

MEMORANDUM

TO: Members of City Council

FROM: Jane S. Brautigam, City Manager
Karen Rahn, Director, Human Services
Wendy Schwartz, Human Services Planning Manager
Valerie Watson, Human Services Planner

DATE: May 13, 2014

SUBJECT: Human Services Strategy Update

I. PURPOSE

The purpose of this study session is to provide an update on the proposed process, timeline and benchmarks for the update to the Human Services Strategy (HS Strategy, formerly Master Plan), present background information to inform the discussion and get council feedback on the key process elements. Additional information can be found in [past council memos](#).

II. QUESTIONS FOR COUNCIL:

1. Does council have feedback or questions about the proposed HS Strategy development process or timeline?
2. Does council have feedback on the current purpose, guiding principles, priorities and roles for the city in providing human services which should be considered in the HS Strategy?
3. Does council have feedback on the draft Homeless Action Plan (HAP) potential strategies?
4. Does council have any additional policy issues that should be considered?

III. BACKGROUND

Human Services Strategy

The [2006-2015 Housing and Human Services Master Plan](#) (Master Plan) update will create a new HS Strategy that reflects the changing community landscape, driven by a variety of factors including the economic downturn beginning in 2008, reductions in federal and state budgets, sluggish local economies, increased demands and shifting needs in the community in the human services sector and changing demographics; all placing greater pressures on local governments and nonprofits to close the gaps.

Historically, the Boulder community has expressed strong support for human services and has taken leadership and partnership roles in local community and regional planning efforts, particularly in ensuring a vital social safety net.

With growing demands on local governments and limited resources, there is greater need for local governments to provide strategic resources. Cities will have to leverage

partnerships to meet important local needs and contribute to the well-being and quality of life for all residents.

The key questions for the HS Strategy update process are:

1. What are the most important strategic human service priorities for the city which will have the greatest positive impacts in our community?
2. How should those investments be made in the community?

Purpose

The purpose of the HS Strategy update is to:

- Identify the city's strategic human services goals and priorities;
- Clarify the city's role in providing human services;
- Identify new or expanded strategic partnerships to leverage resources and services to the community; and
- Align city investments with those priorities and partnerships through the appropriate avenues (community catalyst, funder and service provider).

Sustainability Framework and other guiding plans and principles

The HS Strategy will consider and incorporate key city planning frameworks and efforts in its development, including the Sustainability Framework, the Boulder Valley Comprehensive Plan (BVCP), the Civic Area Plan (CAP), the countywide Human Services Strategic Plan (HSSP), the Ten-Year Plan to Address Homelessness (Ten-Year Plan), Priority-Based Budgeting (PBB) and the resiliency framework currently being developed. An assessment will be made of services and resources devoted to related programs in Parks and Recreation and Library and other city departments and where these can be leveraged.

Human Services Strategy timeline and process

The HS Strategy planning process began in the fall of 2013, with the final HS Strategy anticipated for presentation to council during the second quarter of 2015. The process includes three phases of work. An overview of the HS Strategy timeline is included as **Attachment A**.

Phase I: Background Research (September 2013 - June 2014) – The first phase of the HS Strategy process focuses on reviewing current national and local human services trends and data. Research includes:

- Environmental scan of national and local social issues and trends;
- Review of human services planning models and themes;
- Review of human services funding in peer and Front Range cities; and
- Review of human services programs in other communities.

Phase II: Analysis and Policy Options (July 2014 - March 2015) – The second phase of the process includes stakeholder and public engagement and development of draft concepts and options. Activities include:

- Community stakeholder and public engagement process, including information about trends, issues, gaps and needs and how the city can maximize impact in the broader community context;
- Analysis of data from background research and stakeholder engagement;
- Development of draft options for city goals and priorities;
- Solicitation of stakeholder/public feedback on draft options;
- Council check-ins;
- Continued stakeholder and public engagement process.

Phase III: Final Plan and Approval (March 2015 - June 2015) – The last phase of the HS Strategy process is finalizing the plan and approving the strategy, including:

- Refinement of options and recommendations;
- Draft HS Strategy document;
- Solicitation of stakeholder and public comment on draft;
- Presentation of draft document to relevant city boards and commissions;
- Final approval.

Stakeholder/public engagement

Stakeholder and public engagement will be ongoing in phases II and III. HS will structure and implement an effective process for constructive and focused feedback on key HS Strategy issues.

Engagement methods will be varied and targeted appropriately to need and audience. Tools will include key informant interviews, public surveys, focus groups, visioning exercises, social media and electronic feedback opportunities. Key stakeholder and community groups include:

- City of Boulder residents;
- Community services clients;
- Private sector, business and faith communities;
- Community nonprofits and the Human Services Alliance;
- Regional partners, including Boulder County government;
- Boulder Valley School District (BVSD) and University of Colorado (CU);
- Key regional planning and policy boards, such as the Ten-Year Plan Board and the Metro Denver Homeless Initiative (MDHI);
- City of Boulder advisory boards and commissions including Human Relations Commission (HRC), city planning boards, Boulder Housing Partners (BHP), Immigrant Advisory Committee (IAC), Senior Community Advisory Committee (SCAC) and the Youth Opportunities Advisory Board (YOAB);
- Other community funders including Foothills United Way and The Community Foundation.

Current policy direction of the Human Services Department

City of Boulder HS vision, mission and roles are defined by the current Master Plan:

Vision: “A healthy, diverse and sustainable community in which all residents are successful and contributing members.”

Mission: “To create a healthy, socially thriving and inclusive community by providing and supporting innovative services to Boulder residents in need.”

Purpose:

- Evaluate social problems and conditions in the community and provide the means and capacity to respond to identified social issues and concerns;
- Work toward solving social problems and improving social conditions through city coordination and cooperation with other entities (federal, state, local, public and private agencies, civic action groups and residents);
- Develop and implement programs to respond to social problems and conditions.

Guiding principles:

- Safety Net Services: HS supports services ensuring physical and mental health care, food and nutrition, emergency shelter, transitional housing and housing for very low-income residents in order that basic, life-sustaining needs of residents are met.
- Community responsibility and social equity: HS has a responsibility to ensure a quality environment that promotes a livable community for all its residents.
- Economic and social diversity: Boulder is a mosaic of people of differing incomes, ages, abilities and cultures. HS is committed to respect, value and support each member of the community and to seek elimination of all forms of discrimination.
- Self-sufficiency: HS supports services that provide opportunities for each individual to reduce dependencies and increase self-reliance through self-improvement.

Priorities:

- Support individuals and families throughout the life cycle;
- Balance prevention, intervention and treatment (crisis) services;
- Provide for home, community and school-based services;
- Build upon strengths of individuals and families;
- Create and support collaborative partnerships;
- Integrate social concerns with community development;
- Build community capacity to support residents;
- Assess organizational and service effectiveness to ensure efficient use of public resources; and
- Evaluate service outcomes to ensure cost-effective stewardship of public funds.

Roles:

As Leader and Partner:

- Make strategic investments in the community that create opportunities and provide critical services;
- Evaluate social problems and conditions and respond to identified concerns;
- Work toward addressing social issues and improving social conditions through coordination and cooperation with other jurisdictions, organizations and residents;

- Pursue partnerships with other entities to ensure services are coordinated and effectively delivered;
- Develop and implement programs to address identified social and human services issues;
- Focus on regional planning to increase efficiency, reduce duplication and more readily identify emerging gaps and needs; and
- Share responsibility for human services with the county. The county provides human services, especially focusing on state and federal entitlement programs. The city encourages the county to provide the same services in Boulder as the county provides in rural areas.

As Funder:

- Fund the most efficient, quality services, minimizing duplication;
- Make funding decisions based on competitive Request For Proposal (RFP) processes within funding priority areas identified in the Master Plan;
- Base RFP decisions on an organization’s ability to deliver clearly defined outcomes;
- Involve residents in developing funding recommendations through a partnership of staff and Boulder residents appointed for such purposes by the city manager; and
- Fund agencies based on specific, achievable goals and objectives to benefit Boulder residents.

As Services Provider:

- HS limits its role as a service provider to those situations where:
 - a) There is an expressed desire of City Council or the community;
 - b) There is a demonstrated need that cannot be met through other sectors (e.g. human rights enforcement); and/or
 - c) The nature of the service requires a broad community collaborative effort that is more appropriate for the city to lead (e.g. multipurpose senior centers).

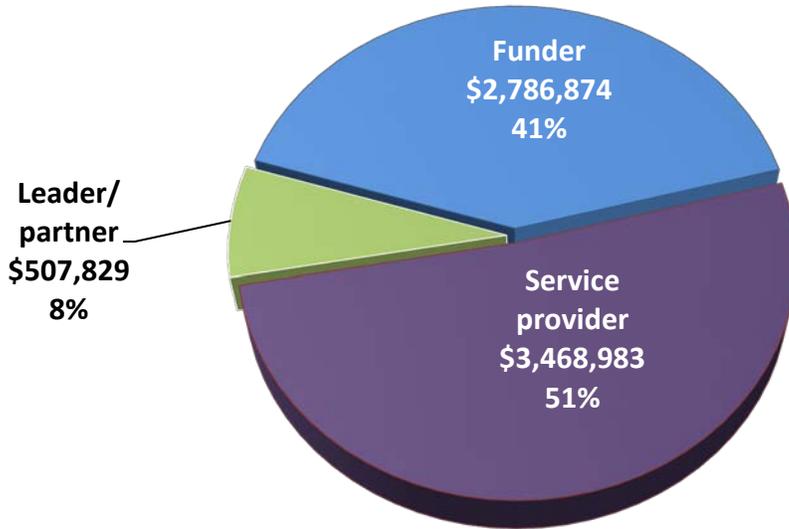
Current allocation of resources

Resource distribution by role

HS supports the community through three avenues. The majority (approximately 51 percent) of the HS investment is in direct services provided by the city in its service provider role.¹ Forty-one percent of HS resources are directed to community funding in its funder role, and eight percent are devoted to community catalyst, capacity building and planning work in its leader/partner role.

