CITY OF BOULDER

JUNE 2017

CITY OF BOULDER

Homelessness Strategy

Message from Our City Manager

ACHIEVING THE HOMELESSNESS STRATEGY VISION, TOGETHER

Homelessness is a multi-faceted issue that challenges Boulder and communities across the nation to develop creative, meaningful solutions for our residents most in need. Like most social policy issues, this problem is complex and long-term, and the answers are not simple or quick. However, evidence shows us that we can make a difference for people experiencing homelessness by focusing on root causes and the core issue of housing. This is the approach of the 2017 Homelessness Strategy, which matches national evidence-based successes with local values for a plan that sees beyond short-term services to connect people to real, sustainable solutions.

We are truly grateful to the many Boulder residents and agencies who contributed to development of this plan. Through more than 40 community engagement activities and a community working group process, over 2,000 Boulder residents and community stakeholders voiced their opinions about the city's homelessness challenges and opportunities to find solutions. We believe that the strategy reflects the thoughtful ideas and input in the diversity of opinions we heard.

The Homelessness Strategy is not only a city document; it also represents a larger partnership with the community, including the countywide Homeless Solutions for Boulder County system. We are committed to working with our partners to consistently evaluate the strategy as a living document with a results-oriented focus. Homelessness may be a daunting challenge, but it is a challenge Boulder will meet. Together, we can achieve the Homelessness Strategy vision so that all Boulder residents, including families and individuals, have opportunities to achieve or maintain a safe, stable home.

Sincerely,

Jane Brautigam, City Manager

Executive Summary

The City of Boulder's Homelessness Strategy is a multi-stakeholder effort to bring new thinking and approaches to solving the complex, important and pressing issue of homelessness. This Strategy expands upon best practices and develops new methods and innovative solutions that are locally relevant and appropriate for the community of Boulder. This document complements countywide and regional efforts including Homeless Solutions for Boulder County.

HOMELESSNESS STRATEGY PURPOSE

- **Clarify city goals in addressing homelessness.**

- **Maximize efficiency and effectiveness of city resources in reducing homelessness.**

- **Engage community and regional partners broadly in solutions.**

- **Provide a strategic road map for city action on homelessness.**

STRATEGY DEVELOPMENT & PROCESS

The process for creating the Homelessness Strategy included research and analysis of local issues and collection of general and targeted community/stakeholder insight. Members of the public who participated in the 2016 community engagement process were included along with a regional working group that was comprised of city and county staff, homeless service providers and homeless client representatives. Working Group recommendations informed the Homelessness Strategy, specifically in the areas of adult emergency services and housing targets.

This process resulted in six Homelessness Strategy goals, and initial strategies to pursue each goal.

HOMELESSNESS STRATEGY VISION

Boulder residents, including families and individuals, have opportunities to achieve or maintain a safe, stable home in the community.

GUIDING PRINCIPLES

- Develop solutions to homelessness in a regional context.

- Effectively use resources within a coordinated and integrated system.

- Consider the diversity of people experiencing homelessness and their unique needs in community planning.

- Support the advancement of resilience, self-sufficiency and independence.

GOALS & STRATEGIES

Goal 1

Expand pathways to permanent housing and retention.

Strategy 1: Facilitate/Support Creation of Housing to Address Homelessness

Strategy 2: Maximize Housing Opportunities Through Regional Partnerships

Strategy 3: Maximize Access to Existing Housing in the City of Boulder

Goal 2

Expand access to programs and services to reduce or prevent homelessness.

Strategy 1: Invest in Evidence-based Services and Programs that Focus on Long-term Poverty Reduction and Prevention

Goal 3

Support an efficient and effective services system based on best practice and data-driven results.

Strategy 1: Prioritize Support for Services to Target Populations

Strategy 2: Drive Implementation of Best Practice System Tools

Strategy 3: Maximize Regional Systems Resources

Goal 4

Support access to a continuum of basic services as part of a pathway to self-sufficiency and stability.

Strategy 1: Emergency Response System Re-Design

Strategy 2: Improve Access to Substance Abuse Treatment and Mental Health Services

Strategy 3: Advance Affordable Transportation

Goal 5

Support access to public information about homelessness and community solutions.

Strategy 1: Homelessness Communications Plan

Goal 6

Create public spaces that are welcoming and safe for residents and visitors.

Strategy 1: Justice System Partnerships

IMPLEMENTING & EVALUATING THE HOMELESSNESS STRATEGY

Homelessness Strategy goals include initiatives planned or in progress to achieve the strategy vision. As a living document, Homelessness Strategy initiatives will be added or modified as efforts are evaluated and new ideas and opportunities arise.

Local and regional evaluation plans are in progress to measure the success of these efforts, as baseline data is collected and metrics are established.

The Homelessness Strategy is a partnership with local and regional organizations and the community overall, with a vision of transparency and continuous quality improvement through joint assessment of outcomes and community needs.

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Introduction

The City of Boulder and the community have historically valued human services as a core function of local government. This includes maintaining a social safety net and enhancing the overall quality of life and community livability for all residents.

The city is committed to its role of supporting a service continuum that includes both emergency support to help individuals and families in crisis, and prevention to help people on a path toward long-term stability, health and well-being. In the City of Boulder, homelessness has become a priority, with members of the public expressing a wide variety of concerns about the impact on individuals experiencing homelessness as well as on the broader community. At the same time, instability and a lack of coordinated services result in less effective service delivery and outcomes. The community has called for more urgent action to address all aspects of homelessness.

WHY HOMELESSNESS MATTERS

Once people become homeless, those households and their communities experience immediate and long-term ripple effects.

For individuals and families, the immediate impacts include greater risk to safety and well-being on the streets and dependency on social supports. Longer-term issues include physical and mental health deterioration. For children, early experience in poverty and housing instability can affect lifelong patterns in physical and mental health, academic performance, earnings and justice system interaction. Perhaps the most important long-term impact is the significant trauma to the individuals and families experiencing homelessness and loss of productive contributions to the community.

For communities, homelessness impacts a variety of emergency and public safety services such as hospital emergency rooms, law enforcement and justice systems, both in the short- and the long-term. Over time, some public challenges of homelessness can result in conflicts between residents as concerns emerge about use of public spaces, safety and impacts on businesses.

REASONS FOR HOMELESSNESS

Whereas many factors contribute to homelessness, the four main contributors are:

- Economic conditions, such as unemployment, underemployment and poverty.
- High housing costs, which are too burdensome for people with limited incomes.
- Family instability and domestic violence, which can reduce the number of employed adults supporting a family.
- Health, including mental health and addiction issues.

Economic Conditions & High Housing Costs

Housing instability is often linked to broader economic conditions. Many people are unemployed or under-employed and the growing gap between wages and cost of living can push them into homelessness.

Increasing numbers of families and individuals with full-time jobs have fallen below the self-sufficiency standard for Boulder County and a single event such as an illness or reduction of work hours can lead to housing instability.

Housing is expensive and vacancy rates are low in Boulder and in the Denver Metro area overall. In 2015, 62 percent of renters in Boulder were **cost-burdened**. Someone with an income of 30 percent of the **Area Median Income (AMI)**, or $20,650, would need to spend 99 percent of their income to afford the average rent in Boulder. Even those seeking housing outside city limits face significant

challenges finding **affordable housing** with limited incomes.

Family Instability and Domestic Violence

A significant factor for children in poverty is single-parent families and challenges with family breakups or divorce. Many single heads of households don't easily recover economically from these shocks and live paycheck-to-paycheck, keeping children in chronic poverty or near poverty. In Boulder, median income for single mothers is just over $46,000, or $10,000 less than the self-sufficiency standard for an adult with one preschooler.

In households where domestic violence occurs, a partner fleeing abuse may have no place to go and find themselves homeless. People temporarily sheltered under these conditions are considered homeless under federal criteria. In 2017 nearly one in five homeless people surveyed in Boulder reported abuse or violence in the home as a contributing factor to their homeless status.

Health

Complex, long-term health problems are also major contributors to homelessness, including physical health problems, mental illness, and addiction. These health issues, which represent serious challenges for anyone, are difficult to treat and overcome on the street. They can be barriers to employment, and to obtaining and maintaining housing.

FIGURE 1: **Economic Conditions Example for Boulder Resident** Boulder County families need more than three and a half times the federal poverty level to make ends meet.

Meet Jill and Zoe.

Jill is a single mother living with her 3-year old daughter, Zoe, in Boulder.

Jill's Annual Salary: $46,265

Jill earns the median income for a family with a female householder in Boulder.

Jill's Annual Rent: $20,441

Jill paid the average rent per month for 2016 in Boulder.

44%

44% of Income Spent on Rent

Spending 44% of her income on rent, Jill has little leftover for other life-sustaining expenses.

