying the Plan

The Advisory Committee and Leadership Team discussed the importance of identifying a core set of values that could help guide and support the plan development process. An exploration of group values, however, revealed the existence of differing value sets across members, and some of these were observed to be incongruous. The ultimate importance of this exercise was to help surface tensions between different values in relation to addressing homelessness (e.g., everyone deserves a warm place to stay vs. the need to prioritize resource utilization; prioritizing the needs of individuals vs. those of the larger community) as these would, in turn, influence the selection of plan goals, objectives and strategies.

Despite some of these differences, there was unanimous agreement about the importance of doing something comprehensive and significant to help homeless individuals and families. Many of the values discussed by the two groups were, coincidentally, reflected in both the County's Human Services Strategic Plan (HSSP) and LHOT's draft plan to end homelessness:

#### *A value of respecting the strength and dignity of individuals*

- Our human services system recognizes, respects, and builds on the strengths of individuals, families, and communities (HSSP).
- We value the innate dignity of an individual and believe that everyone deserves a safe home in which to live. (LHOT).

#### *A value of advancing self-sufficiency and independence*

- Our human services system values moving people along the continuum toward self-sufficiency or stability, while providing ongoing support to those who need it in a manner that promotes maximum independence (HSSP).

- The community should always be leading people to self-sufficiency and independence, not to reliance and dependence. (LHOT).

*A value of using resources wisely within a coordinated and collaborative system*

- Our human services system values and promotes collaboration and coordination on every level including among local governments, private funders, non-profit community organizations, and our residents and consumers (HSSP).
- We value partnering for progress to successfully address needs and gaps, prevent the duplication of services, and implement strategies that will eliminate homelessness and the root causes of homelessness (LHOT).

These values are infused throughout plan areas and they will continue to provide a critical lens through which implementation and later modification efforts are judged.

**The Plan's Implementation Model: Housing First**

Values also play a critical role in the selection of a framework for addressing homelessness. The traditional approach, which is still observed in many homeless efforts, is referred to as the Continuum of Care model in which homeless individuals and families receive graduated services that lead to eventual self-sufficiency. This approach, which was mandated by HUD in the 1990s, seeks to move individuals and families from shelter to transitional housing to eventual permanent housing, and often places requirements (e.g., sobriety) on one's ability to transition from one placement to the next.

The Continuum of Care approach has been replaced in recent years by the Housing First model, which serves as the framework for this plan. The Housing First Model places a value on the immediate provision of permanent housing and supportive services, rather than a shelter or transitional housing placement. It assumes that housing stabilization is key to the return of the individual or family to independent living and that needed supportive services can effectively be provided to the client either on site or at agency offices. The general theory behind the Housing First model is that the root cause of homelessness is economically based. Further, programs based on the Housing First model believe that individuals and families facing homelessness are more engaged and responsive to needed support services once they are safely living in permanent housing. Long-term stability and self-sufficiency are seen as attainable goals only after the immediate housing need is addressed.<sup>1</sup>

A Housing First approach takes into account variability in the causes of homelessness as well as the diverse needs that different individuals and families present. It is frequently combined with additional services focused on populations with multiple needs such as mental illness or disabilities. Nationally, the Housing First model has been used in communities with various demographic and geographical characteristics and in conjunction with other programs such as rental assistance and on-site service programs.<sup>ii</sup>

### **Why Housing First?**

Most Ten Year Plans incorporate the key elements outlined by the National Alliance to End Homelessness which, generally, include *outcomes, prevention, re-housing and infrastructure building*, all vital components of a Housing First approach and reflected in Boulder's plan. As early as 2003, The Federal Interagency Council on Homelessness challenged communities to integrate these guidelines into Ten Year Plans.<sup>iii</sup> This is partly due the growing number of studies that demonstrates its effectiveness in terms of cost savings and improved outcomes. The National Alliance to End Homelessness reports that a Housing First approach significantly reduces the public costs to institutions traditionally utilized by the homeless population, including shelters, hospital emergency rooms and outpatient health care facilities. Even in Supportive Housing Communities where on-site services such as mental health, case management and vocational services are offered, the cost reductions documented for various public institutions were near equal to the cost of supportive housing. Homeless, law enforcement and judicial services were not included in cost reduction calculations; adding these institutions to the estimation could show an even greater increase in cost savings.<sup>iv</sup>

A host of studies demonstrate the model's effectiveness. Evidence includes:

- Increased provider capacity (as measured by the number of families served) and decreased amount of time that families spend homeless<sup>v</sup>
- Improvements in physical and mental health, growth toward self-sufficiency, reduction in arrests and increased income, including employment income<sup>vi</sup>
- Increased placement and retention for homeless individuals in permanent housing<sup>vii</sup>
- Significant declines in costs to traditionally utilized institutions as supportive permanent housing placements increased, particularly for chronically homeless individuals, This is critical as studies estimate that while the chronically homeless comprise less than half of the homeless population, they consume the majority of public resources.<sup>viii</sup>

Finally, adopting a Housing First approach positions the County to better compete for federal resources that are provided to support homelessness efforts. For example:

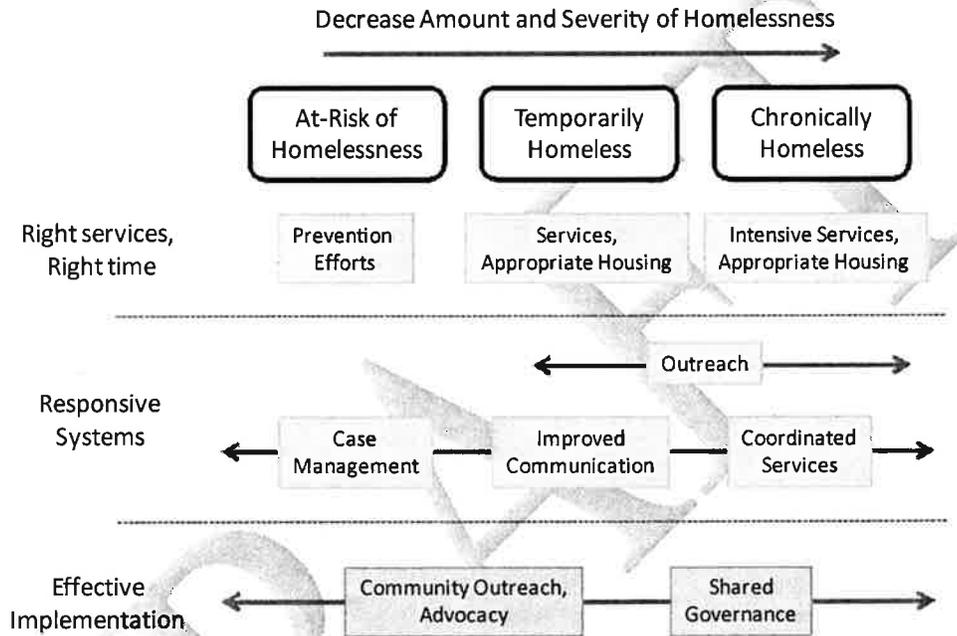
- The Federal Interagency Council on Homelessness is encouraging the incorporation of Housing First into Ten Year Plans.<sup>ix</sup>
- The Homelessness Prevention and Rapid Re-Housing (HPRP) funding which is part of the American Recovery and Reinvestment Act has provided new funding and entitlement for jurisdictions to specifically provide financial assistance and services aimed at both prevention and re-housing and stabilization was based on the Housing First model.<sup>x</sup>
- The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act creates more flexibility in HUD's funding for homelessness programs and allocates a portion specifically for re-housing and prevention.<sup>xi</sup>

For all of the above reasons, the combined Leadership Team and Advisory Committee adopted Housing First as the overarching framework for the Boulder County 10 Year Plan to End Homelessness.

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## VI. The Boulder County 10-year Plan Goals, Objectives and Strategies

The following section describes the selected goals, objectives and strategies of the Boulder County Plan. The larger concept of the plan’s approach is reflected in the graphic below.



As observed at the top of the graphic, the overarching goal is to decrease the amount and severity of homelessness, leading to permanent and sustainable outcomes. The plan identifies three targeted populations; at-risk, temporary and chronic homeless. While the populations share some common needs, efforts are tailored and targeted using a “right service at the right time” approach. The ability to provide the most appropriate services is reliant the implementation of a responsive and managed support system that includes case management, open communication across the service system and coordinated service delivery. Finally, the success of the plan is dependent on garnering strong community support, advocacy efforts and the establishment of a responsive governance structure. The section below outlines each of the goal areas of the plan in greater detail with description of related strategies.