¹ Approximately 27 percent (\$946, 274) of the service provider budget is provided through grants or fees.

**Chart 1: City of Boulder
Human Services resources by role**



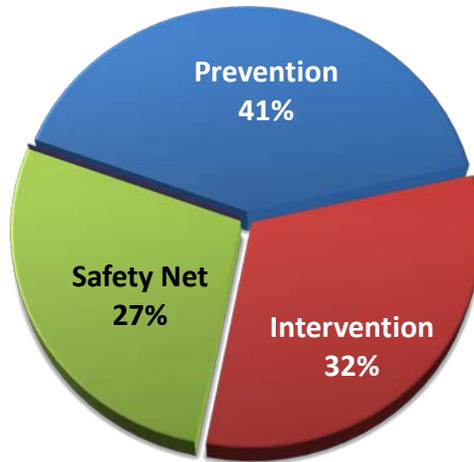
Balance of prevention, intervention and safety net functions

As described in the current Master Plan priorities, HS balances prevention, intervention and safety net services to meet community needs. **Chart 2** on the next page shows resources within the HS budget for each category in the continuum, with the most resources focused on prevention.²

Across human services areas, prevention or “upstream investment” is generally considered to be the most cost-effective, long-term strategy for addressing social issues. However, for most social issues and conditions, a level of safety net and intervention services will always be needed in community. The right mix of prevention, intervention and safety net services for the city is one important area being assessed during the HS Strategy update.

² Department administration was distributed among categories based on full-time equivalent (FTE) positions within programs. HS Planning and HS Fund Administration budgets were distributed evenly among the three categories.

Chart 2: 2014 Human Services resources by prevention, intervention and safety net



Issue areas with key HS involvement

Through our service provider, funder and leader/partner roles, the city is involved in a wide variety of human services issue areas, including:

- Seniors
- Family support
- Childcare and preschool
- School age/youth
- Adult health and wellness
- Human rights, immigrants, legal
- Homeless services
- Domestic violence/child abuse
- Food security
- Child wellness
- Advocacy and outreach

Issue areas with limited HS involvement

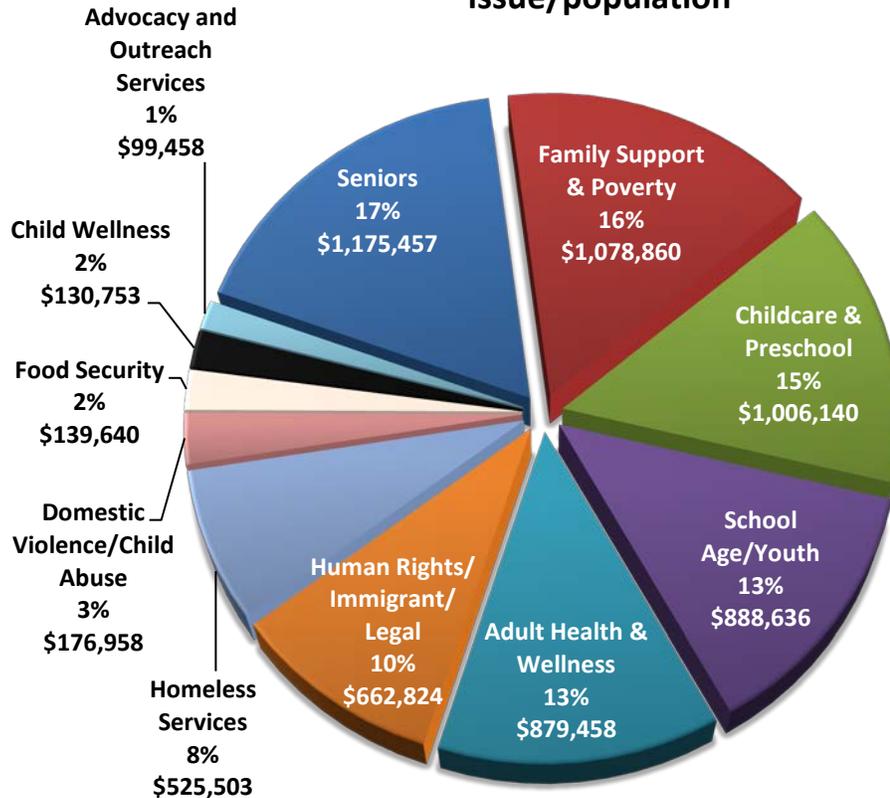
There are some current or emerging issue areas related to human services that have had limited departmental focus or focus on limited populations, which should be assessed and considered in the strategy:

- Employment and skill building
- Healthy/active living
- Economic mobility/asset building
- Substance use (beyond children and youth)

City resource allocation by issue areas

Chart 3 on the next page indicates how significant department resources are allocated by issue area and population.

Chart 3: 2014 HS resource distribution by issue/population



Funding to the community

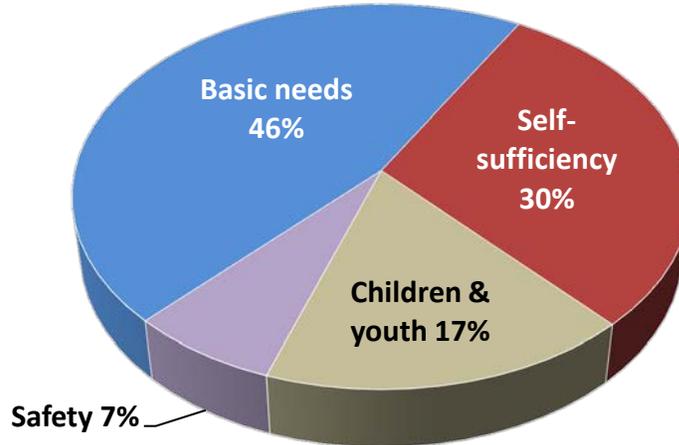
The department allocates funding to the community through the Human Services Fund (HSF) \$2,106,188; the Youth Opportunities Fund (YOF) \$116,443; and the Human Relations Commission’s Community Event Fund and Community Impact Fund, \$25,030.

In 2013, the city partnered with Boulder County and the City of Longmont to launch a joint grants management system (GMS) to create efficiencies for the funders and applicants and to improve outcomes reporting by community agencies. United Way will join the collaborative in 2014. The application for funding identifies four impact areas, with outcomes and indicators for each area:

- Impact Area 1 – Children and Youth: Preparing low-income and at-risk children and youth for success
- Impact Area 2 – Self-sufficiency: Improving economic well-being, independence and self-reliance for adults
- Impact Area 3 – Basic Needs: Meeting basic needs for individuals and families
- Impact Area 4 –Safety: Building a safer community

Chart 4 below shows HSF allocations among these impact areas.

Chart 4: 2014 HSF allocations



National and local community context

The City of Boulder has a myriad of community resources and strengths and many residents are thriving. Boulder is an educated community with a school system that exceeds state averages for graduation rates and other important measures. Per capita income is high, and the city’s unemployment rate is lower than that of the rest of the county. Overall, the population is healthy, with high rates of health insurance coverage and positive health indicators.

However, a number of trends suggest that our city is not yet achieving the HS vision of a healthy, diverse and sustainable community in which all residents are successful and contributing members. Research indicates that many challenges faced by Boulder are similar to broader national issues. Key national issues reflected locally include:

- Poverty and income inequality – The middle class is shrinking with more people in poverty and limited access to opportunities for economic mobility. Income inequality³ in the city is higher than the county and the nation,⁴ with poverty growing faster in Boulder County than in the nation as a whole.⁵

³ The Census Bureau measures income inequality using the Gini index, which measures the amount of dispersion in income. The index ranges from 0.0, when all households have equal shares of income, to 1.0, when one household has all of the income and the other households have no income. The higher the index value, the greater the income inequality. The 2006-2010 Gini index for the United States as a whole was .467. During the same period, the city’s Gini index increased from .522 to .550.

⁴ U.S. Census Bureau (2012). *Household income inequality within U.S. counties: 2006-2010*. American Community Survey Briefs (February): Bee, A. & Greenberg, S. (2012). *What Does Diversity Look Like in the City of Boulder?* (August).

⁵ Community Foundation of Boulder County (2013). *Boulder County TRENDS 2013*. p.57.