Accessed January 9, 2017, http://cclponline.org/wp-content/uploads/2014/04/Boulder.pdf.
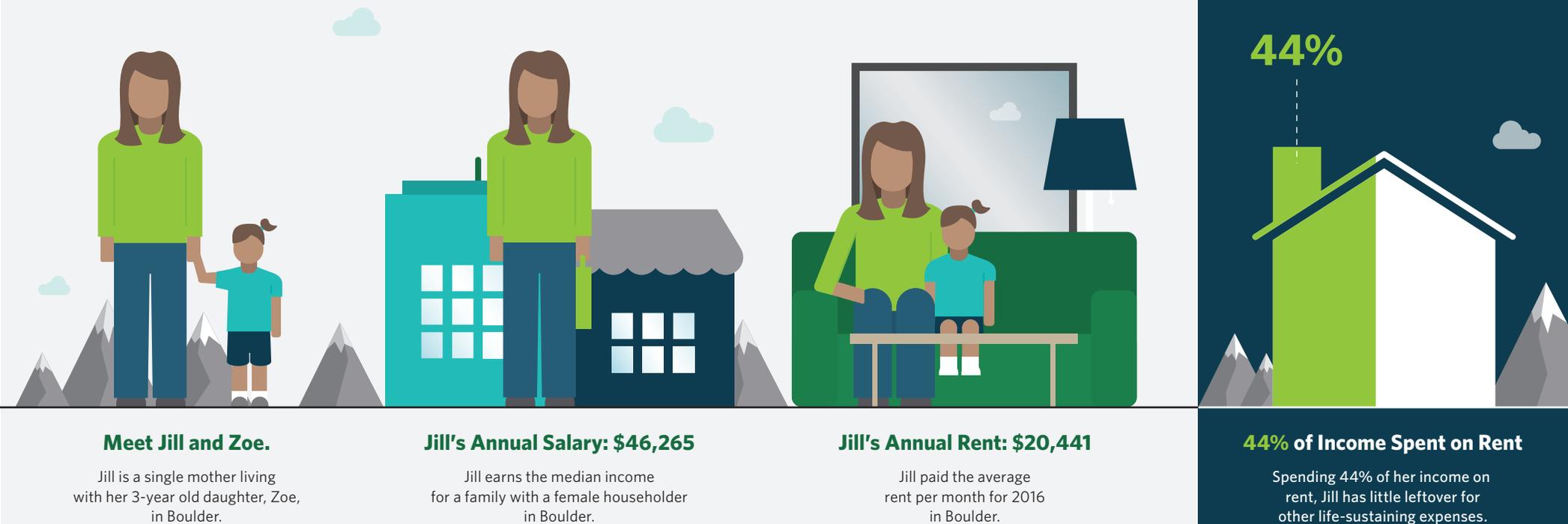
HOMELESSNESS TERMS & DEFINITIONS

Definitions for **bolded terms** in this document are included in the Glossary located on page 36.

POINT-IN-TIME (PIT) SURVEY

Every community in the nation is required to conduct an annual Point-In-Time (PIT) survey to receive federal funding from the U.S. Department of Housing and Urban Development (HUD). PIT provides a snapshot from a single night in January of individuals and families identified as homeless who participate in the count. It captures only people who fit the **HUD definition of homelessness**, which does not include people living in motels paid from their own funds, "couch-surfing," or those who are doubled/tripled up with other families. PIT has methodology challenges due to differing criteria and conditions from year to year. However, PIT is one piece of the data puzzle to understand homelessness in our community and nationwide.

An annual count of sheltered and unsheltered homeless persons carried out on one night during the last ten calendar days of January. The PIT provides a snapshot of individuals and families who self-report homelessness and who are willing to participate in the count.

FIGURE 2: **Top Reported Reasons for Homelessness, City of Boulder 2017**
The most frequent contributors to homeless status as reported in Boulder's 2017 PIT survey

SELECTED HOUSING CHARACTERISTICS	*Families with Children*	*All Homeless*
Unable to pay rent/mortgage	63%	38%
Relationship problems or family break-up	48%	26%
Bad credit	47%	21%
Asked to leave	37%	23%
Abuse or violence in the home	21%	15%
Lost job/couldn't find work	18%	24%
Alcohol or substance abuse problems	2%	17%
Mental Illness	0%	15%

FIGURE 3: **PIT Homeless Count Numbers, City of Boulder 2013 - 2017***

● Total Homeless
● Average (2013 - 2018)
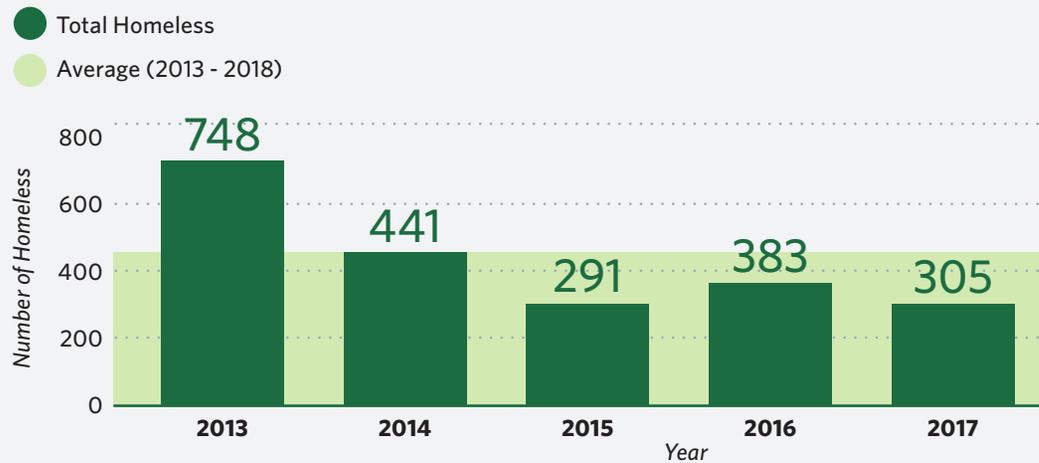
* Methodological changes for 2014 included categorizing homelessness based on the HUD definition.

FIGURE 4: Homeless Population, City of Boulder
2015 - 2017

Chart: Number of Homeless People

- *Chronic Single Adult Homeless: 155
- **Domestic Violence Survivors: 71
- Transitional Age Youth (18-24 yrs): 42
- **Transitional Single Adult Homeless: 129
- ***School-Age Children: 243

Number of Homeless People
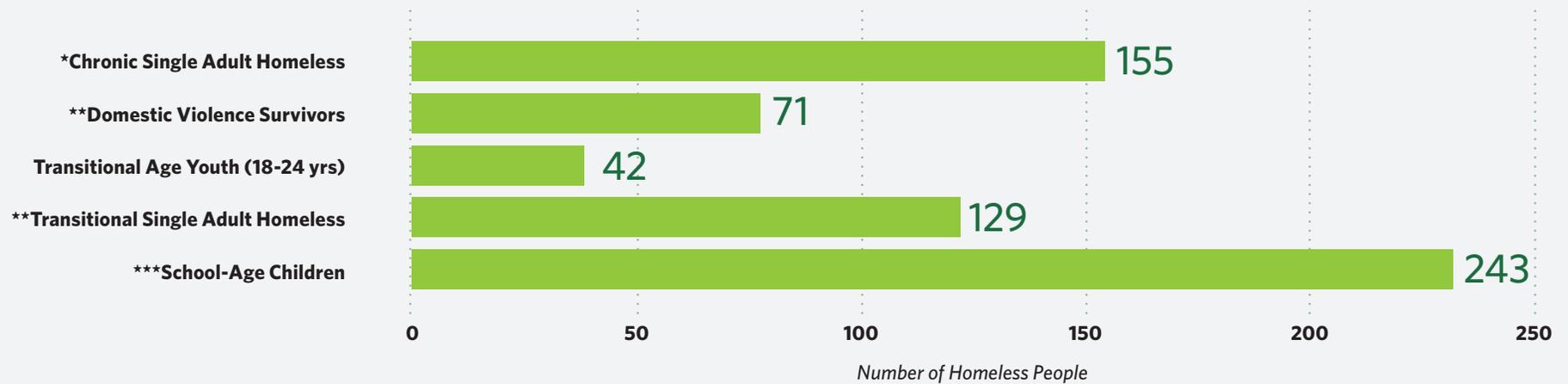
*Source: Combination of PIT and Permanent Supportive Housing (PSH) study data. **Source: PIT data. ***Source: McKinney-Vento data.*

PEOPLE EXPERIENCING HOMELESSNESS IN BOULDER

Figure 3 reflects people counted in city PIT surveys over the past five years. Due to methodological changes in 2014, it is difficult to determine how much of the reduction in PIT numbers during that year is due to actual reductions in homelessness.

There are many diverse faces to homelessness nationally and locally, with major populations in Boulder highlighted in **Figure 4.**

Community stigma and lack of understanding about homelessness are often cited as concerns by community members. Some residents may not realize the breadth of homelessness and how easily it could happen to them, their friends or neighbors. In a recent survey of the Metro Denver area, 44 percent of survey respondents indicated they have

friends or family members who have experienced homelessness.[5] More than one in ten of those polled have personally experienced homelessness.

Chronically homeless individuals are often the public face of homelessness. They have a long-term or repeated history of homelessness, and disabling conditions which may include mental health, substance abuse, chronic health issues and numerous barriers to stability and self-reliance. Although this image is what the public sees most often, this population represents only about a quarter of those experiencing homelessness in Boulder.

Many more people are **transitionally homeless**. People in this situation do not have a long-term history of homelessness and may have been pushed into homelessness by a sudden shock such as a job loss or illness. They generally need less ongoing support than chronically homeless individuals to

stabilize and remain housed.

Some types of homelessness—especially family homelessness—are less visible in the community. Homeless families with children may "double up" with friends or family, live in vehicles, low-cost motels or camp. However, families are a large part of the homeless population locally and nationally.

Some young people lack education or employment skills to acquire jobs without significant supports to transition to adulthood successfully. Young people disproportionately represented in homelessness include: youth aging out of foster care; lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) youth; and runaway youth who have experienced abuse and rejection at home.

Veterans experience rates of homelessness higher than that of the general population, some due to a

variety of service-related disabilities, including post-traumatic stress disorder (PTSD).

Some people leaving correctional institutions have no housing or employment upon release.

Traveling homeless populations may move frequently among different communities, staying only a short time in each one for a variety of reasons. Some people are looking for jobs, housing, friends, family or to leave an unsafe situation. Others may travel as part of a group related to seasonal patterns or events throughout the country.

Limited reliable information exists on the traveling homeless population. While the size and characteristics of this population are not known, PIT surveys suggest an overall high degree of mobility for people experiencing homelessness in Boulder and in neighboring cities and counties.

In **Figure 5**, 47 percent of homeless respondents in Boulder report Boulder County as their last permanent residence, a "home resident" percentage similar to other local counties.

For additional information on homeless populations in Boulder, see Appendix B: Homeless Populations.