## **Goal 1: Prevent individuals and families from becoming homeless**

The starting point for the plan is to prevent individuals and families from becoming homeless whenever possible. Given the recent economic downturn, Boulder County residents are facing increasing difficulties in a variety of areas. Recent statistics demonstrate the need for strong homeless prevention efforts.

Nearly 11% of Boulder County residents have an annual income below the federal poverty line, and one-third of single mothers and 8% of children under 18 live in poverty. During a nine month period ending December 2009, job seekers using the services of Workforce Boulder County increased by 43% (6,613 to 9,461) and those served in December were up 53% (2,335 to 3,632). Year-to-date applications for Temporary Aid to Needy Families (TANF) have increased from 2008 by 64%, Food Stamps by 34%, Medicaid 22% and OAP/AND by 29%. (Boulder County Department of Housing and Human Services)

Boulder is also one (1) of only five (5) counties to show an increase in foreclosure filings in the first quarter of 2009; up 5% from January - March 2008. This shows households are struggling to make mortgage payments, and are more than 90 days behind. These numbers correlate to unemployment increases in recent months. From July 2008 - March 2009, Boulder County's unemployment rate rose two-tenths of a percent to 6.3%. (Daily Camera April 17, 2009). Moreover, many Boulder County renters and homeowners are considered cost-burdened which is defined as individuals and families who pay more than 30% of their income housing. For example, using 2008 ACS data, approximately 54% of the renters in Boulder County (21,366 housing units) and 47% of owners with mortgages in Boulder County (23,456 housing units) are considered housing cost burdened. To put this in perspective, a minimum wage earner would have to work 2.7 full time jobs to afford a 2-bedroom unit in Boulder County. These estimates also do not consider other related costs, such as transportation which means that numbers are likely conservative. (Boulder Consolidated plan)

Finally, the National Association of Home Builders' Housing Opportunity Index for the second quarter of 2009 substantiates the high cost of home ownership in the Boulder region compared to other Colorado markets. According to this Index, defined as the share of homes sold in a given area based on standard mortgage underwriting criteria that would have been affordable to a family earning the local median income, only 68.4% of homes in the Boulder MSA are affordable.

Given some of the concerning trends in the local economy and challenges reflected in the costs of local housing and rising use of public services, prevention efforts are a critical components of the County's 10-year strategy. This first goal focuses on four key objectives with related strategies:

- Develop a system that proactively responds to individuals and families who are at risk of losing their places of living. In particular, this objective will leverage and expand upon the infrastructure and collaborative relationships developed through the Boulder County – Housing Crisis Prevention Program Collaborative to proactively prevent the incidence of homelessness.
- Provide for more direct support to at-risk individuals and families through the granting of direct cash assistance designed to help with rent, utility and mortgage payments.
- Implement education and training support that assists with money management, foreclosure assistance and job seeking efforts.
- Develop and implement a coordinated planning process with allied organizations that is designed to assist individuals in being successful as they transition back into the community.

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**Goals, Objectives and Strategies to prevent individuals and families from becoming homeless**

Objective 1: Provide immediate intervention at earliest possible stage.

#	Strategies
1.1.1	Build upon and expand the Boulder County - Housing Crisis Prevention Program Collaborative and use the collaborative as means for supporting an early detection process.
1.1.2	Develop a coordinated response with the private sector including landlords, employers, etc. to prevent individuals from becoming homeless.
1.1.3	Coordinate with other organizations, policymakers and negotiate waivers for rental application fees, deposits and move-in costs.

Objective 2: Provide financial and in-kind assistance to individuals and families to allow them to stay housed.

#	Strategies
1.2.1	Provide rental and utility assistance for individual and families at risk of homelessness and coordinate with other organizations to fund one-time eviction prevention for those at 0-50% of AMI.
1.2.2	Utilize current programs to reduce utility costs such as LEAP, weatherization programs, and Outreach Colorado.
1.2.3	Develop and utilize various benefits acquisition efforts to ensure that individuals and families are enrolled and receiving all entitlements for which they are eligible.

Objective 3: Provide education and training to individuals and families to help prevent homelessness.

#	Strategies
1.3.1	Utilize existing network of Getting Ahead instruction.
1.3.2	Offer financial fitness instruction through Boulder County Housing and Human Services Gateways series.
1.3.3	Offer foreclosure and housing counseling programs through Boulder County Housing and Human Services Housing Counseling Programs.