- Significant projected increases in the senior population – In Boulder County and nationwide, one in five people will be age 65+ by 2030.⁶ Many will need supports for aging in place, health, housing and economic stability.
- Educational achievement gaps and lack of school readiness – Less than half of low-income children are school-ready at age five in the United States.⁷ Fewer than one in five low-income BVSD kindergarten students meet literacy benchmarks when beginning school.⁸ Nationally, high school graduation rates are at their highest level since 1974, with the rate for Hispanic⁹ students increasing 10 points since 2006.¹⁰ BVSD has made progress in increasing Latino and low-income students' graduation rates, however, these rates are significantly below those of white and more affluent students, as are rates of Latino and low-income students pursuing higher education.¹¹
- Homelessness – Point-In-Time Count and Survey (PIT) data show a four percent decline in homelessness nationally between 2012 and 2013, with 36 percent of the homeless in families with children.¹² In the City of Boulder, PIT data reflect a homeless population holding steady between 2012-2013, with 45 percent in families with children.¹³
- Inclusiveness and Diversity – According to a survey by the Pew Research Center, nearly half of Americans say “a lot more needs to be done to achieve racial equality.” Thirty-five percent of African-Americans and 20 percent of Hispanics surveyed experienced racial discrimination in past year.¹⁴ More than 21 percent of Latinos in a 2012 Boulder County Latino Task Force survey said discrimination was a problem in Boulder County.¹⁵
- Child Health – In 2013, Colorado ranked 37th among states for child health insurance coverage.¹⁶ Boulder County Latino and low-income children are more likely to be uninsured, and many of them are eligible for CHP+ or Medicaid but not enrolled. Boulder County's enrollment rates for eligible children are lower than state rates for these public programs.¹⁷ Affordable Care Act impact on local uninsured rates is still being assessed after the first open enrollment period ended on March 31, 2014.
- Adult Health – In 2013 Colorado ranked 25th among states for adult health insurance.¹⁸ In Boulder County, 65 percent of county Latinos have health

⁶ Boulder County Aging Services Division (2010). *Age well Boulder County*.

⁷ The Equity and Excellence Commission (2013). *For each and every child – A strategy for education, equity and excellence*. Washington, D.C.

⁸ BVSD (2013). *Unified improvement plan, 2012-2013*. Appendix B, p.B-4.

⁹ The Census Bureau uses the term “Hispanic,” though many other sources use the term “Latino.” In this memo, both Latino and Hispanic are used in accordance with source data.

¹⁰ U.S. Department of Education, Homeroom blog <http://www.ed.gov/blog/2013/01/high-school-graduation-rate-at-highest-level-in-three-decades/>, accessed 3/19/2014.

¹¹ Community Foundation of Boulder County (2013). *Boulder County TRENDS 2013*. 23-24.

¹² U.S. Department of Housing and Urban Development (2013). *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*.

¹³ Metro Denver Homeless Initiative (2013). *2013 Point In Time Count and Survey*.

¹⁴ Pew Research Center (2013). *King's Dream Remains Elusive*. (August).

¹⁵ Community Foundation of Boulder County (2013). *Boulder County TRENDS 2013*. p.40.

¹⁶ Colorado Health Foundation (2013). *2013 Health Report Card*.

¹⁷ Boulder County Movement for Children (2013). *The Status of Children in Boulder County*.

¹⁸ Colorado Health Foundation (2013). *2013 Health Report Card*.

insurance, compared with 91 percent of white non-Hispanic residents.¹⁹ Affordable Care Act impact on local uninsured rates is still being assessed after the first open enrollment period ended on March 31, 2014.

- **Behavioral Health** – Rates of binge drinking and intentional self harm among Colorado youth and adults are higher than national averages.²⁰ Youth in BVSD report higher rates of self harm and binge drinking than county and state averages.²¹

Attachments B-G contain additional information on national and local trends and planning questions arising from each trends area.

Human Services planning models and themes

To identify themes and trends in human services, staff reviewed national policy, research and municipal organizations. Below is a summary of emerging or ongoing issues, trends and best practices. These themes will be used in developing potential options for roles and strategies.

Collective Impact - Collective Impact²² is a model of affecting change premised on the idea that large-scale social change requires broad cross-sector coordination and movement away from isolated interventions. The model requires the commitment of key community stakeholders from different sectors to create common agendas for solving social problems. Evidence indicates that this broad scale approach of focusing on targeted issues for community impact has had some success, such as addressing student achievement, childhood obesity and environmental cleanup. Successful Collective Impact models generally have five shared conditions leading to successful alignment:

1. Common agenda;
2. Shared measurement systems;
3. Mutually reinforcing activities;
4. Continuous communication; and
5. Organization support to implement and manage.

The development of the regional GMS with other funders is one way of implementing an aspect of Collective Impact for local human services delivery. As part of the HS Strategy process, staff will explore with partners and stakeholders how to maximize the benefits of Collective Impact for the Boulder community.

¹⁹ Boulder County Public Health Department. *Community dashboard*. <http://www.bouldercounty.org/dept/publichealth/pages/healthdata.aspx> accessed 4/ 9/2014.

²⁰ Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.50. & Colorado Health Foundation. (2013). *2013 Health Report Card: Healthy Children*. <http://www.coloradohealth.org/yellow.aspx?id=6555> accessed 4/9/2014.

²¹ Boulder County. (2011). *Boulder County, Colorado – High School, 2011 Youth Risk Behavior Survey (YRBS)*. Boulder County. (2011). *Boulder Valley School District – High School, 2011 Youth Risk Behavior Survey (YRBS)*.

²² Kania, J. & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*. (Winter).

Pathways²³ – The Pathways Initiative is the American Public Human Services Association’s vision for designing and delivering human services. The vision for this concept is to provide a new design of human services with “high performance delivery” of programs and services, forecast needed outcomes and design forward-looking solutions. Although the Pathways model was designed primarily for county human services systems, some elements may be useful to city planning. It focuses on a delivery system which enables more self-sufficiency by addressing needs in a holistic and economical manner. Characteristics of the model include:

1. Focus on outcomes;
2. Prioritization on prevention;
3. Elimination of duplicate administration of related programs; and
4. Seamless integration of government and community programs.

This approach requires a major paradigm shift to the way most organizations currently provide human services. For example, it requires an extensive data and decision system re-design to wrap diverse government and community services around clients at a single intake point, or ‘one-stop shop.’ HS will explore this as part of the city and county partnership discussions on roles and services among both entities.

Coordinated Funding – With constrained local government budgets, and acknowledgement that human services issues are generally regional in nature, some communities are adopting a model of coordinated, pooled community funding. The goals of this model:

1. Achieve measurable progress on shared goals and metrics;
2. Deploy grant dollars more efficiently;
3. Strengthen local nonprofit sector;
4. Preserve public funds; and
5. Create a more collaborative environment.

Challenges cited in an evaluation of this model included:

1. Development of shared goals and outcomes across sectors;
2. Technology challenges; and
3. Limited funding opportunities for programs that did not align with priorities.

Common Overall Themes – Several common themes emerge in the models discussed above and from other background research.

1. Data-driven planning – Social welfare issues are complex and it has been difficult to effectively measure results of human services investments. However, with funding organizations facing shrinking budgets and increasing needs, more are emphasizing data-driven planning, funding and solutions. This also requires increased data sharing and integration.

²³ American Public Human Services Association. (2013). *Advancing human services in the 21st century – what is the government’s role in the transformation effort?* (May), 2013.
<http://www.nascio.org/events/2012Midyear/documents/APHSA-Pathways-Initiative.pdf> accessed 11/18/2013.

2. Cross-sector partnerships – In its description of the drivers of social innovation, Stanford’s Center for Social Innovation states, “Ultimately, the most difficult and important problems cannot be understood, let alone solved, without involving the nonprofit, public, and private sectors.”²⁴

In seeking to advance human services goals, cities and other organizations are looking for more ways to engage non-traditional partners for more robust, coordinated community solutions. The HS Strategy stakeholder and public engagement process will seek innovative and creative ways to involve a variety of traditional and non-traditional partners in collaborative efforts to achieve our community goals.

3. Alternative service delivery/service integration – Traditionally, human services have been delivered in a siloed approach, with those in need of services having to seek them through many different sources that were sometimes contradictory or duplicative. Now many organizations are seeking a more holistic and client-centric approach to find ways to achieve cohesive services and results for the community, and to create efficiencies in service provision. This integration can take the form of shared service locations, better data sharing, coordinated intake and assessment, common service protocols, etc.

Human services in other cities – While Boulder’s human services priorities and goals will reflect our community characteristics and values, the focus areas of other communities can help inform ideas to explore during the planning process.

HS staff conducted an online review²⁵ of 36 cities which demonstrate a variety of human services approaches. Cities selected included: 1) peer cities and those included in the HS 2013 peer cities survey; 2) cities identified by a consultant on the basis of developed human services strategic or funding plans; and 3) cities identified in an HS online review of public policy organization websites. Twenty-seven of the 36 cities were small or mid-size cities with populations less than 250,000. The remainder were large cities.

Attachment H contains the list of cities reviewed and a comparison of general human services categories.

The most important finding of this analysis was that in the area of human services, cities are unique. There is wide variation among cities in the human services efforts they choose to pursue, and how they choose to pursue them. This is likely due to differing community values and needs, the availability of resources from the local community, and the human services roles often played by counties, which allow many city human services to be more “discretionary” in nature. Observations of the roles of cities included in the review:

²⁴ Stanford Center for Social Innovation. <http://csi.gsb.stanford.edu/social-innovation> accessed 4/22/2014.

²⁵ Research on cities was based on information available on city websites. This analysis reflects the city human services structure and program efforts apparent on websites at the time of staff review.

- Two thirds of the cities had a human services or similar department or division, often paired with housing, health or neighborhood services. In some cases, cities provided services, programs and funding through a combination of different departments.
- Nearly all the cities support human services through funding to community agencies.
- Cities that directly provide services were most likely to do so in the area of seniors. Senior services and senior centers in some cities are provided through parks and recreation departments and have a recreation/social focus.
- More than a third of the cities directly provided children/youth and health/public health services, often in partnership with a county.
- Few cities have a formal human services strategic plan, although some had sub-plans in areas such as aging, youth, poverty and homelessness.