THE IMPACTS OF HOMELESSNESS ON LOCAL COMMUNITIES, INDIVIDUAL & FAMILIES

Homeless children lack stability in their lives, with 97 percent having moved at least once on an annual basis, which leads to disruptions in schooling and negatively impacts academic achievement. Poverty is generational. Particularly for children, early life experience in poverty and housing instability can set a lifelong pattern of poor academic performance and reduced earnings, furthering the cycle of dependency on public services, loss of opportunity and contribution to the larger community.

FIGURE 5: Percentage Respondents in "Home County," 2017 PIT Survey
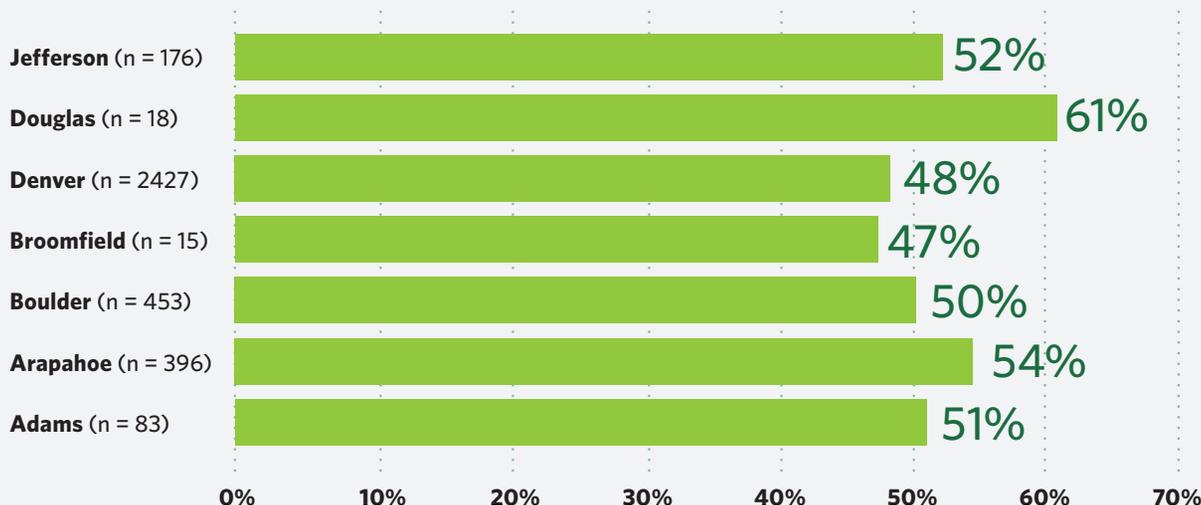
FIGURE 6: Individual & Community Impacts of Homelessness
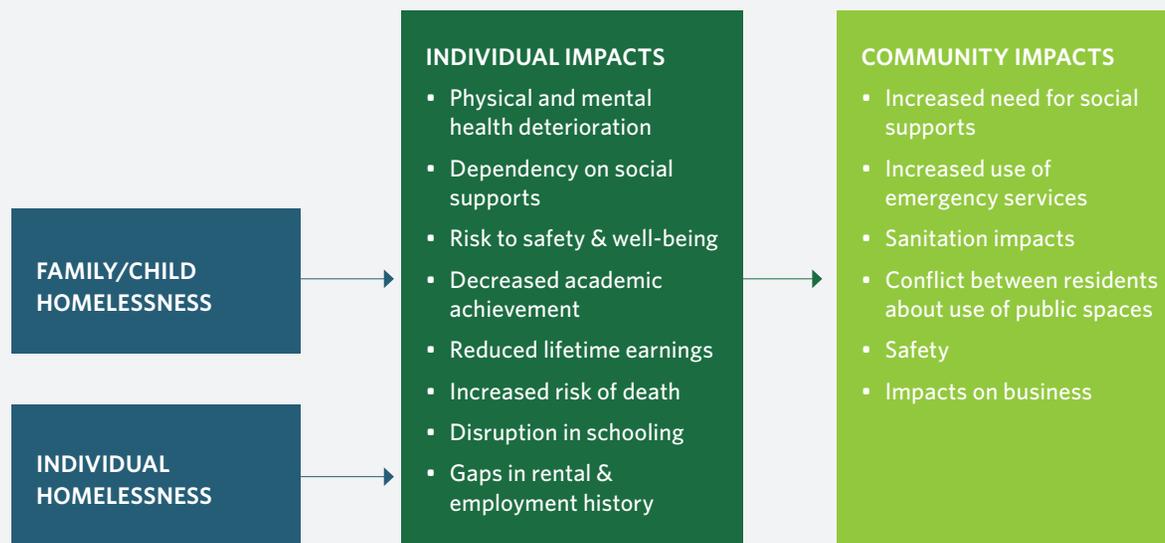
Nationally, the average life expectancy in the homeless population is estimated between 42 and 52 years, compared to 78 years in the general population. Young homeless women are four to 31 times as likely to die early compared to their housed counterparts.   In addition, the longer adults experience homelessness, the longer their gap in rental and employment history.

For communities, homelessness impacts a variety of emergency and public safety services such as hospital emergency rooms, law enforcement and court systems. The city of Boulder has estimated that it spends approximately $2.2 million annually mitigating impacts from homelessness.

Sometimes the public challenges of homelessness result in conflict between residents as concerns emerge about use of public spaces, safety and impacts on businesses. An analysis of emails sent to Boulder City Council regarding human services issues in 2016 showed that 70 percent were about homelessness, with many concerns and strongly opposing views about safety, sanitation and behavior in public spaces, camping ordinances and shelter. Through several mechanisms, including a survey conducted as part of the Human Services Strategy public engagement process, the Boulder business community has expressed significant concerns about the impacts of homelessness on local businesses.

RESPONDING TO HOMELESSNESS

Best practices, national policy, and experiences in other cities highlight several key themes for effectively addressing homelessness, including:

Prevention & Diversion
Keeping people housed and out of the homeless services system.

Housing First/Permanent Supportive Housing
Placing people who experience homelessness in permanent housing as quickly as possible; then tackling other ongoing problems with appropriate support services.

Integrated, Coordinated Services
Implementing services which streamline client experiences and improve system efficiency through concepts such as **coordinated entry** and shared data and tracking systems.

Multiple organizations work across traditional organizational boundaries to access needed resources. Rules and procedures are negotiated by the partnering organizations. Services are meant to streamline client experience and improve system efficiency. Regarding homelessness services, this generally involves coordinated entry, common assessment tools and integrated data.

NATIONAL POLICY & BEST PRACTICES IN OTHER CITIES

National **best practices** and policy focus on the key themes of housing and system improvements. These themes are highlighted in Opening Doors, the federal strategic plan to prevent and end homelessness created by the United States Interagency Council on Homelessness (USICH) in 2010 and updated in 2015.

Opening Doors emphasizes the idea that every community should have "a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented it is a rare, brief and non-recurring experience."

Fundamental concepts and best practices emphasized in this plan, in federal funding opportunities and by leading national organizations such as the National Alliance to End Homelessness (NAEH) are highlighted below.

Prevention & Diversion

The NAEH-produced Prevention and Diversion Toolkit outlines ways communities can reduce the size of their homeless populations. Two examples that assist households:

1. Prevention assistance can help preserve current housing situations.

2. Through shelter diversion, families get help finding housing other than at shelters and at the same time receive services to stabilize housing or help them move into permanent housing.

   • The Homelessness Prevention and Rapid Re-Housing Program (HPRP) was launched in 2009 as a large-scale homelessness prevention program. The Homelessness Prevention Study on which the program is based suggests that communities should improve coordination among anti-poverty and homeless services agencies to effectively prevent homelessness.[9]

• Homebase, a program serving New York City, reduced shelter days for participants by an average of 22.6 nights, which equates to $2,375 in savings per person.

An Opening Doors homelessness prevention priority is to increase the amount of affordable rental housing for people with the lowest incomes, including some families with children and people with disabilities who are living with incomes far below the federal poverty level.[10]

Integrated, Coordinated Services

Opening Doors identifies the need to "shift from a set of homeless services that only ameliorate the immediate crisis of homelessness to a response system that can help prevent and resolve it." USICH states that an effective crisis response system:

• Identifies people experiencing or at risk of experiencing homelessness;

FIGURE 7: **Crisis Response System Diagram**
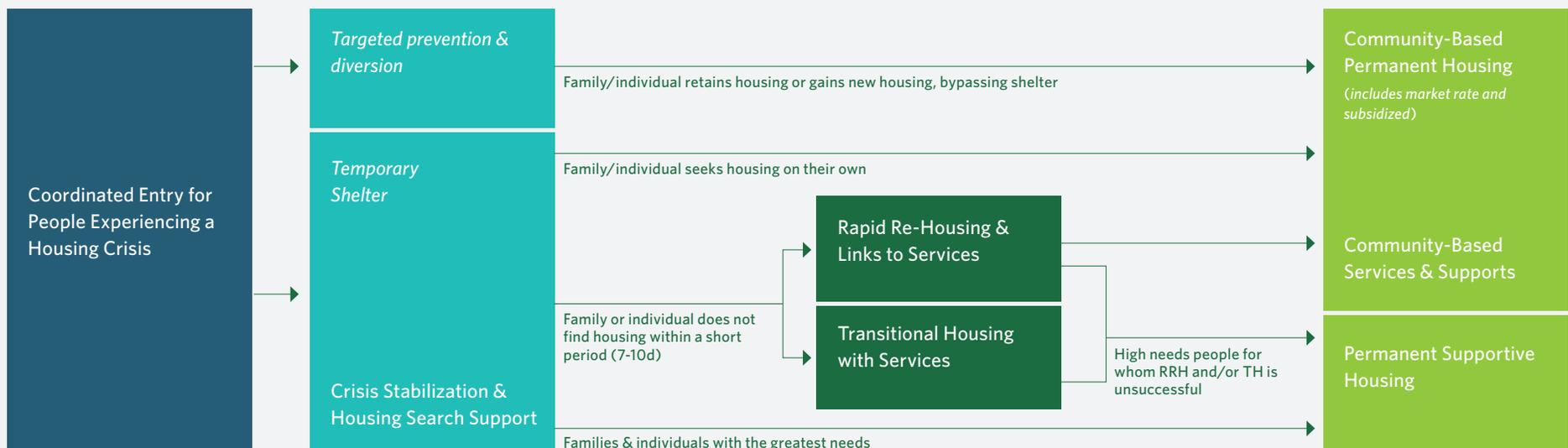
- Prevents homelessness whenever possible;

- Provides immediate access through coordinated entry to shelter and crisis services without barriers to entry, as stable housing and/or supports are being secured; and

- Quickly connects people to housing assistance and/or services tailored to the unique strengths and needs of households and which enable them to achieve and maintain permanent housing.