Objective 4: Provide reintegration programs to those leaving institutional systems.

#	Strategies
1.4.1	Coordinate and improve discharge policies and procedures with the Corrections, Mental Health System, Child Welfare and Public Health Systems to support successful transition from institutional placements to permanent housing.
1.4.2	Utilize youth-specific case manager(s) to support youth who are aging out of the foster care system.
1.4.3	Link Veterans-serving programs to veterans who are homeless or who are returning to Boulder County.
1.4.4	Utilize re-entry program models such as PACE, Pathways and FOCUS and explore need for new or expanded programs to assist those leaving Boulder County Jail and Department of Corrections.

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**Goal 2: Provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless**

This goal focuses on the provision of appropriate housing and supportive services to temporarily homeless individuals and families with an eye toward self-sufficiency and long term sustainability. The County currently has in place a variety of housing options for the homeless (see table below) but these are not adequate to meet current needs.

Agency	Location	Program	Population	Beds	Units
<b>Warming Centers (overflow)</b>					
BOHO	Boulder	Seasonal overflow	Homeless adults	44	
OUR Center	Longmont	Seasonal overflow	Homeless adults	20	
Agape Family Services	Longmont	Seasonal overflow	Homeless adults	25	
<b>Overnight Shelter</b>					
Boulder Shelter	Boulder	Emergency Shelter	Homeless adults	160	
EFAA	Boulder	ECHO House	Homeless Families		8
EFAA	Longmont	Atwood Shelter	Homeless Families		11
EFAA	Lafayette	Carr Street	Homeless Families		5
SPAN	Boulder	Domestic Violence	Homeless Women	27	
Safe Shelter St. Vrain	Longmont	Domestic Violence	Homeless Women	18	
Attention Homes	Boulder	Emergency Shelter	Homeless Youth	22	
<b>Transitional Housing</b>					
BCAP	Boulder	Walton House	Homeless w/HIV	4	
Boulder Shelter	Boulder	Transitional Housing	All Homeless		12
Inn Between	Longmont	Transitional Housing	All Homeless		51
EFAA	Boulder	Transitional Housing	Homeless Families		12
EFAA	Lafayette	Transitional Housing	Homeless Families		6
L HA	Longmont	Briarwood Apartments	All Homeless		10
H.O.P.E.	Longmont	Transitional Housing	Homeless adults		5

(Source: Consolidated Housing Plan)

Most of the shelter beds serving individuals in the County are provided through the Boulder Shelter for the Homeless. A smaller number of overnight shelter beds designated for families, women or youth are managed by other non-profits in locations across the County. In addition to strains on the overnight shelter system, there is a scarcity of day and warming shelters, which are particularly needed on cold winter days.

The stock of transitional Housing in the County also is not sufficient to meet current demand. As observed in the table above, there are approximately 96 transitional housing units available in the County and most of these currently have waiting lists.

It is recognized that many temporary homeless individuals experience an acute episode of homelessness due to a major life event such as a loss of job or change in a significant relationship. Emergency Shelter services are effective in meeting these short term needs, but it is also critical that other, more permanent options as well as social and economic services be made available to help these individuals and families become self-sufficient.

This goal provides a comprehensive set of strategies that are designed to quickly move the temporarily homeless back to independent living while seeking to expand day and overnight emergency shelter capacity and supportive services to meet acute needs. Major objectives include:

- Implement a data reporting system to better monitor temporary shelter needs and utilization, and examine and change, as appropriate, current ordinances that affect use of alternative shelter options.
- Expand overnight and day shelter capacity through the use of non-traditional (e.g., churches) shelter providers.
- Expand the availability of housing units and, as appropriate, convert transitional housing options to permanent places of residence in conformance with the Housing First Model.
- Strengthen, expand and provide wrap-around services to ensure that the temporarily homeless are supported in their efforts to move towards self-sufficiency.

**Goals, Objectives and Strategies to provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless**

Objective 1: Ensure appropriate use of shelter services.

#	Strategies
2.1.1	Develop data and reporting methods to monitor shelter needs and shelter capacity county-wide.
2.1.2	Examine and modify as appropriate ordinances that relate to shelter needs and resources including the use of non-shelter structures (e.g., non-profits and churches) and automobile and camping ordinances.