State, county and city human services roles

Many federal government laws and programs are administered by states. Public assistance and welfare, assisted housing, and nutrition are key areas where states deliver services using federal funds and subject to federal guidelines.²⁶ Each state constitution provides for the establishment of local governmental entities, including counties and cities.

A significant role of Boulder County, under the supervision of the Colorado Department of Human Services, is to administer and deliver all forms of federal and state public assistance and welfare, including but not limited to: “assistance payments, food stamps, and social services under programs for old age pensions except for the old age pension health and medical care program, the Colorado works program, aid to the blind, aid to the needy disabled, food stamps supplementation to households not receiving public assistance... child welfare services and other social services in cooperation with the federal department of health, education, and welfare and other state or federal agencies, prevention and intervention programs focused on positive youth development, mental health and substance abuse programs.”²⁷ The county also provides a wide range of prevention and intervention services including those supported with discretionary county resources.

Nationally, many counties serve as the primary human services safety net because they are local administrators and implementers of a wide range of federal and state programs and funding such as Temporary Assistance for Needy Families (TANF), Medicaid, and other entitlement programs.

In highly populated areas it is common for counties to contract with cities to provide public health and social welfare programs. For example, public health services are provided by New York City and the City of Boston. The county safety net role has allowed cities to determine the level and focus of their human services efforts and

²⁶ Arnold, P. (2004). *About America: How the United States is governed*. Braddock Communications, Inc. p.4.

²⁷ Excerpts from Colorado Revised Statutes, Title 26. Human Services Code, Article 1. revised, 2013.

resources based on interest and priorities, rather than on external mandates. As in other cities, Boulder's Charter does not mandate the city to have a human services department or provide human services.

Most human services issues are regional. The city and county jointly participate in many countywide planning efforts and shared funding and administration of programs meeting common community goals. Boulder County is an important stakeholder in the HS Strategy process. Key questions to be explored with Boulder County during Phase II of the strategy process include:

1. How can limited city resources leverage existing or planned county efforts and maximize impact?
2. What are the roles of the county and city in providing and funding human services?
3. How can the city, county and other community partners build efficiencies and improve outcomes across the service delivery system?
4. Access to some county programs is limited by documentation status and income. What role does the city currently play in complementing programs to fill gaps and needs?
5. How can the city and county work together to streamline access to services?

Homelessness Issues

Addressing homelessness continues to be a high priority for the city of Boulder. To address this priority, the HS Strategy process will include stakeholder and public engagement to develop a homeless action plan (HAP). The goals of the plan would be to clarify the city's role in addressing homelessness, maximize efficiency and effectiveness of city resources in reducing homelessness, and engage community partners more broadly in solutions. The HAP will complement the regional Ten-Year Plan.

Key issues to be addressed in the draft plan's proposed strategies include:

- Reducing fragmented county, region and state planning and funding efforts;
- Increasing participation by regional partners in serving the homeless in their communities;
- Improving service integration and coordination challenges which may result in gaps, duplication or inefficiencies in local services;
- Increasing supply of affordable private market, transitional and permanent housing options to exit homelessness;
- Addressing apparent growth in the city's homeless population (reports of increased demand for services);
- Improving data to assess the effectiveness of city investments, inform system and program design, and assess service gaps, barriers to success and outcomes;
- Expanding community education about people who are homeless, causes of homelessness and the roles the community can play in reducing homelessness; and
- Identifying city priorities to inform homeless funding decisions.

Staff are currently drafting preliminary plan options informed by the following key policy questions:

- Where can the city maximize its role as a leader and catalyst and have the biggest impact in reducing homelessness?
- How should resources be allocated to priority investment areas?
- What new partnerships and strengthened existing partnerships would maximize the impact of these efforts?

Proposed strategies to explore with stakeholders and the public include the following:

1. Strengthen regional relationships and engage in dialogues to address regional housing and homeless services issues, including other local governments and MDHI;
2. Facilitate the development of a seamless, integrated homeless services system;
3. Identify, analyze and adopt land use approaches and other innovative solutions to increase the supply of affordable housing options;
4. Promote and facilitate creation of a community-wide shared data system;
5. Improve community education on homeless issues;
6. Assess requests and allocate city funds to community nonprofit agencies according to priorities identified through the HS Strategy process.

A draft of current issues and strategies for a HAP is included as **Attachment I**.

IV. NEXT STEPS

- Council guidance from the May 13, 2014 study session will inform the next steps for implementation of the HS Strategy development process.
- Council will be updated on key elements of the HS Strategy and HAP in the third quarter of 2014.
- A study session in December 2014 will update council on the development and implementation of the timelines and benchmarks.

ATTACHMENTS:

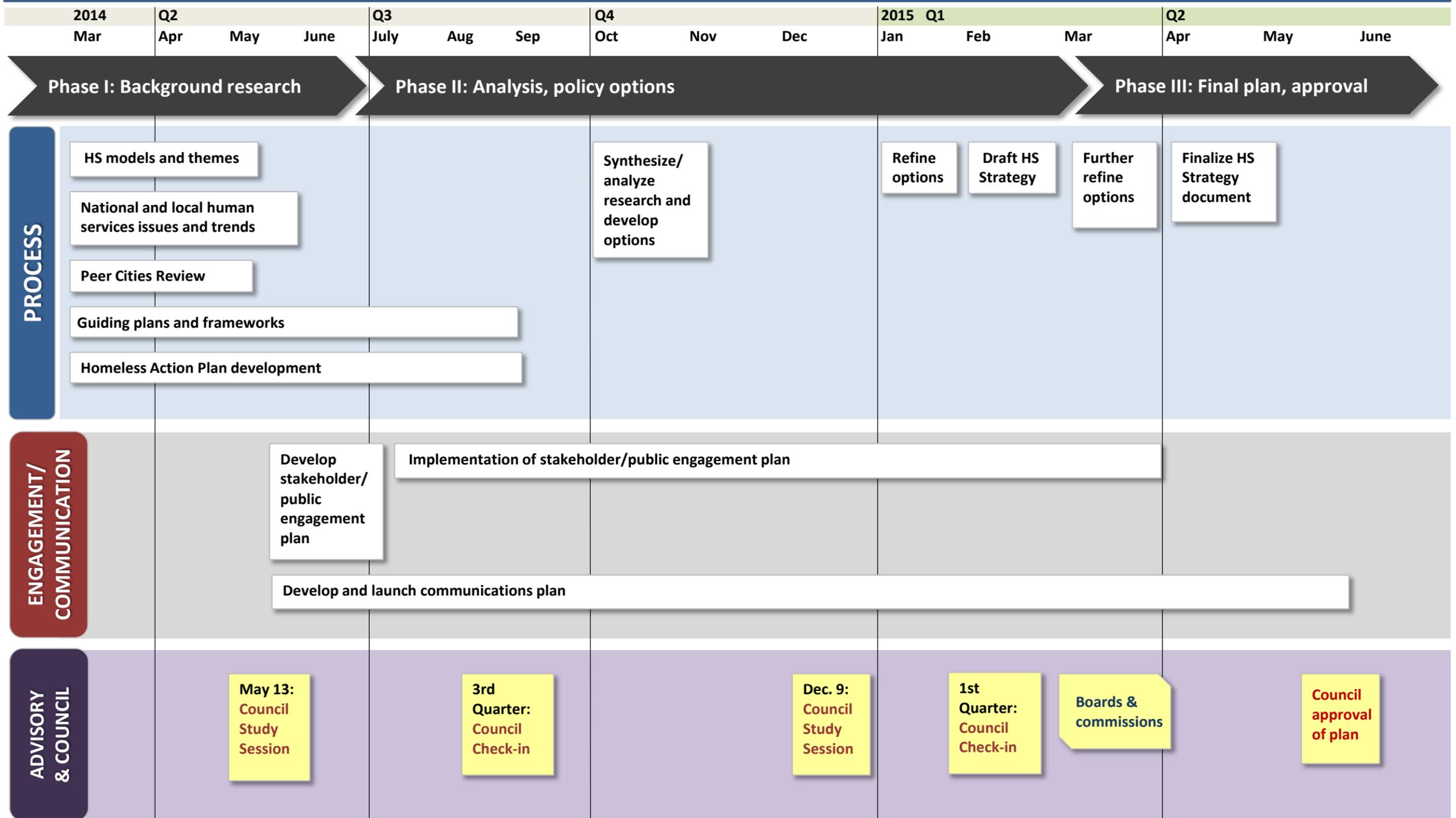
A. Human Services Strategy Timeline

B-G. Issue Area Summaries

H. Human Services in Other Cities

I. Draft Homeless Action Plan Strategies

Human Services Strategy Timeline



Issue Area: Poverty, Economic Mobility

Nationwide and in Boulder, there is an increasing gap between people at the highest and lowest income levels, with a shrinking middle class. Individuals and families in poverty face barriers to self-sufficiency and economic mobility, and poverty is a root cause of many other issues such as health and education disparities. Below are some indicators of poverty and economic mobility issues in Boulder and across the country.