Opening Doors seeks to reach the goal of "setting a path to end all homelessness" by prioritizing integrated, coordinated services through "collaboration to leverage and integrate resources of mainstream systems, in the areas of housing, employment, education, health care, and benefits.[10]

By-Name Master List

This list not only includes knowing those who are homeless in a community by their name, but by their unique needs. Recommendations include storing the by-name list in a central, **HIPAA**-compliant database, which then forms the basis of a community's CAHP (Coordinated Assessment & Housing Placement) system (known as OneHome locally).[11]

- NAEH,[12] USICH[13] and HUD[14] recommend the use of a list to end veteran homelessness. In addition to a master list, the Federal Criteria and Benchmarks Review Tool can be used to assess progress.

- Advantages of this type of list are having a local, real-time homelessness count and understanding of needed resources to eliminate homelessness for the target group.

Opening Doors seeks to reach the goal of "crisis response" by setting a priority of identifying people experiencing or at risk of experiencing homelessness.[15]

Coordinated Entry

In a coordinated entry system, all homeless service entry points use a **common assessment** tool to effectively assess housing and other service needs and efficiently match clients with a common set of resources. Locally this concept has been piloted by organizations in partnership with the **Metro Denver Homeless Initiative** (MDHI) as part of the regional **OneHome** system.

An Opening Doors priority related to integrated, coordinated services is the development of coordinated entry systems to link families and individuals with the most appropriate assistance they need to prevent and end homelessness.[10]

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") established a set of national standards for the protection of certain health information. The HHS issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule addresses the use and disclosure of individuals' health information--called "protected health information"--as well as standards for individuals' privacy rights to understand and control how their health information is used. A major goal of the Privacy Rule is to ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

An initiative formed in 1994 to coordinate the assistance available from homeless-serving agencies throughout the metro area. MDHI brought together 70 organizations, including homeless-assistance and housing providers, local and state agencies, foundations, mental health centers, neighborhood groups, and homeless individuals to develop a Continuum of Care (CoC) for area residents who are homeless or at risk of becoming homeless. With support from HUD and other public and private sources, MDHI has since become a regional leadership body that coordinates resources and services, identifies needs, and disseminates best practices related to homelessness. The cities of Boulder, Denver, and the seven-county Metro Denver region, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties, are part of this network of service providers.

A coordinated assessment and housing placement system that enables a community to assess and identify the housing and support needs of all individuals experiencing homelessness. The system targets outreach and housing navigation for the most vulnerable and those who have been homeless the longest. The system matches the level of service and/or housing intervention to the individual as quickly as possible, while being respectful of client choice and local providers.

SUCCESSFUL STRATEGIES UNDERWAY IN OTHER COMMUNITIES

A list of communities highlighted by national organizations for their successes in reducing homelessness is included in Appendix D: Successful Initiatives in Other Communities. Although specifics of homeless initiatives vary among communities, some common themes emerge from success stories which are consistent with national best practices:

- Prioritization by vulnerability – Several communities used common assessment tools such as the **Vulnerability Index and Service Prioritization Decision Assistance Tool** (VI-SPDAT) to prioritize the homeless population for housing.

- Housing First and Prevention – Communities focused their energy and resources on long-term solutions instead of expanding emergency shelter. In some cases, transitional housing was converted to PSH or RRH;

- Engagement of private landlords to house people experiencing homelessness;

- Engagement of business and the broader community as partners and financial support for initiatives;

- Use of data-driven methods – Utilization of the federal **Homeless Management Information System (HMIS**, federal funds requirement) and PIT or other methods to collect data, track outcomes and measure progress; and

- Use of coordinated entry – Communities implemented coordinated entry principles to standardize intake and service coordination.

Housing First

This concept centers on providing people with permanent housing quickly and supporting them with services as needed. Housing First recognizes that people can more successfully address other problems (i.e., employment, mental health, addiction) once they are stably housed. These programs do not require sobriety or completion of other programs prior to housing entry.

Housing First programs share critical elements:

- A focus on placing and sustaining homeless people in permanent housing as quickly as possible without time limits;

- A variety of services delivered following housing to promote housing stability and individual well-being on an as-needed and as-desired basis; and

- A standard lease agreement to housing as opposed to mandated therapy or services compliance.[16]

Implementation of the Housing First concept varies to meet the needs of those seeking services. The two most common models of Housing First are **Permanent Supportive Housing (PSH)** and **Rapid Rehousing (RRH)**.

- **PSH** – Provides permanent housing with ongoing support services to people who are chronically homeless.

- **RRH** – Geared toward people with lower support needs. This approach focuses on eliminating barriers to moving individuals and families quickly into permanent housing by providing housing location services and financial assistance for housing-related expenses (i.e., short-term rental assistance, deposits, moving expenses).

Housing First has been recognized by national researchers and policymakers as a cost-effective best practice model with proven stability outcomes for individuals.

- Approximately 68 percent of chronically homeless individuals placed in Boulder PSH programs remain in housing after two years.[17]

- Communities can save more than $31,000 over two years for each chronically homeless individual placed in PSH.[18] These savings are the result of reduced use of services such as emergency rooms, hospital, jail and court systems.

- Studies have shown that families can stabilize after receiving just four to six months of RRH financial assistance. About five families can be served through rapid rehousing for every family served through a traditional **transitional housing program**.[19]

For more information on best practices, see Appendix C: Best Practices.

A program designed to provide housing and appropriate support services to homeless individuals and families to facilitate movement to independent living in permanent housing within 24 months.

CITY/COMMUNITY RESPONSES TO HOMELESSNESS IN BOULDER: PROGRESS MADE TO DATE

The City of Boulder has historically valued and supported **human services**. This includes significant funding and support for individual and family homeless services such as:

- Short-term rental/financial assistance to prevent homelessness;

- Emergency shelter, food and clothing;

- Medical, dental, mental health and substance use treatment;

- Case management; and

- Employment training and transitional employment.

See Appendix E: Citywide Homelessness Investments and Appendix F: City Homelessness Capital Investments for further detail on city funding for homelessness.

Boulder's challenges in addressing homelessness mirror those of other communities but also reflect unique local factors. Core challenges around addressing the needs of homeless individuals and families include:

- Frequent interaction with the justice system (experienced by a small percentage of the homeless population);

- Traditionally siloed homeless services that exist within multiple organizations;

- Tradeoffs between short-term emergency solutions and investments in long-term solutions such as housing;

- Difficulty determining the mix of services needed for the diverse set of individuals and families who experience homelessness; and

- Boulder has a tight housing market that is characterized by escalating housing costs and property values and a limited supply of housing (i.e., low vacancy rates).

Despite these challenges, Boulder has made progress in addressing homelessness.

- Nearly 500 new housing opportunities have been created countywide since 2010 (Appendix G);

- The city, with other community partners, has created multiple programs to reduce negative interactions with justice systems and offer pathways to stability. Examples include the Boulder Police Department's (BPD) Homeless Outreach Team; a Municipal Court Navigator to help defendants connect with housing and services; and the Early Diversion Get Engaged (EDGE) program, a partnership between mental health professionals and law enforcement to divert individuals with behavioral health conditions before they face arrest; and

- The city and service providers have moved forward on system integration goals including data integration and connecting people with services.

Regional Work to Reduce Homelessness

Homelessness is a regional issue, and the city is a partner in numerous initiatives through which Boulder can learn and leverage funding and work being done beyond the city limits.

FIGURE 8: City of Boulder Homeless Housing Investment, 2008-2017*
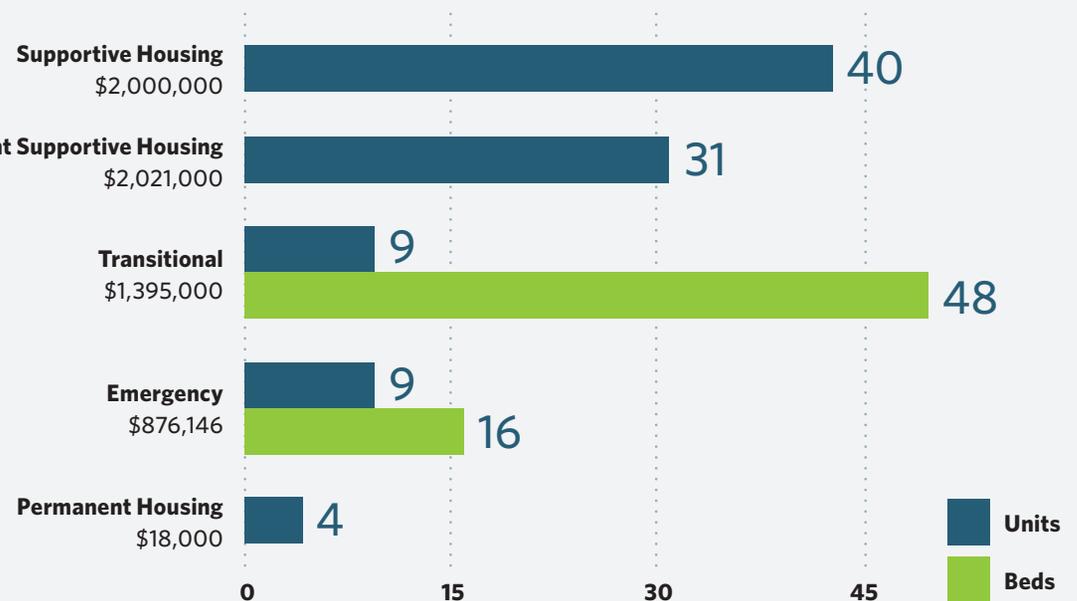
* An additional $1,247,476 allocated to the Emergency Family Assistance Association (EFAA), Attention Homes, Boulder Shelter for the Homeless (BSH), Bridge House (BH), Mother House, Community Food Share and Safehouse Progressive Alliance for Nonviolence (SPAN) from 2008 to 2017 is not presented in this table as these investments were for repairs or debt service and did not expand housing capacity. City investment does not represent complete cost of creating housing.