**Objective 2: Provide appropriate temporary shelter for homeless individuals and families.**

#	Strategies
2.2.1	Continue to provide 160 beds of temporary shelter for homeless adults during the winter months at the Boulder Shelter.
2.2.2	Expand emergency shelter capacity by 100 additional beds in Boulder and 30 in Longmont with the aid of the faith community and non-traditional provider.
2.2.3	Provide year round day sheltering in the cities of Boulder and Longmont.
2.2.4	Replicate the current medical respite bed program model where homeless individuals are provided support with hotel vouchers and home health assistance during their recovery.

**Objective 3: Ensure the availability of appropriate, low rent, short-term rental options.**

#	Strategies
2.3.1	Support ongoing use of current transitional housing units in Boulder, Lafayette and Longmont.
2.3.2	Conduct a study to determine the number of low cost, short-term rental units currently available in Boulder County.
2.3.3	Identify options for additional low cost, short term rental units in Boulder and Longmont through master leasing arrangements.
2.3.4	Identify properties for rehab and development of low cost, short-term rental units in Boulder and Longmont and acquire these as resources become available. – do we need a separate strategy to look at the addressing the quality of current units.

**Objective 4: Provide Wraparound Supportive Services to temporarily homeless individuals and families through the Boulder County Case Management system.**

#	Strategies
2.4.1	Fully implement and utilize a countywide case management system to plan and manage service needs.
2.4.2	Institute a coordinated case management referral process to relevant service providers including employment services; education/GED services; substance abuse, mental health and medical services; and other wrap-around service needs including childcare, food, clothing and transportation.
2.4.3	Develop and utilize various benefits acquisition efforts to ensure that individuals and families are enrolled and receiving all entitlements for which they are eligible.

**Goal 3: Provide permanent housing with supportive services to meet the long-term needs of chronic homeless individuals**

The Housing First model places primary emphasis on addressing the needs of the chronically homeless. Research studies helped to demonstrate that the Continuum of Care approach was less than optimal for moving chronic individuals to secure and stable long-term housing. Instead, the population remained too reliant on temporary housing options and continued to disproportionately use limited public resources. By embracing the Housing First model, the County hopes to achieve a more lasting impact on the Chronically Homeless population, leading to greater stability and a more appropriate use of County services.

This movement toward a Housing First model, however, will not occur quickly. Without immediate access to financing required for the development of additional Housing First units, the County will need to slowly transition over to the model as resources become available. As reflected in the table below, the County currently has just 25 Housing First units being managed by the Boulder Shelter and another 220 that are part of the Shelter Plus Care system which is focused primarily on individuals with a major mental illness. It is estimated that the County needs about 100 more Housing First Units and estimates put this at a cost of approximately:

*Current Permanent Supportive Housing Options in the County*

<b>Agency</b>	<b>Location</b>	<b>Program</b>	<b>Population</b>	<b>Vouchers</b>
Boulder Shelter	Boulder County	Housing First	Chronic Homeless	25
Mental Health Center	Boulder County	Shelter + Care	Homeless adults	220

In addition, the model places emphasis on the provision of intensive services to ensure that the chronically homeless, who frequently have mental health and/or substance abuse issues, are able to maintain their permanent housing arrangement. This is also an area of needed expansion as these services will need to be largely dedicated to maintaining these individuals in long-term housing.

In the short term, this means ongoing reliance on the existing shelter, transitional and other temporary housing options, while continuing to resist using resources for short term fixes, such as the creation of additional “bricks and mortar” shelter capacity. To meet this goal, three objectives have been defined:

- Implement an evidence-based outreach model that is standard across the county and effectively accesses the chronically homeless population. This also includes improving the coordination of outreach efforts with related organizations such as law enforcement and first responders.
- Identify existing housing stock that could be converted into Housing First units with a goal of increasing these by 100 units. This objective also focuses on the continued appropriate use of both shelter and existing transitional housing options.
- Increase the availability of supportive and wrap-around services, particularly substance abuse and mental health treatment, required to ensure ongoing and stable housing for the chronically homeless.

**Goals, Objectives and Strategies to provide permanent housing with supportive services to meet the long-term needs of chronic homeless individuals**

Objective 1: Provide effective outreach to those living on the streets.

#	Strategies
3.1.1	Provide street outreach services in the cities of Boulder and Longmont every night during the winter months.
3.1.2	Examine the capacity needs for outreach efforts and expand the number of workers to meet this demand.
3.1.3	Create and deliver basic training for outreach volunteers, library employees, law enforcement, and other frontline service providers and provide information to the business and broader communities about outreach efforts and ways to access services.
3.1.4	Increase collaboration with public safety officials and first responders, including the provision of education and training services, to increase coordination of outreach efforts.