National Context	Local Context
<ul style="list-style-type: none"> Shrinking middle class – in 1971 the middle class included 61% of adults, compared to 51% in 2011.ⁱ 	<ul style="list-style-type: none"> Between 1999 and 2011 the percentage of city households in highest and lowest incomes increased while middle-income households decreased.ⁱⁱ
<ul style="list-style-type: none"> Family incomes declined for one-third of children over the past decade.ⁱⁱⁱ 	<ul style="list-style-type: none"> Percentage of children in poverty has grown in county and city since 2008.^{iv} The self-sufficiency standard for a family of 4 in Boulder County is 2-4 times greater than the federal poverty guidelines.^v
<ul style="list-style-type: none"> On average, the top 1% of taxpayers earned 29 times as much income as the bottom 99% in 2012.^{vi} 	<ul style="list-style-type: none"> From 2009-2011, Colorado was one of 17 states where the top 1% accounted for all income growth. (Incomes of the bottom 99% fell.)^{vii} Income inequality^{viii} is higher in Boulder than in the nation overall.^{ix}
<ul style="list-style-type: none"> In 2012, 25% of Latino residents lived in poverty.^x 	<ul style="list-style-type: none"> In 2012, 45% of Boulder County Latino residents lived in poverty.^{xi} The median Latino family income in the City of Boulder was only 29% of white non-Latino family income.^{xii}
<ul style="list-style-type: none"> Economic mobility – A child born in the bottom income quintile is 10 times more likely to end up in that quintile than in the top income quintile.^{xiii} 	<ul style="list-style-type: none"> Boulder’s largest jobs sector is professional, scientific and technical services, and many of these workers are imported.^{xiv} Low-income local residents may lack the training and education to fill well-paid local jobs.
<ul style="list-style-type: none"> Rental vacancy rates are 8.5% nationally, with half of renters cost-burdened (paying 30% or more of income).^{xv} 	<ul style="list-style-type: none"> In the City of Boulder, the vacancy rate is 2.0%^{xvi} with 65% of renters cost-burdened.^{xvii}

Key poverty issues for exploration in HS Strategy process

Research to date has identified some key questions related to poverty to explore during the Human Services Strategy development process. Other relevant questions will arise during the process.

- What poverty and economic mobility needs are being addressed well and where are the gaps?
- What is the most appropriate role for the City of Boulder in the context of other community partners helping people in poverty? Where can we make the most impact?

- What are the city's goals for preventing and addressing poverty, and what are the best strategies for achieving those goals?
- Education is considered critical in combating poverty but is the primary responsibility of other entities. What role should the city have in supporting education and how should efforts be targeted?
- Employment has traditionally been a focus for the county. Is there a role the city should play to complement county efforts and help people achieve employment at a self-sufficiency wage?
- What partnerships exist, or can be formed, between local business, education and human services providers to offer more low-income residents employment pathways to economic stability and mobility?

ⁱ Pew Research Center. (2012). *Fewer, poorer, gloomier: The lost decade of the middle class*.

ⁱⁱ BBC Research & Consulting. (2013). *Boulder housing market analysis*.

ⁱⁱⁱ Brookings Institution, The Hamilton Project. (2013). *Thirteen economic facts about social mobility and the role of education*. Greenstone, M., Looney, A., Patashnik, J., & Yu, M.

^{iv} Greenberg, S. (2011). *Poverty and Homelessness in Boulder County*.

^v Greenberg, S. (2011). *Poverty and Homelessness in Boulder County*.

Colorado Center on Law and Policy. (2011). *The Self-Sufficiency Standard for Colorado*. U.S. Department of Health and Human Services. <http://aspe.hhs.gov/poverty/13poverty.cfm> accessed 4/26/2013.

^{vi} Economic Analysis and Research Network. (2014). *The increasingly unequal states of America*. (February) Sommeiler, E. & Price, M. p.12.

^{vii} Economic Analysis and Research Network. (2014). *The increasingly unequal states of America*. (February) Sommeiler, E. & Price, M. p.9.

^{viii} The Census Bureau measures income inequality using the Gini index, which measures the amount of dispersion in income. The index ranges from 0.0, when all households have equal shares of income, to 1.0, when one household has all of the income and the other households have no income. The higher the index value, the greater the income inequality. The 2006-2010 Gini index for the United States as a whole was .467. During the same period, the city's Gini index increased from .522 to .550.

^{ix} U.S. Census Bureau, American Community Survey Briefs. (2012). *Household income inequality within U.S. counties: 2006-2010*. (February).

Greenberg, S. (2012). *What does diversity look like in the City of Boulder?*

^x U.S. Census Bureau, 2010 -2012 American Community Survey, Table B17020I.

^{xi} U.S. Census Bureau, 2010 -2012 American Community Survey, Table B17001I.

^{xii} U.S. Census Bureau, 2010 -2012 American Community Survey, Tables B19113H, B19113I.

^{xiii} Brookings Institution, The Hamilton Project. (2013). *Thirteen economic facts about social mobility and the role of education*. Greenstone, M., Looney, A., Patashnik, J., & Yu, M.

Note: Each quintile represents 20%, or one fifth, of all households.

^{xiv} Community Foundation of Boulder County (2013). *Boulder County TRENDS 2013*. 55-56.

^{xv} Joint Center for Housing Studies of Harvard University (2013). *America's Rental Housing: Evolving Markets and Needs*.

^{xvi} U.S. Census Bureau, 2010-2012 American Community Survey, Table DP04.

^{xvii} U.S. Census Bureau, 2008-2012 American Community Survey, Table DP04.

Issue Area: Seniors and Aging

As with the rest of the nation (and Colorado, which has one of the fastest growing aging populations in the U.S.), Boulder’s senior population is increasing. The changing needs and perspectives of this new generation of older adults are bringing aging-related issues to the forefront of national and local planning efforts. Below is a summary of key national and local trends, which are broadly categorized as Economic Security, Aging in Place, Senior Centers, Healthy Aging and Housing.

National Context	Local Context
<ul style="list-style-type: none"> 20% of the nation will be age 65+ by 2030ⁱ 	<ul style="list-style-type: none"> 20% of the county will be age 65+ by 2030.ⁱⁱ
<ul style="list-style-type: none"> Over 23 million seniors live below 250% of the federal poverty level.ⁱⁱⁱ 	<ul style="list-style-type: none"> Boulder seniors age 75+ in poverty rose from 7% to 13% between 2000 and 2010.^{iv}
<ul style="list-style-type: none"> Most seniors wish to “age in place” and need supports to do so.^v 	<ul style="list-style-type: none"> 84% of county adults age 50+ wish to “age in place.”^{vi}
<ul style="list-style-type: none"> Senior centers are reinventing themselves to meet the needs and desires of a broad, diverse population. Older adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measureable improvements in their physical, social, spiritual, emotional, mental and economic well-being.^{vii} 	<ul style="list-style-type: none"> 34% of Boulder seniors surveyed in 2010 reported using a senior center in the past 12 months.^{viii}
<ul style="list-style-type: none"> A high percentage of seniors experience health issues such as chronic disease, falls and mental health challenges.^{ix} 	<ul style="list-style-type: none"> 53% of Boulder seniors surveyed in 2010 reported physical health to be at least a minor problem; 38% reported feeling depressed to be at least a minor problem.^x
<ul style="list-style-type: none"> 59% of senior renters and 33% of senior homeowners pay more than 30% of their income for housing.^{xi} 	<ul style="list-style-type: none"> 33% of county seniors surveyed in 2010 report spending 30% or more of their income on housing.^{xii}

Key seniors issues for exploration in HS Strategy process

Research to date has identified the following senior-related questions for exploration during the HS Strategy development process.

- What are the highest priority needs of seniors in Boulder? Which needs are being addressed well and where are the gaps?
- What is the most appropriate role for the City of Boulder in the context of other community partners supporting seniors and their families? Where can we make the most impact?
- What are the city’s goals for supporting seniors, and what are the best strategies for achieving those goals?
- Should we continue to provide senior centers? If so, what do they look like? What needs/populations do they serve? What are innovative programs and service delivery models?

- The senior population is large and diverse with a broad range of incomes, ages, education, mobility, interests and needs. Should the HS Strategy target the entire population, or one or more subsets (such as low-income, at-risk and boomers)?

ⁱ Boulder County Aging Services Division. (2010). *Age well Boulder County*.

ⁱⁱ Boulder County Aging Services Division. (2010). *Age well Boulder County*.

ⁱⁱⁱ National Council on Aging. (2014). Fact Sheet on Economic Security for Seniors.

^{iv} U.S. Census Bureau, Census 2000, Table P087. As cited in: Greenberg, S. (2011), *Poverty and Homelessness in Boulder County*.

^v National Council on Aging, UnitedHealthCare, & USA TODAY. 2012.

^{vi} Boulder County Aging Services Division. (2010). *Age well Boulder County*.

^{vii} National Council on Aging. (2012). *Senior centers: Fact sheet*.

^{viii} Boulder County Aging Services Division, (2010). *Age well Boulder County*.

^{ix} National Council on Aging. (2014). *Fact sheet on healthy aging*.

^x Boulder County Aging Services Division. (2010). *Age well Boulder County*.

^{xi} American Association of Retired Persons. As cited in: National Council on Aging. (2012). *Economic security for seniors fact sheet*.

^{xii} Boulder County Aging Services Division, (2010). *Age well Boulder County*.

Issue Area: School Readiness and Educational Achievement

Nationwide and in Boulder there is a growing consensus that social, economic and cognitive development is critical to success in school and life, and that academic achievement and access to higher education impact outcomes in poverty and economic mobility. Below is a summary of key trends in school readiness and educational achievement issues experienced nationally and locally.