Homelessness Strategy Process

The process for creating the Homelessness Strategy included research and analysis of national trends and local issues, collection of general and targeted community feedback, input from city departments and regular check-ins with local homeless service providers.

Throughout 2016, increasing community concerns emerged regarding the stability and availability of space for day and night adult sheltering and services. In addition, there were ongoing concerns about the fragmentation, lack of coordination and unknown outcomes of the services system. A need was identified to develop more specific homeless housing targets as part of the city's housing policy and homelessness approach, if housing solutions to address homelessness were to be realized by housing providers.

A Homelessness Strategy Framework (Framework) was created after the initial research phase. Draft ideas in the Framework were used to inform the community engagement process, which in turn informed development of the draft strategy document. Comments from City Council and the community were used to refine the draft strategy into the final Homelessness Strategy document submitted to City Council for approval. For further details refer to:

- Appendix H: Homelessness Strategy Process
- Stakeholder Engagement Results
- BBC Report Community Engagement Results
- Appendix I: Homelessness Strategy Process Timeline

The city convened the Homelessness Working Group (Working Group) in the fall of 2016, comprised of city and county staff, homeless service providers and homeless client representatives. The Working Group recommendations informed the Homelessness Strategy, specifically in the areas of adult emergency services and housing targets.

Moving forward, Homeless Solutions for Boulder County (HSBC), formerly known as the Boulder County Ten-Year Plan Board, will be the governance framework for countywide coordinated entry system implementation. The HSBC Executive Board approves policies and systems changes as they are tested and refined. The HSBC Management Board oversees, tests and modifies system implementation with real-time data and makes policy recommendations to the Executive Board.

COMMUNITY ENGAGEMENT & WORKING GROUP RECOMMENDATIONS

Members of the public who participated in the 2016 community engagement process prioritized the following issues related to homelessness:

Housing & Prevention

- Housing in Boulder is expensive and is a barrier to being housed or remaining housed.
- Support for additional affordable housing as a part of homelessness prevention continuum.
- Moderate support (53-63 percent of residents surveyed) for year-round emergency shelter, and support in general for short-term and long-term housing solutions.

Support Services & Resources

- Importance of support services to populations such as families and youth.
- Desire to continue to provide basic services for those currently homeless.
- Focus on programs that enhance self-sufficiency and provide services and resources for residents as a higher priority over those passing through Boulder temporarily.

FIGURE 9: Homelssness Strategy Process

RESEARCH
- Analysis of Local Issues
- Best Practices & Policy
- Homelessness Practices, Other Cities

FRAMEWORK
- Vision Statement
- Goals
- Guiding Principles

COMMUNITY ENGAGEMENT
- Homelessness Working Group
- Focus Groups
- Partner Meetings
- Surveys

RESEARCH

HOMELESSNESS STRATEGY
- Strategies
- Begin Implementation

Public/Stakeholder Input

Draft Strategy

Public/Stakeholder Refinement

Final Strategy

Ongoing Programs & Services

Partial Implementation 2016 Workplan

Full Implementation 2017 Workplan

- Services for families with children was a higher priority over single adults.

Health, Mental Health, Substance Use

- Concern over access to treatment options available in the community.

- Belief that mental health and substance use are key contributing factors to homelessness.

Safety & Enforcement

- Public spaces should be safe and welcoming for all regardless of housing status.

- Impacts of homelessness in public spaces for residents and businesses should be considered in solutions.

HOMELESSNESS WORKING GROUP RECOMMENDATIONS

The Working Group Report and Plan was completed on May 16, 2017 and includes the following key recommendations:

- Implement a coordinated entry system: One-two "doors" in the community as entry points for everyone seeking help.

- Implement a common assessment tool that assesses everyone before services to understand and target needs appropriately.

- Prioritize support and community resources for people with higher support needs that cannot self-resolve quickly. Allow them to stay in **housing-focused shelter** (daytime and overnight) until placed in housing.

- Develop Navigation (**diversion**) programming for people not best served by entering the system. Include some emergency sheltering for people in Navigation plans which require more than one day to complete.

- Implement housing targets and consistent housing

investment for exit strategies. Set a target of 60 new units countywide (25 in Boulder) each year for three years.

- Use real-time data feedback for testing assumptions and adjusting system elements.

- Include options for emergency severe/unusual weather sheltering.

- Add transition time, including temporary day and night overflow/navigation sheltering, while implementing the new system.

Service path/intervention for people not able to easily self-resolve their homelessness situation, such as the moderate or high system utilizers (moderate/high-need individuals) included in the Boulder Homelessness Working Group analysis of emergency services system data. In the re-designed system recommended in the Homelessness Strategy, shelter beds and other community resources are prioritized for moderate/high-need individuals with the goal of placing them in housing solutions as quickly as possible. People placed in housing-focused shelter have a dedicated, stable shelter bed, needed support services and basic needs met onsite until they are placed in a housing solution.

City of Boulder Homelessness Strategy

HOMELESSNESS STRATEGY VISION & GUIDING PRINCIPLES

The vision of the City of Boulder's Homelessness Strategy is to ensure that all Boulder residents, including families and individuals, have opportunities to achieve or maintain a safe, stable home in the community. This vision is underpinned by the following guiding principles that are informed by national best practices, local community needs, and other local and regional policy documents:

- Develop solutions to homelessness in a regional context;
- Effectively use resources within a coordinated and integrated system;
- Consider the diversity of people experiencing homelessness and their unique needs in community planning; and
- Support the advancement of resilience, self-sufficiency and independence.

Develop Solutions to Homelessness in a Regional Context

Many people experiencing homelessness are highly mobile, seeking employment, housing and services to regain stability. Policies, resource allocations and actions in one city, county or metro area impact homelessness among neighboring jurisdictions. Planning and resources should be leveraged countywide and across the Denver Metro region to minimize duplication and maximize impact.

### Effectively Use Resources Within a Coordinated & Integrated System

Best practices demonstrate that coordinated services and systems yield better outcomes for people and more cost-effective solutions for communities. To maximize the resources available, the city must have an integrated homeless services system, rather than a group of individual programs doing good work.

Consider the Diversity of People Experiencing Homelessness & Their Unique Needs in Community Planning

A wide variety of people experience homelessness for different reasons. Solutions should consider diverse individual and family circumstances and needs.

Support the Advancement of Resilience, Self-Sufficiency & Independence

Individuals and families are resilient to shocks and have resources to avoid homelessness. People experiencing homelessness have support to achieve the maximum degree of long-term self-sufficiency and independence possible.
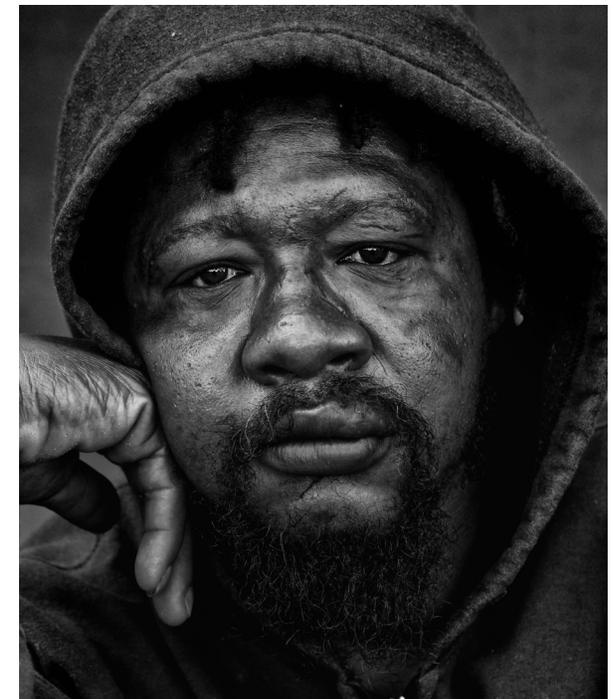
Informed by the vision, guiding principles and community engagement process, the Homelessness Strategy is organized around six goals. Each goal includes one or more strategies.

Development of metrics to measure success of plan strategies will begin in late 2017 and early 2018 and will require input and expertise from community partners and technical experts. The metrics development process will align with metrics development for the Human Services Strategy.

GOAL 1

Expand pathways to permanent housing and retention.

- Provide access to housing options and support, including permanent supportive housing and Housing First for chronically homeless individuals and families, and rapid re-housing and transitional housing for people with fewer support needs.
- Support families and individuals in retaining housing.
- Housing resources should be allocated to maximize number of people served.
- Help people in voucher or rental assistance programs access existing housing.

Strategy 1
Facilitate/Support Creation of Housing to Address Homelessness

While the city cannot "build its way out" of homelessness, additional housing units and facilities are part of the solution and can make a real difference for homeless and at-risk families and individuals.

The city does not develop housing, but it does fund housing and develop regulations related to housing. Two recent examples of new housing supported by the city with significant positive impact on homelessness include 1175 Lee Hill and Ready To Work House. This strategy is focused on initiatives through which the city can further facilitate and support the development of housing to address homelessness, including targets developed through the Working Group Process, such as 25 new housing resources in Boulder each year for three years. If possible, the city will pursue additional permanent housing goals including investigating more options like group homes or shared apartments.