Objective 2: Address existing inventory as means to move individuals out of temporary shelter.

#	Strategies
3.2.1	Conduct annually a resources and gaps analysis to determine the availability of existing permanent and affordable housing.
3.2.2	Expand permanent supportive housing by 100 units over 10 years to meet the needs of the chronically homeless.

Objective 3: Provide supportive services to increase stability of chronically homeless individuals through use of the Boulder County case management system.

#	Strategies
3.3.1	Develop and utilize various benefits acquisition efforts to ensure that chronically homeless individuals are enrolled and receiving all entitlements for which they are eligible.
3.3.2	Assist chronically homeless individuals not eligible for public benefits access mental health, substance abuse and medical treatment (including dental) services and secure needed resources to support the provision of these services.
3.3.3	Expand mental health and substance abuse treatment services in conjunction with housing services as reflected in the Housing First model.
3.3.4	Provide access to methadone treatment to chronically homeless individuals.
3.3.5	Develop and implement employment training, job opportunities and transportation support to meet the employment needs of chronically homeless individuals.
3.3.6	Research and determine the feasibility and resources requirement for implementing a lock-down detox unit.

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**Goal 4: Develop and/or Improve Systems to Support Efficient and Effective Plan Implementation**

In recent years, Boulder County has implemented a number of efforts that will greatly aid in this plan’s implementation. The Human Services Strategic Plan and the LHOT 10-year Plan to End Homelessness, for example, aided greatly in the development of this plan’s contents and were instrumental in getting the right partners to the table. Recent efforts to implement components of those plans has led to the creation of critical systems and infrastructure that will be extremely valuable in supporting this plan’s goals and objectives without requiring significant financial investments.

This goal is focused on the furthering the development of systems that are critical for the performance of the larger plan. The critical areas include:

- Further refinement of an outreach model that is based on an evidence based theory of practice that can be adopted by both providers.
- Further establish and disseminate a standard case management model that will help support the provision of services to all homeless plan participants.
- Develop data sharing agreements and processes that will assist organizations in coordinating their service delivery and give case managers the information they need to better support participants.
- Implement a standard management information system that can be used to support case planning, service monitoring, the assessment of accomplishments and the promotion of information sharing across providers.

**Goals, Objectives and Strategies to improve and implement systems to support efficient and effective plan implementation**

Objective 1: Develop systems and infrastructure needed to support effective service delivery, cross-agency coordination and improved outcomes for homeless individuals and families.

#	Strategies
4.1.1	Examine evidence-based outreach models and worker training needs (e.g., mental health competencies) and modify efforts as appropriate, including the development of common standards, procedures and data collection forms.
4.1.2	Ensure that all case managers, countywide, have training in evidence-based case management techniques.
4.1.3	Create a MOU/release process that allows agencies, county-wide, to share basic client data to improve the coordination of service delivery.
4.1.4	Implement a county-wide database to track client data to support service delivery and communication between providers.

## **Goal 5: Promote Public Awareness and Advocacy**

This ambitious plan will not likely be successful without broad-based support across multiple segments of the community. This is due, in part, to the complex nature of the problem as well as the need to mobilize a variety of sectors to help with the plan's implementation. Identified partners include non-profit service providers, the business community, homeless activists, the local press, as well as community resident and homeless individuals. In addition, it is expected that that community members will become increasingly interested in plan efforts and resource utilization over successive years of implementation.

The strategies in this area focus on a number of outreach areas and communication strategies to support ongoing engagement with the community. Strategies include:

- Institute methods of coordination with other city and county government partners, particularly the Housing and Human Services Department, to help align resources with the plan's objectives.
- Conduct outreach to the broader community, including the business community and property owners to explore opportunities for plan support.
- Develop a website and utilize data collected through the evaluation and other information systems to promote the plans activities and accomplishments
- Develop a legislative agenda and coordinate efforts on a regional basis in order to broaden support for the plan and leverage additional partners.

**Goals, Objectives and Strategies to promote public awareness and advocacy**

Objective 1: Develop and implement communication strategies with local partners to engage the broader community in efforts to impact homelessness.