National Context	Local Context
<ul style="list-style-type: none"> Less than half of 3- and 4-year-olds attend preschool and only a small percentage of poor children participate in programs that overcome developmental deficits associated with chronic economic hardship and insufficient parental education.ⁱ 	<ul style="list-style-type: none"> Expanded BVSD preschool and kindergarten programs increased options for parents of older children, but supply is limited. Supply of infant and toddler care has remained relatively flat since 2004.ⁱⁱ
<ul style="list-style-type: none"> The average cost of center-based infant care in 2012 ranges from \$4,863 to \$16,430 – 22% to 74% of the income of a family of four living at the Federal Poverty Level.ⁱⁱⁱ 	<ul style="list-style-type: none"> The cost of center-based infant care in Boulder in 2013 ranges from \$14,248 to \$20,540 a year^{iv} – 61% to 87% of the income of a family of four living at the Federal Poverty Level.^v Cost significantly impacts the quality of early learning available to low-income families.
<ul style="list-style-type: none"> Less than half of poor children are school-ready at age five in the United States.^{vi} 	<ul style="list-style-type: none"> 18% of poor children met literacy benchmarks when beginning Kindergarten in BVSD in 2011.^{vii}
<ul style="list-style-type: none"> The gap in test scores between affluent and low-income students in the U.S. has grown about 40 percent since the 1960s, even as the racial gap has narrowed.^{viii} 	<ul style="list-style-type: none"> Each year, at least 775 third-graders in Boulder County read below grade level. Sixty percent of them are growing up in poverty and half of them are Latino.^{ix}
<ul style="list-style-type: none"> Graduation rates are at their highest level since 1974, with the rate for Hispanic students increasing 10 points since 2006.^x 	<ul style="list-style-type: none"> While BVSD’s Latino graduation rate has increased 18 points since 2010,^{xi} Latino and low-income graduation rates are significantly below those of white non-Hispanic and more affluent students, as are rates of Latino and low-income students pursuing higher education.^{xii}

Key school readiness and educational achievement issues for exploration in HS Strategy process

Research to date has identified some key questions related to child care and education to explore during the Human Services Strategy development process. It is anticipated that other relevant questions will arise as the process unfolds.

- What needs in early education and achievement are being addressed well and where are the gaps and barriers?
- What is the most appropriate role for the City of Boulder in the context of other community partners? Where can we make the most impact in achieving educational successes?

- What are the city’s goals for addressing school readiness and educational achievement, and the best strategies for achieving goals?
- Early care and education in high-quality child care centers and family child care homes, performing at grade level throughout elementary and secondary education and graduation are considered critical in lifelong earnings and self sufficiency. What role should the city have in supporting these education programs and how should efforts be targeted?
- How should early care and education be balanced with elementary and secondary education?
- What partnerships exist, or can be formed, between local business, education and child care providers, to offer more opportunities for educational success and maximize the well-being of children and their families?

ⁱ Annie E. Casey Foundation. (2013). *Kids count*. p.6.

ⁱⁱ City of Boulder, Human Services, Children, Youth and Families staff. 2014.

ⁱⁱⁱ Child Care Aware of America. (2013). *Parents and the high cost of child care 2013 report*. p.14.

^{iv} City of Boulder, Human Services Department. (2013). *2013 child care rates – centers*.

^v U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2013). *Poverty guidelines*. <http://aspe.hhs.gov/Poverty/13poverty.cfm> accessed 4/22/2014.

^{vi} The Equity and Excellence Commission. (2013). *For each and every child – a strategy for education, equity and excellence*. Washington, D.C.

^{vii} BVSD, (2013). *Unified improvement plan, 2012-2013*. (Appendix B) p.B-4.

^{viii} Annie E. Casey Foundation. (2013). *Kids count*. p.6.

^{ix} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.33.

^x U.S. Department of Education, Homeroom blog <http://www.ed.gov/blog/2013/01/high-school-graduation-rate-at-highest-level-in-three-decades/>, accessed 3/19/2014.

^{xi} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.23.

^{xii} *Ibid*. p.24.

Issue Area: Homelessness

Nationwide and in Boulder there is policy focus on reducing and ending homelessness. Ten-Year Plans from across the nation emphasize more strategic investment in homeless-related resources. A primary focus is on Housing First and other permanent housing solutions that maximize stability and self-sufficiency. Below is a summary of some key trends in homelessness and related issues experienced nationally and locally.

National Context	Local Context
<ul style="list-style-type: none"> On a single night in January 2013, there were 610,042 people experiencing homelessness in the United States.ⁱ 	<ul style="list-style-type: none"> On a single night in January 2013, there were 748 people experiencing homelessness in Boulder.ⁱⁱ
<ul style="list-style-type: none"> 65% of people who were homeless on a single night in January 2013 stayed in a sheltered location and 35% were living in unsheltered locations.ⁱⁱⁱ 	<ul style="list-style-type: none"> 91% of people who were homeless on a single night in January 2013 stayed in a sheltered location and 9% were living in unsheltered locations.^{iv}
<ul style="list-style-type: none"> 36% of all homeless people were in families with children in January 2013.^v 	<ul style="list-style-type: none"> 45% of all homeless people were in families with children in January 2013.^{vi}
<ul style="list-style-type: none"> 18% of all homeless were chronically homeless.^{vii} 	<ul style="list-style-type: none"> 11% of all homeless were chronically homeless.^{viii}
<ul style="list-style-type: none"> There were 57,849 homeless veterans in January 2013; this was 10% of all homeless.^{ix} 	<ul style="list-style-type: none"> There were 52 homeless veterans in January 2013; this was 12% of all homeless.^x
<ul style="list-style-type: none"> Homelessness declined by nearly 4% between 2012 and 2013 and by 9% since 2007.^{xi} 	<ul style="list-style-type: none"> Colorado had the second largest decline in the homeless population in 2013 (7,038 fewer homeless people).^{xii} The number of homeless in Boulder held steady in 2013 while the City of Longmont and Boulder County saw increases.^{xiii}
<ul style="list-style-type: none"> For persons in families, the three most commonly cited causes of homelessness are lack of affordable housing, poverty and unemployment.^{xiv} 	<ul style="list-style-type: none"> The most common reasons for being homeless were lost job (35%), housing costs were too high (32%) and relationship/ family breakup/death.^{xv}

Key homeless issues for exploration in HS Strategy process

Research to date has identified some key questions related to homelessness to explore during the HS Strategy development process. Other relevant questions will arise during the process.

- What are the city's goals for preventing and addressing homelessness and the best strategies for achieving those goals?
- Where can the city maximize its role as a leader and catalyst and have the biggest impact in reducing homelessness?
- How should resources be allocated to priority investment areas (such as safety net, prevention and self-sufficiency solutions)?

- What new partnerships and strengthened existing partnerships would maximize the impact of these efforts?

ⁱ U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

ⁱⁱ Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

ⁱⁱⁱ U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^{iv} Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

^v U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^{vi} Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

^{vii} U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^{viii} Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

^{ix} U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^x Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

^{xi} U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^{xii} U.S. Department of Housing and Urban Development. (2013). *The 2013 annual homeless assessment report (AHAR) to Congress*.

^{xiii} Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

^{xiv} PBS. (Now On PBS). <http://www.pbs.org/shows/526/homeless-facts.html> accessed 4/14/2014.

^{xv} Metro Denver Homeless Initiative. (2013). *2013 homeless point-in-time study seven county Denver Metro Region, data tables*.

Issue Area: Inclusiveness, Diversity, Human Rights

Diversity is demonstrating respect for all individuals and valuing each perspective and experience. It encompasses the whole human experience — age, culture, education, race, gender, skills, life experiences, ability/disability, sexual preference and many other attributes. Having diversity is only half of the equation. Inclusiveness makes the diverse mix work. Inclusive and diverse communities break down barriers to meaningful participation and foster a sense of belonging to build a richer community. Below is a summary of some key trends in issues experienced nationally and locally.

National Context	Local Context
<ul style="list-style-type: none"> 27% of same-sex couples encountered discrimination in housing. 19% of hate crimes in 2010 included sexual orientation bias.ⁱ 	<ul style="list-style-type: none"> 61% of Boulder County residents surveyed in 2013 consider the community open to gay and lesbian people.ⁱⁱ Youth Risk Behavior Survey data show dramatically higher rates of depression, substance use and planned suicide among LGBTQ youth.ⁱⁱⁱ
<ul style="list-style-type: none"> Almost half of Americans say “a lot more needs to be done to achieve racial equality.”^{iv} 	<ul style="list-style-type: none"> Less than half of county respondents to a 2013 survey perceive Boulder County as open to racial and ethnic minorities and immigrants from other countries.^v
<ul style="list-style-type: none"> 35% of African-Americans and 20% of Hispanics surveyed experienced racial discrimination in past year.^{vi} 	<ul style="list-style-type: none"> More than 21% of Latinos in a 2012 Latino Task Force survey said discrimination was a problem in Boulder County.^{vii}
<ul style="list-style-type: none"> Women earn 77 cents for every dollar earned by male counterparts.^{viii} 	<ul style="list-style-type: none"> Colorado women earn 80 cents for every dollar earned by a man. Boulder County median earnings for a woman with a bachelor’s degree are \$5000 less than median for the U.S., while men are on par or higher than U.S.^{ix}
<ul style="list-style-type: none"> Linguistic isolation - of those who live in Spanish-speaking homes, 44% speak English less than “very well.”^x 	<ul style="list-style-type: none"> Of those who live in Spanish-speaking homes, 44% are linguistically isolated.^{xi}
<ul style="list-style-type: none"> Between 2000 and 2010 the number of children grew by 3%.^{xii} 	<ul style="list-style-type: none"> Between 2000 and 2010 children in the City of Boulder decreased by 3.7%.^{xiii} Boulder County population age 65+ are projected to grow faster than national rate over next decade.^{xiv}
<ul style="list-style-type: none"> 28% of disabled adults were living in poverty in 2012.^{xv} 	<ul style="list-style-type: none"> 25% of disabled adults age 35+ in the City of Boulder were living in poverty in 2008-10.^{xvi}

Key inclusiveness, diversity and human rights issues for exploration in HS Strategy process

Research to date has identified some key questions related to inclusiveness, diversity and human rights to explore during the HS Strategy development process.