Strategy 2
Maximize Housing Opportunities Through Regional Partnerships

Regional initiatives present opportunities for Boulder residents to access housing, and for local organizations to obtain funding and leverage support for placing residents in homes. Some funding and infrastructure, such as federal funds obtained through MDHI, are designed to operate on a regional level.

This strategy calls for the city to continue to actively participate, and take leadership in, regional partnerships to maximize housing opportunities.

Strategy 3
Maximize Access to Existing Housing in the City of Boulder

Through this strategy, the city can support greater access to existing units and housing programs for people experiencing homelessness or those at risk. Examples include support for people holding **housing vouchers** and landlords who rent to them.

A subsidy paid to the landlord directly by the administering agency on behalf of the participating client/family. The client pays the difference between the actual rent charged by the landlord and the amount subsidized by the agency/program.

Programs that provide financial assistance and services to prevent individuals and families from becoming homeless and help those experiencing homelessness to be quickly rehoused and stabilized. Program funds target individuals and families who would be homeless but for this support, which includes short- or medium-term rental assistance and housing relocation and stabilization services, such as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance and case management.

Studies have shown that families can stabilize after receiving just four to six months of **rapid re-housing** financial assistance. About five families can be served through rapid rehousing for every one family served through a traditional transitional housing program.

NATIONAL ALLIANCE TO END HOMELESSNESS, RAPID REHOUSING: *A HISTORY AND CORE COMPONENTS*

GOAL 2

Expand access to programs and services to reduce or prevent homelessness.

Support programs which prevent individuals and families from the traumatic and costly slide into homelessness.

Strategy 1
Invest in evidence-based services and programs that focus on long-term poverty reduction and prevention.

Economic mobility and resilience are issues that reach broadly into the community with impacts that go beyond homelessness. This strategy will link with the Human Services Strategy to implement new initiatives that stabilize individuals and families to prevent homelessness and improve long-term outcomes.

GOAL 3

Support an efficient and effective services system based on best practice and data-driven results.

Support and implement evidence-based practices in addressing homelessness that result in a system of services that is coordinated, integrated, easy to navigate and provides data-driven outcomes that support community goals.

Strategy 1
Prioritize Support for Services to Target Populations

Opportunities for system impact involve focusing limited resources on coordinated efforts to stabilize prioritized populations. **Priority populations** identified by research, community engagement and the Working Group process include individuals and families with the highest need.

Strategy 2
Drive Implementation of Best Practice System Tools

Proven practices in homelessness and human services, including coordinated entry, **Human Centered Design**, **Collective Impact**, **Social Determinants of Health**, Navigation (**Diversion**) and real-time data/data-driven outcomes are tools that can help Boulder improve services and better understand system strengths, weaknesses and opportunities for improvement.

Strategy 3
Maximize Regional Systems Resources

Regional and county partners are sources of systems tools, such as data and housing placement mechanisms, that can improve homeless systems and information in Boulder. This strategy supports ongoing regional partnership to fully utilize systems already in development to leverage resources and avoid "reinventing the wheel."

Defined by demographic factors such as age, gender, race/ethnicity, vulnerability/need, income level, education attainment or grade level, marital status, or health care coverage status; geography such as a region of a state or a specific community; or a location in which the priority population may be reached such as a workplace, school or church.

The way key areas, such as economic stability, education, social and community context, health and health care and neighborhood and built environment affect our health. By effectively and efficiently integrating health, housing and human services, individuals may overcome barriers to optimal health and quality of life.

34% of Boulder children are below, at or near the **federal poverty level**, in families that may be at risk for homelessness.

U.S. CENSUS BUREAU, 2015 AMERICAN COMMUNITY SURVEY

Support access to a continuum of basic services as part of a pathway to self-sufficiency and stability.

Maintain a stable safety net of crisis response services, such as emergency shelter, food, access to medical care, transportation and other basic services with a pathway to permanent housing.

Strategy 1

Emergency Response System Re-Design.

Support transformation of adult emergency response programs to a stable, integrated system designed to prevent or move people out of homelessness as quickly as possible. Implement coordinated entry and prioritize resources for the highest-need people, with a focus on helping them into housing as quickly as possible. Implement navigation programs to eliminate or reduce time needed in shelter for people not best served by entering the system. Maintain emergency shelter for high-need people, as well as lower-need people in navigation programs.

Strategy 2

Improve Access to Substance Abuse Treatment and Mental Health Services.

Substance abuse treatment and mental health are identified as key needs for a broad range of people in the community, including those experiencing homelessness. This strategy will be integrated with initiatives implemented as part of the Human Services Strategy.

Strategy 3

Advance Affordable Transportation.

Transportation was identified as a significant barrier for those experiencing homelessness, as well as for other community members. This strategy supports active engagement in countywide efforts to improve access to transportation for low-income and at-risk populations.

Support access to public information about homelessness and community solutions.

Provide and promote accessible information about homelessness in Boulder, people experiencing homelessness, and homeless services and criteria, to build understanding and support for homelessness solutions.

Strategy 1
Homelessness Communications Plan

This strategy places more resources and emphasis on implementing a multi-pronged Homelessness Communications Plan, including leveraging regional homelessness messaging efforts and partnering with diverse segments of the community, such as the business, faith and nonprofit communities.

GOAL 6

Create public spaces that are welcoming and safe for residents and visitors.

Community members and visitors feel welcomed and safe throughout Boulder. Decrease the number of residents living on the streets at risk of health and safety; provide opportunities to access services and housing to reduce frequent, cyclical interaction in the justice system.

Strategy 1

Justice System Partnerships.

Strengthen partnerships with Municipal Court, BPD and homeless service providers to expand service connection and improve community and individual outcomes.

Although Boulder homeless services agencies spend a combined total of approximately $80,000 on bus tickets annually, transportation needs for clients often go unmet.

. . . .

AGENCY AND CLIENT FOCUS GROUPS

PRIORITIZING GOALS

Each goal in the Strategy emerged from research, community engagement, Working Group recommendations, and local homelessness successes and challenges. While each goal is essential to the overall objective of reducing homelessness, limited resources require prioritization of individual goals and strategies. One consideration in prioritizing goals is the Homelessness Strategy's role within the larger Human Services Strategy.

Within the Human Services Department Strategy there is an overarching goal strengthening economic mobility and resilience for Boulder residents. This is key to addressing poverty as a "root cause" in many social issues, including homelessness. Core principles of the Human Services Strategy include:

- Upstream investment – Outcome-based programs and policies designed to address problems before they become more critical and expensive to address.

- Data-driven decision making - Meaningful indicators measure outcomes rather than simply the number of services provided.

- System integration - A seamless social safety net that is more efficient and effective than current approaches for both service delivery agencies and clients.

Within this context, goals for the Homelessness Strategy have been prioritized in two tiers as follows:

TIER 1
Strategies Critical to Integrated, Results-Driven Solutions

The four strategies included in this tier represent essential elements of the system envisioned by the Working Group to effectively address homelessness.

- Pathways to permanent housing and retention;

- Access to programs and services to reduce or prevent homelessness;

- An efficient and effective homeless services system based on evidence; and

- Access to a continuum of services as part of a pathway to self-sufficiency and stability.

TIER 2
Strategies to Build on the System

The strategies below are also important to address homelessness in Boulder, but must build on an effective system created through Tier 1 strategies.

- Access to robust information about homelessness and community solutions; and

- Public spaces are welcoming and safe for residents and visitors.

Tier 2
Strategies to Build on the System

GOAL 5
Access to information about homelessness and community solutions.
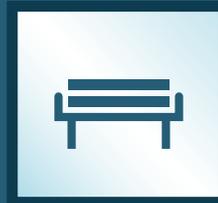
GOAL 6
Public spaces are welcoming and safe for residents and visitors.

Tier 1
Strategies Critical to Results-Driven, Integrated Solutions
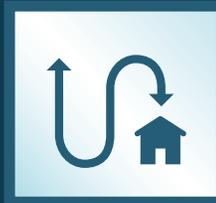
GOAL 1
Pathways to permanent housing and retention.

GOAL 2
Access to programs and services to reduce or prevent homelessness.

GOAL 3
Community benefit from an efficient and effective homeless services system based on evidence.

GOAL 4
Access to a continuum of services as part of a pathway to self-sufficiency and stability.

Next Steps:
A Dynamic Community Plan
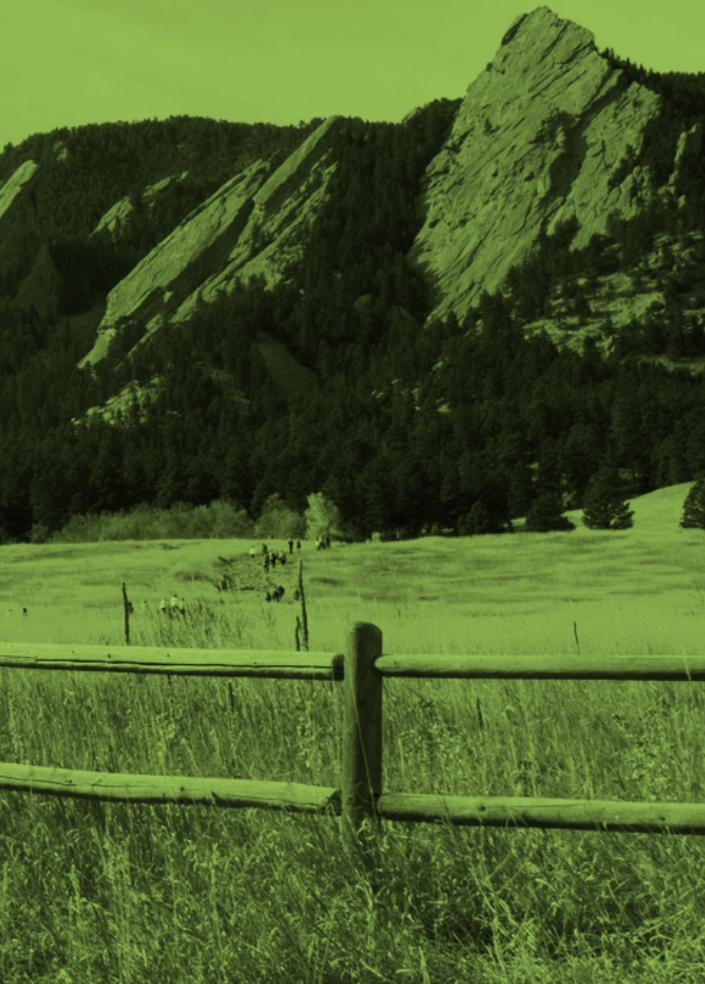
Homelessness Strategy goals include initiatives planned or in progress to achieve the strategy vision. As a living document, Homelessness Strategy initiatives will be added or modified as efforts are evaluated and new ideas and opportunities arise to reach goals. Local and regional evaluation plans are in development to measure the success of these efforts, as baseline data is collected and metrics are established.