#	Strategies
5.1.1	Coordinate with Housing and Humans Services and other key agency partners to identify ways in which they can expand their role by prioritizing resources in support of the housing needs listed in this plan.
5.1.2	Outreach to property owners, managers and community stakeholders to build relationships that help with plan implementation.
5.1.3	Use HMIS data and data collected by other agencies and homeless service providers to educate the public on the 10 year plan and its progress.
5.1.4	Develop and utilize a Boulder County Homeless Project website to describe the plan and ongoing successes.

Objective 2: Coordinate efforts with policy leaders and related homeless efforts to ensure more effective and sustained plan implementation.

#	Strategies
5.2.1	Develop an annual legislative agenda for local policy makers to help support implementation of the plan.
5.2.2	Coordinate advocacy efforts with other homeless projects in the region, including MDHI and other municipalities.

## **Goal 6: Implement an Effective Governance and Staffing Structure**

Given the comprehensiveness of the plan and the complex array of strategies, it will be necessary to put in place a multi-tiered governance structure to oversee and guide implementation efforts. In the early stages of implementation, a leadership group will be organized to support implementation of the prioritized areas in the plan, under the direction of a key staff person assigned to oversee the implementation process. These efforts will be further supported thorough the ongoing participation of Advisory Committee members, expanded to ensure broader community participation. These group members will so be responsible for exploring financing opportunities that can be used to support higher cost items in the plan, such as the creation of more permanent supportive housing. As the years progress, the governance structure will be expanded to include subcommittees that oversee resource allocation, public communications and plan evaluation. Strategies for this Goal include:

- Identify an individual whose primary responsibility will be to guide overall implementation of the plan. This individual will likely be a staff person of the Boulder County Community Service Department.
- Orient the Human Service Strategic Plan (HSSP) Steering Committee to the plan and utilize this group to oversee plan implementation. This group was chosen given their connection to similar efforts and their ability to integrate the Homeless plan with efforts of the HSSP.
- Utilize the existing Advisory Committee with an expanded membership to providing ongoing support and guidance to the plan. This group is already highly invested in the defined strategies and is represented by the primary service providers across the County.
- Over time, develop additional subcommittees to oversee various areas of the implementation process. This will be particularly important for the allocation of resources given relationship between service providers.

**Goals, Objectives and Strategies to implement an effective Governance and Staffing Structure**

Objective 1: Develop leadership groups and supportive committees to ensure effective plan implementation and the development of adaptive changes over time.

#	Strategies
6.1.1	Identify a staff person to oversee the plan's implementation who is supervised by the Boulder County Community Services Department.
6.1.2	Utilize the existing Human Services Strategic Plan Steering Committee to oversee the implementation of the plan.
6.1.3	Expand the membership of the Boulder County Homeless Plan Development Advisory Committee and have this group assist with plan implementation and oversight.
6.1.4	Develop, as needed, sub-committees that focus on fundraising, fund allocation processes, community awareness and plan evaluation.

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## VII. Implementing the Plan: Year One

The comprehensive strategies outlined in the Boulder County 10-Year Plan to End Homelessness are designed to be phased in over the life of the plan. While some areas are relatively easy to implement because of existing efforts or resources, others will require more deliberate planning and resource development to be successful.

A final step in the Advisory Committee's work was to select a set of priorities for the first year of the plan's implementation. Several factors were considered in this selection process, including:

1. What is possible to achieve in the shorter term given the leveraging of current efforts already underway?
2. What priorities will not require significant, short-term, financial investments?
3. What strategies offer the best chance for early successes to help mobilize broader community support?
4. What do the chosen priorities suggest about the ways to focus future resources development efforts?

The group's process led to the identification of a subset of areas that will provide initial focus to plan implementation efforts. The selected strategies and activities will be reviewed and updated quarterly to assess accomplishments and to make needed adjustments. Evaluation efforts will be developed in relation to the outlined activities and measurement will assess the degree to which activities are successfully implemented as well as how these efforts lead to broader strategy implementation and the achievement of related objectives. Finally, new priorities will be set on an annual basis in relation to prior years' successes and challenges and in response to changes in the larger environment (e.g., new funding opportunities).

The following tables provide information on the priorities selected for the first phase of the plan's implementation.

## 1. Preventing Homelessness

A number of prevention strategies were prioritized as a means of helping individuals and families who are at-risk of homelessness due to the current economic climate. These strategies were also viewed as being relatively easier to implement as efforts are currently underway in a number of these areas.