- What needs are being addressed well and where are the gaps?
- What is the most appropriate role for the City of Boulder in the context of other community partners?
- What are the city's goals for expanding Boulder's inclusiveness and diversity, and the best strategies for achieving those goals?
- Do we have the right level of human rights protections and enforcement available in Boulder? Do residents understand the protections in place and how to seek assistance?
- What partnerships exist, or can be formed, between local business, human services partners and others to make Boulder a more inclusive community that celebrates its diversity?

ⁱ Movement Advancement Project. (2012). *An ally's guide to issues facing LGBT Americans*. (December).

ⁱⁱ Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.83.

ⁱⁱⁱ Greenberg, S. & Boulder County Movement for Children. (2013). *The status of children in Boulder County*. p.14.

^{iv} Pew Research Center. (2013). *King's dream remains elusive*. (August).

^v Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.83.

^{vi} Pew Research Center. (2013). *King's dream remains elusive*. (August).

^{vii} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.40.

^{viii} National Women's Law Center. (2014). <http://www.nwlc.org/our-issues/employment/equal-pay-and-the-wage-gap>, accessed 4/7/2014.

^{ix} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.58.

^x U.S. Census Bureau, (2013). *Language use in the United States: 2011* (American Community Survey Reports) Ryan, C., August.

^{xi} Greenberg, S. (2012). *What does diversity look like in the City of Boulder?* (August).

^{xii} Annie E. Casey Foundation. (2011). *The changing child population of the United States: Analysis of data from the 2010 census*. (November). p.1.

^{xiii} Boulder County Movement for Children. (2013). *The status of children in Boulder County*. p.2.

^{xiv} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.12.

^{xv} Cornell University. Online Resource for U.S. Disability Statistics. <http://www.disabilitystatistics.org/>, accessed 4/8/2014.

^{xvi} Greenberg, S. (2012). *What Does Diversity Look Like in the City of Boulder?* (August).

Issue Area: Health, Mental Health, Wellness

Health is a critical factor in overall well-being. Mental and physical health status, health care access and healthy living environments influence the degree to which adults and children are able to thrive and succeed. Colorado and Boulder County do well in comparison to other jurisdictions on many national health indicators, such as rates of adult obesity and exercise. However, some trends in health and wellness experienced nationally and locally challenge community well-being.

National/ State Context	Local Context
<ul style="list-style-type: none"> In 2013, 62% of Colorado Hispanic residents were insured, compared with about 86% of non-Hispanic whites. About 70% of Colorado’s uninsured live below 200% FPL.ⁱ During the first open enrollment period, Connect for Health Colorado exceeded enrollment targets by 30%.ⁱⁱ 	<ul style="list-style-type: none"> In 2013, 65% of county Latinos had health insurance, compared with 91% of white non-Hispanic residents.ⁱⁱⁱ In 2011-12, 51% of residents with incomes under \$25K had coverage, compared to 82% with incomes of \$25K or more.^{iv}
<ul style="list-style-type: none"> In 2013, Colorado ranked 37th among states for health coverage rates among children, with lower coverage rates among low-income children.^v Since October 2013, the state has enrolled 22,700 previously eligible children in Medicaid and CHP+.^{vi} 	<ul style="list-style-type: none"> In 2013, 99% of white, non-Hispanic children in the county were insured, compared to 80% of Hispanic children. Only 74% of eligible children were enrolled in public insurance programs, lower than state rates.^{vii} This situation may have improved with Colorado’s recent success in enrolling eligible children in public programs.
<ul style="list-style-type: none"> Early estimates of Affordable Care Act impact indicate an additional 5.4 million insured between October 2013 and March 2014.^{viii} Colorado exceeded the national average for percentage enrolled through health insurance marketplace (Connect for Health Colorado.)^{ix} 	<ul style="list-style-type: none"> Boulder County – nearly 8000 covered through Medicaid expansion.^x The county comprises 5% of state population but accounted for 8% (10,254) of state enrollments through “Connect for Health Colorado”.^{xi}
<ul style="list-style-type: none"> 22% of Colorado adults binge drink, a higher rate than in 37 states. Colorado’s rate of high school binge drinking is also higher than more than half the states^{xii} 	<ul style="list-style-type: none"> 28% of Boulder County adults report binge drinking.^{xiii} More than 1 in 4 BVSD high school students report binge drinking,^{xiv} a rate 3% higher than U.S. and Colorado rates.^{xv}
<ul style="list-style-type: none"> Almost 16% of Colorado adults report 8+ poor mental health days in the past month, ranking better than 32 other states, though the rate has increased since 2005. Rates are highest (25-36%) among those with incomes less than \$20K.^{xvi} 	<ul style="list-style-type: none"> 13% of county residents report 8+ poor mental health days during past month. Rates of poor mental health were highest among Latino residents (17%) and those with incomes less than \$25K (23%).^{xvii}
<ul style="list-style-type: none"> In 2010, suicide was the 10th leading cause of death in the U.S.^{xviii} Colorado fares better than most states in youth rates of attempted suicide at 6.1%.^{xix} 	<ul style="list-style-type: none"> Suicide was the 6th leading cause of death in Boulder County in 2012.^{xx} BVSD rates for attempted suicide among high school students are higher than state rates at 6.4%,^{xxi} and 13% of BVSD middle school students report seriously considering suicide.^{xxii}

- Colorado has a lower rate of childhood obesity (11%) than most states, but ranks 24th for child physical activity. Hispanic children are nearly twice as likely to be obese as non-Hispanic white children. Low-income children are less physically active than higher-income children.^{xxiii}
- Boulder child obesity rates are lower than state rates.^{xxiv} In 2012, 27% of county children in WIC^{xxv} were overweight/obese, compared to 23% statewide.^{xxvi} 26% of high school students don't get enough physical activity, with lower rates among female and Latino students.^{xxvii}

Key health and wellness issues for exploration in HS Strategy process

Research to date has identified some key questions related to health to explore with community partners and stakeholders during the HS Strategy development process. What are the highest priority health and wellness needs in Boulder?

- What needs are being addressed well and where are the gaps?
- What is the most appropriate role for the City of Boulder in the context of other community partners in health? Where can we make the most impact?
- What are the city's goals for health/wellness and the best strategies for achieving those goals?
- The Affordable Care Act (ACA) reflects a major national health policy shift with broad impacts that cannot yet be fully assessed. What ACA impacts are being observed and anticipated in Boulder? How can we meet the health needs of those who will remain uninsured? To what degree does additional health coverage and reduced costs for treating the uninsured make resources available for other community needs?
- What partnerships, including non-traditional partners, can be engaged for a healthy community?
- What are the barriers to achieving local health (e.g., built environment) and how should they be addressed?

ⁱ Colorado Health Foundation. (2013). 2013 Colorado health report card: Behind the numbers. http://www.coloradohealth.org/uploadedFiles/Publications/HealthReportCard2013/HRC%20Uninsured_Behind%20the%20Numbers_Final.pdf, accessed 4/9/2014.

ⁱⁱ Connect for Health Colorado. (2014). *By the numbers: the first open enrollment of Connect for Health Colorado, October 2013 through March 2014*.

ⁱⁱⁱ Boulder County Public Health Department. (2014). *Community dashboard*. <http://www.bouldercounty.org/dept/publichealth/pages/healthdata.aspx>, accessed 4/9/2014.

^{iv} Community Foundation of Boulder County. (2013). *Boulder County TRENDS 2013*. p.46.

^v Colorado Health Foundation. (2013). *2013 health report card: Healthy children*. <http://www.coloradohealth.org/yellow.aspx?id=6555>, accessed 4/9/2014.

^{vi} Colorado Department of Healthcare Policy and Financing. *More kids in Colorado gain Medicaid and CHP+ coverage*. 4/10/2014.