The Homelessness Strategy is a partnership with local and regional organizations and the community overall, with a vision of transparency and continuous quality improvement through joint assessment of outcomes and community needs.

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Glossary of Terms

Affordable Housing
Housing is considered "affordable" when monthly housing costs (rent/mortgage, homeowners association fees, taxes, insurance, etc.) are no more than 30 to 40 percent of a household's gross monthly income.

Area Median Income (AMI)
Area Median Income (AMI) is the midpoint of household incomes for federal government-defined areas adjusted for family size; half of household incomes are higher and half are lower than the AMI. Annually, the United States Department of Housing and Urban Development (HUD) publishes the AMI for Boulder, CO MSA (Metropolitan Statistical Area, Boulder County). AMI is used to determine if a household's gross income qualifies for affordable housing and assistance programs. The 2017 AMI for Boulder County is $68,800 for one person and $98,200 for a family of four.

At Risk of Homelessness
An individual or family who: (i) Has an annual income below 30 percent of median family income for the area; AND (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place; AND (iii) Meets one of the following conditions: (A) Has moved because of economic reasons two or more times during 60 days; OR (B) Is living in the home of another because of economic hardship; OR (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days; OR (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state, or local government programs for low-income individuals; OR (E) Lives in a single room occupancy (SRO) or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR (F) Is exiting a publicly funded institution or system of care; OR (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Best Practices
Methods or techniques that consistently show results superior to those achieved by other means, and are used as a benchmark.

Boulder County Consortium of Cities
Provides an organizational structure to promote interaction and communication among local governments for the benefit of the organizations and their residents. Members include Boulder County, City of Boulder, Town of Erie, Town of Jamestown, City of Lafayette, City of Longmont, City of Louisville, Town of Lyons, Town of Nederland, Town of Superior, Town of Ward and City and County of Broomfield.

Boulder County Housing Stabilization Program
The housing stabilization program is a short- to medium-term rapid rehousing and prevention program that can provide three to 24 months of rental assistance depending upon need and the client's progress toward self-sufficiency. Housing assistance is coupled with intensive case management services, as part of a countywide integrated case management effort.

Boulder County Permanent Supportive Housing Study
In February 2016 the Boulder County Consortium of Cities and the Ten-Year Plan to End Homelessness Board of Directors (Boulder County Ten-Year Plan Board) engaged the Community Strategies Institute to provide an assessment of the need for Permanent Supportive Housing throughout Boulder County, focused on chronically homeless individuals. The assessment was to identify the number of chronically homeless individuals in Boulder County and provide a profile of their needs, identify current resources available to these individuals, identify barriers and challenges to development of permanent housing solutions for these residents and identify the types of properties and projects that could be developed in Boulder County to meet housing needs.

Boulder Homeless Services Collaborative (BHSC)
Bridge House, Boulder Shelter for the Homeless and Boulder Outreach for Homeless Overflow (BOHO) formed the BHSC in 2015. BHSC's mission was to improve the efficiency and effectiveness of inter-related adult emergency and transitional services.

Boulder Valley Comprehensive Plan (BVCP)
The BVCP is used by the City of Boulder and Boulder County to guide long-range planning, development proposal reviews and other activities that shape the built and natural environments of the Boulder Valley.

Camping Ordinance
Camping or Lodging on Property Without Consent (Title 5.6.10 of the Boulder Revised Code) prohibits people from camping within parks, parkways, recreation areas, open space or other city property. Further information on the ordinance can be found in the Boulder Revised Code.

Community Development Block Grants (CDBG)
A flexible program that provides communities with resources to address a wide range of unique community development needs. The CDBG program provides annual grants on a formula basis to local governments and states. Not less than 70 percent of CDBG funds must be used for activities that benefit low- and moderate-income persons. Each activity must meet one of the following national objectives for the program: benefit low- and moderate-income persons, prevention or elimination of slums or blight, or address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available.

Case Management
A collaborative and planned approach to ensuring that a person who experiences homelessness gets the services and supports they need to move forward with their lives. It is a comprehensive and strategic form of service provision whereby a case worker assesses the needs of the client (and potentially their family) and, where appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services designed to meet the individual's needs.

Chronically Homeless Families
Families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family is still considered chronically homeless if the minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

Chronically Homeless Individual
A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, an emergency shelter, or in an institutional care facility continuously for at least 12-months, or on at least four separate occasions in the last three-years, where the combined occasions total at least 12 months. Each period separating occasions must include at least seven nights of living in a place not meant for human habitation, an emergency shelter, or a safe haven.

Close to Home
A campaign to raise awareness, increase understanding, and move Coloradans to speak up and take actions that make a meaningful difference in addressing homelessness. Increased public engagement paves the road to identify, pilot, implement and sustain solutions such as affordable housing, supportive services, and employment and education opportunities.

Collective Impact
The organized commitment of a group of people and institutions to a common agenda. The idea is to create lasting solutions for critical social issues. It can be applied to areas as diverse as health, healthcare, education, poverty reduction, homelessness, youth development, and community support. Collective impact collaboration can be at neighborhood, regional, national and international levels. The internet, with its wide reach, has become an essential tool in collective impact. Examples of collective impact collaboration include the Strive Partnership in Cincinnati, Ohio, and the Calgary Homeless Foundation in Calgary, Canada. More information can be found here: Collective Impact Forum http://collectiveimpactforum.org/; Strive Partnership   http://strivetogether.org.

Common Assessment
An intake tool specifically designed for housing programs that can be easily understood and implemented by non-medical professionals to deliver housing and support interventions. The common assessment can assist with the process of determining which individuals/families may be best served by the right type of intervention at the right time and in the right way. The assessment tool allows for a continuity of service from intake to case management without individuals/families having to retell their story or be reassessed along the way

Community Table
The Ready to Work program provides dinners at local churches throughout Boulder. All meals are prepared by the Community Table Kitchen in conjunction with a culinary arts training for trainees in the Ready to Work program.

Continuum of Care (CoC)
A HUD program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. The Metro Denver Homelessness Initiative (MDHI) is the CoC serving the seven-county region including Boulder County.

Coordinated Assessment
A process by which, regardless of where people apply for assistance, staff ask the same questions and use the same criteria to determine eligibility and assess which programs are the best match for each household.

Coordinated Entry
The process by which individuals and families who are experiencing or at risk of homelessness request assistance. The request can take the form of a call center (e.g., 2-1-1), a single facility, such as an emergency shelter or intake center, or multiple access points.

Cost Burdened
Families or individuals who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.

Diversion
A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

Doubled Up
Refers to a situation where individuals are unable to maintain

their housing situation and are forced to stay with a series of friends and/or extended family members.

Episodically Homeless
Refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location).

Emergency Shelter
Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations of people experiencing homelessness.

Fair Market Rent (FMR)
The rent that would be required to be paid in a housing market area to obtain privately owned, decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. FMR includes utilities (except phone). Separate Fair Market Rents are established by HUD for dwelling units of varying sizes (measured by number of bedrooms). Generally, people receiving federal housing assistance such as housing vouchers cannot rent a unit with a monthly rental rate that exceeds FMR.

Federal Poverty Level (FPL)
Another way of referring to the federal poverty guidelines. It is a measure of poverty within the United States and is released annually. There is one set of guidelines for the 48 contiguous states and the District of Columbia. Alaska and Hawaii each have their own set. The guidelines are issued annually by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine eligibility for certain programs and benefits. FPL amounts used by for Marketplace health insurance in 2016: $11,880 for individuals; $16,020 for a family of two.

Health Insurance Portability and Accountability Act (HIPAA)
The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") established a set of national standards for the protection of certain health information. The HHS issued the Privacy Rule to implement the requirement

of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule addresses the use and disclosure of individuals' health information--called "protected health information"--as well as standards for individuals' privacy rights to understand and control how their health information is used. A major goal of the Privacy Rule is to insure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

Homeless (HUD Definition)
An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning s/he/they reside/s in one of the following:

• Places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, bus or train stations, airports, and campgrounds;

• In an emergency shelter;

• In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;

• In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;

• Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing, or their housing has been condemned by housing officials and is no longer considered meant for human habitation;

• Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing;

• An individual or family who will imminently lose their nighttime residence (within 14 days, no subsequent residence has been found, the individual/family lacks the resources to obtain other permanent housing);

• Unaccompanied youth under 25 years of age, or families with children and youth, who are identified as homeless under federal legislation; and

• Any individual or family who is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence and the household has no other residence and lacks the resources or support networks to obtain other permanent housing.

Homeless Management Information System (HMIS)
A local information technology system used to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. HUD and policymakers use aggregate HMIS data to better inform homeless policy and decision making at the federal, state, and local levels. HMIS enables HUD to collect national-level data on the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs. Data on homeless persons is collected and maintained at the local level. HMIS implementations can encompass geographic areas ranging from a single county to an entire state.