Priority strategies and related activities for this area include the following:

#	Strategies	Activities
1.1.1	Build upon and expand the Boulder County – Housing Crisis Prevention Program Collaborative and use the collaborative as means for supporting an early detection process.	
1.1.2	Develop a coordinated response with the private sector including landlords, employers, etc. to prevent individuals from becoming homeless.	
1.1.3	Coordinate with other organizations, policymakers and negotiate waivers for rental application fees, deposits and move-in costs.	
1.4.1	Coordinate and improve discharge policies and procedures with the Corrections, Mental Health, Child Welfare and Public Health Systems to support successful transition from institutional placements to permanent housing.	

## 2. Acquiring Benefits for Eligible Populations

A single strategy identified as providing relief to all populations targeted in the plan relates to the acquisition of benefits for which all these individuals and families are eligible. This priority area provides necessary relief to each population through supplemental income, medical coverage and access to other needed services.

The priority strategy and related activities for this area are as following:

#	Strategies	Activities
1.2.3 2.4.3 3.3.1	Develop and utilize various benefits acquisition efforts to ensure that individuals and families are enrolled and receiving all entitlements for which they are eligible.	

### 3. Impacting the Chronically Homeless

A primary goal of the plan is to create permanent solutions for the chronically homeless. This, however, is also an area of greater expense in the plan since the goal requires the development of additional Housing First units and the expansion of mental health and substance abuse treatment services. It was decided that early efforts should focus on this goal in order to demonstrate incremental progress and to begin acquiring the resources needed to expand identified housing and service needs.

Priority strategies and related activities for this area include the following:

#	Strategies	Activities
3.1.4	Increase collaboration with public safety officials and first responders, including the provision of education and training services, to increase coordination of outreach efforts.	
3.2.2	Expand permanent supportive housing by 100 units over 10 years to meet the needs of the chronically homeless.	
3.3.3	Expand mental health and substance abuse treatment services in conjunction with housing services as reflected in the Housing First model.	

### 4. Developing and Improving Systems

A final area of early focus relates to the implementation of an evidence-based case management process. The County recently implemented a standard case manager training process which will be adopted for use with individuals who work with targeted homeless populations.

Priority strategies and related activities for this area include the following:

#	Strategies	Activities
4.1.2	Ensure that all case managers, countywide, have training in evidence-based case management techniques.	

## VIII. Plan Funding Strategy

The Boulder County 10-year plan seeks to maximize existing resources, but also recognizes that additional funding will be required to expand current services and to secure additional housing option. This goal outlines strategies that will be employed to obtain these resources to support plan efforts.

### Appendices

- List of participants in the planning process
- List of acronyms
- Glossary of terms

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<sup>i</sup> Davidson, N. (2006). "Housing First" for the chronically homeless: Challenges of a new service model. *Journal of Affordable Housing* 15(2), 125-136.

<sup>ii</sup> The National Alliance to End Homelessness (2009). Rapid re-housing demonstration program. Retrieved March 3, 2010 from <http://www.endhomelessness.org/content/article/detail/2513>

<sup>iii</sup> The National Alliance to End Homelessness (2006).

<sup>iv</sup> The National Alliance to End Homelessness (2009).

<sup>v</sup> The National Alliance to End Homelessness (2009).

<sup>vi</sup> The National Alliance to End Homelessness (2009). Fact sheet: Chronic Homelessness

<sup>vii</sup> Kertesz, S.G., & Weiner, S.J. (2009). Housing the chronically homeless: High hopes, complex realities. *JAMA: Journal of the American Medical Association*, 301(17), 1822-1824.

<sup>viii</sup> Pearson, C., Montgomery, A.E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in Housing First programs. *Journal of Community Psychology*, 37(3), 404-417. Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G., & Marlatt, G.A. (2009). Health care a public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA: Journal of the American Medical Association*, 301(13), 1349-1357.

<sup>ix</sup> The National Alliance to End Homelessness (2006). A new vision: What is in community plans to end homelessness? *Research Reports on Homelessness in America*.

<sup>x</sup> The United States Interagency Council on Homelessness (2008). The 10-year planning process to end chronic homelessness in your community. Retrieved March 3, 2010 from <http://www.usich.gov/slocal/plans/toolkit.pdf>

<sup>xi</sup> The National Alliance to End Homelessness (2009). Organizational change: Adopting a Housing First approach.