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Human Services in Other Cities												
City/Research	Population	Human Services Strategic Plan	Subpopulation-Specific Strategic Plan	Community Funding Plan	Human Services or similar department/division	Human Services through Community Funding	Directly Provided Senior Services - Recreation Focus	Directly Provided Senior Services - Social/Human Services Focus	Directly Provided Children Youth Services	Directly Provided Services - Other	Human Relations Commission or similar	Directly Provided Services - Health
Peer Cities Survey												
Boulder, CO	101,808	X			X	X	X	X	X	X	X	
Westminster, CO	109,169					X						
Arvada, CO	109,745					X						
Fort Collins, CO	148,612					X	X			X	X	
Ann Arbor, MI	116,121					X	X					
Santa Cruz, CA	62,041					X	X					
Berkeley, CA	115,403		X		X	X		X	X	X		X
Madison, WI	240,323				X	X		X	X	X	X	X
Norman, OK	115,562					X	X			X		
Consultant Research												
Columbia, MO	113,225			X	X	X					X	X
Hampton, VA	137,436				X		X		X			X
Manchester, CT	58,241		X		X	X	X	X	X	X		X
Shoreline, WA	54,352	X		X	X	X						
Tacoma, WA	202,010	X			X	X		X	X			
Tuscon, AZ	524,295		X	X		X	X	X				
Research from HS web review												
Alexandria, VA	146,294	X	X		X	X	X	X	X	X	X	X
Cleveland, OH	390,928					X		X			X	X
Eugene, OR	157,986										X	
Irving, TX	225,427				X	X	X					
Fort Worth, TX	777,992		X		X	X				X	X	
Dallas, TX	1.2 M				X	X		X	X	X		X
Austin, TX	842,592	X		X	X		X		X	X		X
Hartford, CT	124,775		X		X	X		X	X			X
Raleigh, NC	423,000	X			X	X	X	X			X	

Attachment H: HS in other cities

City/Research	Population	Human Services Strategic Plan	Subpopulation-Specific Strategic Plan	Community Funding Plan	Human Services or similar department/division	Human Services through Community Funding	Directly Provided Senior Services - Recreation Focus	Directly Provided Senior Services - Social/Human Services Focus	Directly Provided Children Youth Services	Directly Provided Services - Other	Human Relations Commission or similar	Directly Provided Services - Health
Research from HS web review												
Lansing, MI	113,000				X	X					X	
Newton, MA	80,000				X	X	X	X		X		X
Providence, RI	178,000		X			X		X			X	X
Provo, UT	115,919						X					
San Antonio, TX	1.38M		X		X	X	X	X	X	X		
Santa Barbara, CA	91,812				X	X						
Santa Monica, CA	91,812		X		X	X		X				
Savannah, GA	142,022					X	X					
Tempe, AZ	166,842				X	X	X		X	X		X
Los Angeles, CA	3.9 M				X	X		X	X	X	X	
Beverly Hills, CA	34,622				X	X					X	
Seattle, WA	634,535	X	X		X	X	X	X	X	X		
Calgary, AB, Canada	1.1 M				X	X		X	X			
Research on cities was based on information available on city websites. This analysis reflects the city human services structure and programs apparent on websites at the time of staff review.												



Draft City of Boulder Homeless Action Plan Strategies

The goals of a City of Boulder Homeless Action Plan (HAP) are to clarify the city's role in addressing homelessness in Boulder,¹ and to maximize efficiency and effectiveness of city resources in reducing homelessness and engage community partners more broadly in solutions. The HAP will complement the countywide Ten-Year Plan to Address Homelessness (Ten-Year Plan) and regulatory approaches to social misbehavior recently adopted by City Council. Below are six potential strategies to consider for reducing homelessness. Draft strategies are a starting place for discussion with stakeholders and public.

Key Policy Questions:

- *Where can the city invest efforts to have the biggest impact in reducing homelessness?*
- *How should resources be prioritized for homelessness?*
- *What new and existing partnerships would maximize the impact of these efforts?*

1. Strengthen regional relationships to address homeless housing and services issues

Key issues: Homelessness is a regional issue but is primarily addressed at the local level. Some regional partners do not provide or contribute to services used by their residents in other jurisdictions. Boulder also receives a disproportionately lower share of federal and state resources to address homelessness compared to its regional homeless population.

Background: Although people experiencing homelessness come from communities throughout Boulder County and the seven-county Denver Metro Region, not all communities provide or contribute to services for the homeless. According to the 2013 Point-in-Time (PIT) count, Boulder County's homeless population accounts for 16 percent of the seven-county Metro Denver Region's total homeless population. However, in 2013 programs in Boulder County received two percent of competitive federal homeless allocations through the Metro Denver Homeless Initiative (MDHI)² and ten percent of Emergency Solutions Grant (ESG) allocations.³

Strategy goals: More regional partners contributing to localized solutions to homelessness with Boulder receiving proportionate amounts of federal, state and local resources and other jurisdictions contributing to or providing services.

Key city role: Facilitate dialogue about partnership and homeless resources across the county and region. Facilitate discussions and assessments with partners to determine how resources coming

¹ Unless specified as Boulder County, "Boulder" refers to the City of Boulder throughout this document.

² MDHI is a nonprofit organization whose mission includes preventing and ending homelessness in the seven-county Metro Denver Region. MDHI is responsible for administering HUD's competitive homeless funding among Metro Denver Region nonprofit organizations.

³ Total award to the Metro Denver Region through MDHI was nearly \$15 million. Total amount awarded through ESG was \$2.6 million. The Emergency Solutions Grant Program provides HUD funds for street homeless outreach, emergency shelter, homelessness prevention and rapid re-housing assistance.

into Boulder County and the Metro Denver Region are invested in best practices with long-term outcomes.

2. Facilitate the development of a seamless, integrated homeless services system

Key issues: There are integration and coordination challenges within Boulder’s homeless services system and across the county. Services can be confusing to navigate and may be redundant or uncoordinated. Public indoor and outdoor spaces are used to provide shelter and as congregating spaces.

Background: A homeless services system offers different entry points and connected services depending on the unique needs of individuals and households. People receive individualized plans to stabilize, maximize self-sufficiency and successfully exit homelessness. Integrated services enable individuals and families with multiple needs to access services with ease, require visits to a limited number of facilities and include interactions with few caseworkers who coordinate and communicate between different programs.

Strategy goals: More efficient and effective use of aligned homeless resources in Boulder to reduce people cycling through emergency services and municipal court; and help more people enter stable housing and exit homelessness. Coherent service delivery system that is easier to navigate and better meets the needs of the homeless. Building partnerships with services and programs focused on long-term outcomes and skill building to exit homelessness.

Key city role: Continue to work with city departments and community partners in developing a more coherent and efficient services system for homeless persons to access.

3. Identify, analyze and adopt land use approaches and other innovative solutions to increasing the supply of affordable housing options

Key issues: The current supply of supported permanent housing for the homeless, and affordable and accessible private market housing for people with very low incomes is insufficient to meet community demand.

Background: A key solution to homelessness is housing, and innovative solutions are required with new partners to increase homeless housing options in the Boulder market. Federal funding practices and local plans prioritize a Housing First⁴ approach to housing. National research concludes that permanent and permanent supportive housing is a less expensive long-term approach than providing emergency services. Local housing authorities in the area are currently discussing what the need is across the county and resources it would take to meet the demand.

Strategy goals: Increased supply of housing options in city of Boulder and countywide to reduce homelessness.

Key city role: Facilitate dialogue between service providers and housing providers to meet shared goal of reducing homelessness across the county.

⁴ Housing First is an evidence-based approach to ending homelessness that centers on providing homeless people with housing quickly and providing services as needed.

4. Promote and facilitate creation of a community-wide shared data system

Key issues: There is currently limited information on the outcomes of Boulder’s community efforts to help people exit homelessness.

Background: Boulder’s homeless service providers use different data systems and collect different information about the people they serve. Preliminary discussions have begun to identify benefits and challenges in these systems interfacing in the future. Service providers do not collect longitudinal data that track individual or family use of various services through time. Sharing of information among local service providers is not common practice but is needed to effectively assess service system impact.

Strategy goals: A data-driven environment that guides investment. With improved information from a shared data system, the city of Boulder can assess the impact of its homeless investments and identify unmet community needs.

Key city role: Facilitate service provider discussions about shared data. Consider supporting shared data pilot project initiatives. Use the data collected in a shared data system to educate the community, homeless service providers and other partners and effectively direct resources and efforts.

Key stakeholders: Homeless service providers, funders, the Ten-Year Plan Board, MDHI, Colorado Coalition for the Homeless.⁵

5. Improve community education

Key issues: Many members of the Boulder community are unclear about who is homeless, the causes of homelessness and the roles community members and organizations play in helping to address and reduce homelessness.

Background: Homelessness is a complex issue that requires community awareness and engagement in implementing solutions. Lack of understanding of homelessness and the populations that are homeless can lead to misconceptions and concerns about the homeless, homeless services and housing projects.

Strategy goals: Increased community understanding of homelessness and shared commitment to addressing and reducing homelessness in the City of Boulder.

Key city role: Work with homeless service providers to improve community awareness of homeless issues through increased communication, education and engagement of the community in solutions to homelessness.

⁵ Colorado Coalition for the Homeless is the MDHI contractor responsible for region-wide administration of the federal data collection system.

6. Assess highest priority impact areas for allocations of funds to community nonprofit agencies according to priorities identified through the HS Strategy process

Key issues: City goals and priorities for human services, including homelessness, will be identified through the HS Strategy. Funding to the community should be aligned based on those priorities.

Background: Approximately \$2 million in Human Services Fund support was approved to support nonprofit community agencies in 2014. Over \$400,000 of these funds are allocated to a variety of services that help people who are homeless or at-risk for homelessness. In addition, significant city capital resources have been invested in homeless-related projects through the city's Housing Division. The goals of the Ten-Year Plan represent a comprehensive approach that addresses all facets of homelessness, including homelessness prevention, temporary shelter, transitional housing and permanent supportive housing solutions. The city should assess what priorities and investments in homelessness are highest priorities as part of the HS Strategy.

Strategy goals: Fund areas with the highest leverage to have the greatest impact on addressing priority issues.

Key city role: Identify community priorities and most effective role for city funding and resources as part of the HS Strategy.

7. Key stakeholders to be considered in development of a City of Boulder Homeless Action Plan:

Regional: Metro Mayors Caucus, Consortium of Cities, Colorado Department of Housing, United States Department of Housing and Urban Development (HUD), MDHI, Boulder County, City of Longmont, the Ten-Year Plan Board, local housing authorities and housing development officials from across the region.

Local: Homeless services provider agencies, funders of homeless services, the Ten-Year Plan Board, private sector, faith communities, residents, users of local homeless services.