Homelessness Prevention
Homelessness prevention approaches are typically based on a public health paradigm, which looks at three levels of preventive interventions: primary, secondary and tertiary. The goal of primary prevention is to 'work upstream' to reduce risks, and typically involves universal interventions directed at whole communities, as well as targeted interventions for 'at risk' communities. With regards to homelessness, this could include information campaigns and educational programs, as well as strategic interventions designed to help address problems that may eventually contribute to homelessness, well before they arise. Poverty reduction strategies, anti-violence campaigns, early childhood supports, and anti-discrimination work all can contribute to a reduction in homelessness down the road. Secondary prevention is intended to identify and address a problem or condition at an early stage. In thinking about homelessness, this typically

means strategies that target people who are clearly at risk of, or who have recently become homeless. This includes systems prevention, meaning working with mainstream institutions to stop the flow of individuals from mental health care, child protection and corrections into homelessness.

Homeless Solutions for Boulder County (*formerly the Boulder County Ten-Year Plan Board*)
The Regional Homeless Governance Structure includes an Executive Board, which makes decisions on policies and systems changes, allocates resources and troubleshoots issues for the countywide homelessness services system, plus a Management Board, Implementation Committee and work groups. The overarching goal of the board is to provide recommendations regarding establishment of long-term priorities, annual work implementation plans, and metrics and measurements processes.

Housing Choice Voucher (HCV/Section 8)
Formerly known as Section 8, the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants can find their own housing, including single-family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. Housing choice vouchers are administered locally by public housing agencies (PHAs). PHAs receive federal funds from HUD to administer the voucher program. A family issued a housing voucher is responsible for finding a suitable housing unit whereby the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health and safety, as determined by the PHA. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

Housing First
An approach to ending homelessness that centers on providing homeless people with housing quickly and providing services as needed. A Housing First approach differs from traditional emergency shelter or transitional housing approaches in that it is "housing-based," with an immediate

and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach is consistent with what most people experiencing homelessness want and seek help to achieve.

Housing-Focused Shelter (HFS)
Service path/intervention for people not able to easily self-resolve their homelessness situation, such as the moderate or high system utilizers (moderate/high-need individuals) included in the Boulder Homelessness Working Group analysis of emergency services system data. In the re-designed system recommended in the Homelessness Strategy, shelter beds and other community resources are prioritized for moderate/high-need individuals with the goal of placing them in housing solutions as quickly as possible. People placed in HFS have a dedicated, stable shelter bed, needed support services and basic needs (day and night) met onsite until they are placed in a housing solution.

Housing Voucher
A subsidy paid to the landlord directly by the administering agency on behalf of the participating client/family. The client pays the difference between the actual rent charged by the landlord and the amount subsidized by the agency/program.

Human Services
Human Services is broadly defined, uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations.

IBM Smarter Cities Challenge
The Metro Denver region was selected through a competitive process as one of 16 cities to be awarded a Smarter Cities Challenge Grant in 2015-2016. During a three-week period in April and May 2016, a team of five IBM experts worked in the Denver metro region to develop recommendations around key issues for the OneHome regional coordinated entry system. The challenge was to design an integrated system for efficiently coordinating the data collection, analysis, sharing and reporting needed to deliver services for those experiencing homelessness and at-risk populations across a multi-county region that includes 2.9 million people, 56 local governments and hundreds of private and nonprofit service

organizations.

Integrated, Coordinated Services
Multiple organizations work across traditional organizational boundaries to access needed resources. Rules and procedures are negotiated by the partnering organizations. Services are meant to streamline client experience and improve system efficiency. Regarding homelessness services, this generally involves coordinated entry, common assessment tools and integrated data.

Metro Denver Homelessness Initiative (MDHI)
An initiative formed in 1994 to coordinate the assistance available from homeless-serving agencies throughout the metro area. MDHI brought together 70 organizations, including homeless-assistance and housing providers, local and state agencies, foundations, mental health centers, neighborhood groups, and homeless individuals to develop a Continuum of Care (CoC) for area residents who are homeless or at risk of becoming homeless. With support from HUD and other public and private sources, MDHI has since become a regional leadership body that coordinates resources and services, identifies needs, and disseminates best practices related to homelessness. The cities of Boulder, Denver, and the seven-county Metro Denver region, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties, are part of this network of service providers.

Metro Mayors Caucus (MMC)
A voluntary, consensus-based organization of mayors who work together on issues of regional importance. The caucus was formed in 1993 by officials who felt that a non-competitive forum was needed for the region's elected officials to build relationships and discuss issues of common concern. In this forum, equal weight is afforded to the issues and positions of small and large member jurisdictions.

Navigation
Based on the national concept of diversion, the assistance provided to eliminate/reduce time in local homeless services for lower-need people. Navigation participants are screened through the coordinated entry system and provided with a service plan. In some cases, Navigation participants may require a few days of shelter before their plan is complete.

Notice of Funding Availability (NOFA)
A list, generated by HUD, of competitive grant opportunities that may be available throughout the year. These grant opportunities are based on an enactment of Congressional appropriations and other considerations. When grant funding is available, HUD issues a NOFA providing detailed guidance on how to apply for each grant.

Newly Homeless
Individuals or families who have been homeless for less than one year and are experiencing homelessness for their first time.

OneHome
A coordinated assessment and housing placement system that enables a community to assess and identify the housing and support needs of all individuals experiencing homelessness. The system targets outreach and housing navigation for the most vulnerable and those who have been homeless the longest. The system matches the level of service and/or housing intervention to the individual as quickly as possible, while being respectful of client choice and local providers. The cities of Boulder, Denver, and the seven-county Metro Denver region, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties, are part of this network of service providers.

Permanent Housing
Community-based housing without a designated length of stay which is intended to be the tenant's home for as long as they choose. Permanent housing includes both permanent supportive housing and rapid re-housing. In the supportive housing model, supportive services of various types are available to the tenant. Tenants of permanent housing typically sign legal lease documents.

Permanent Supportive Housing (PSH)
Uses the Housing First approach to place people in housing quickly and provide supportive services. PSH is designed to meet the long-term housing and service needs of chronically homeless individuals and families. The type of services depends on the needs of the residents and may be provided on a short-term, sporadic, ongoing or indefinite basis. The housing is usually "affordable" or intended to serve persons on a Supplemental Security Income (SSI).

Point-in-Time Count (PIT)
An annual count of sheltered and unsheltered homeless persons carried out on one night during the last ten calendar days of January. The PIT provides a snapshot of individuals and families who self-report as homeless and who are willing to participate in the count.

Prevention
See Homelessness Prevention.

Priority Populations
Defined by demographic factors such as age, gender, race/ethnicity, vulnerability/need, income level, education attainment or grade level, marital status, or health care coverage status; geography such as a region of a state or a specific community; or a location in which the priority population may be reached such as a workplace, school or church.

Project-Based/Single-Site Housing
Housing located in single buildings, typically owned by the housing provider. This type of housing allows staff to provide a high level of supervision and offers the greatest latitude in responding to challenges. Staff is typically located onsite and can respond immediately to issues that may arise.

Rapid Rehousing (RRH)
Programs that provide financial assistance and services to prevent individuals and families from becoming homeless and help those experiencing homelessness to be quickly rehoused and stabilized. Program funds target individuals and families who would be homeless but for this support, which includes short- or medium-term rental assistance and housing relocation and stabilization services, such as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance and case management.

Substance Abuse and Mental Health Services Administration (SAMHSA)
The agency within the HHS that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Seven-County Metro Denver Region
The cities of Boulder and Denver, and the seven-county region of Metro Denver, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties, form the MDHI network of service providers.

Social Determinants of Health
The way key areas, such as economic stability, education, social and community context, health and health care and neighborhood and built environment affect our health. By effectively and efficiently integrating health, housing and human services, individuals may overcome barriers to optimal health and quality of life.

Social Security Disability Insurance (SSDI)
A federally run benefits program that provides aid to people who are unable to achieve gainful employment due to a permanent disabling condition. SSDI is financed by the Social Security tax; eligibility is determined by the Social Security Administration (SSA) using federal criteria. Benefits are in the form of cash assistance. Anyone who has paid Social Security taxes long enough to achieve sufficient work credits can qualify for SSDI.

Supplemental Security Income (SSI)
A federally funded program which provides income support for persons who are aged 65 or older, or blind or who have a disability. SSI benefits are also available to qualified children who are blind or have a disability. SSI benefits are administered by the SSA. Eligibility is determined by the SSA using federal criteria. Benefits are in the form of cash assistance.

Supportive Services
Case management, medical or psychological counseling and supervision, child care, transportation, job training, life skills, and landlord relations provided to facilitate the independence of residents.

Transition-Age Youth
Youth age 18 to 24.

Transition-Age Youth VI-SPDAT
See Vulnerability Index—Service Prioritization Decision Assistance Tool.

Ten-Year Plan
A strategic planning document developed by a locality, with vigorous encouragement from the United States Interagency

Council on Homelessness, with the aim of ending "chronic homelessness" within the specified timeframe.

Transitional Housing

A program designed to provide housing and appropriate support services to homeless individuals and families to facilitate movement to independent living in permanent housing within 24 months.

Transitionally Homeless

Those who have relatively short stays in the homeless assistance system, exit it and return infrequently, if at all. Most families and single adults who become homeless fall into this category.

Traveling

Homeless individuals may move frequently among communities, staying only a short time in each one, for a variety of reasons. Some are looking for jobs, housing, friends, family or to leave an unsafe situation. Others may travel as part of a group related to seasonal patterns or events throughout the country.

Veterans Affairs Supportive Housing (VASH)

This program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). The VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics.

Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT)

A pre-screening or triage tool, sometimes called a survey, used by all providers in a community (service providers, outreach workers, and volunteers) to quickly assess and prioritize the health and social needs of homeless persons and match them with the most appropriate support and housing interventions. The VI-SPDAT is the result of a combination of two tools – the Vulnerability Index (VI) survey created by Community Solutions for use in street outreach, which helps to determine the chronicity and medical vulnerability of homeless persons, and the Service Prioritization Decision Assistance Tool (SPDAT), created by OrgCode as an intake and case management tool.

Appendices

Main Host Page for Publication and Appendices

https://bouldercolorado.gov/homelessness/homelessness-strategy