



The Homeless Plan

*Working together to eliminate homelessness in
Longmont, Colorado*

www.lhotonline.org

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TABLE OF CONTENTS

PLAN OVERVIEW

I.	INTRODUCTION	6
II.	GUIDING PRINCIPLES OF LHOT	8
III.	CORE VALUES OF LHOT	8
IV.	HISTORY OF HOMELESSNESS IN LONGMONT	9
V.	DEFINING THE ROOT CAUSES OF HOMELESSNESS	9
VI.	BACKGROUND OF THIS PLAN	14
VII.	PROGRESS TO DATE	14
VIII.	PLANNING PROCESS	19
	A. WHERE WE CAME FROM	19
	B. WHERE WE WANT TO BE	23
	C. HOW WE TO GET THERE	24
APPENDICES		
	A. HOUSING FIRST	36
	B. SELF-SUFFICIENCY MODEL	38
	C. CONSUMER SURVEY	39
	D. LHOT MEMBER ORGANIZATIONS	41
	SELECTED REFERENCES	42

PLAN OVERVIEW

The Longmont Housing Opportunities Team (LHOT) is a collaborative partnership working to end homelessness in Longmont. LHOT has over 50 members representing government, social service agencies, housing providers, police, school district, youth services, churches, senior services, businesses, recovery programs, and private individuals.

LHOT's Mission: To reduce homelessness, LHOT brings together community partners and mobilizes resources.

LHOT's Vision: Homelessness is eliminated in Longmont.

The Longmont Housing Opportunity Team (LHOT) believes that:

- **Everyone deserves a home and we will work under a Housing First or Rapid Re-Housing model to achieve this end.**

This model is grounded in the belief that individuals and families are best able to address the problems which contributed to them becoming homeless when they are in stable housing of their own rather than when they are living in emergency shelters or are constantly moving to keep sheltered. It also uses scarce resources to provide permanent housing units which will remain in service for years to come.

- **Permanent Supportive Housing is a top priority to help address the greater mental health and/or substance abuse issues that are so prevalent among the homeless.**

With supportive services and case management which help a person/family deal with the issues that brought them to homelessness, the homeless can improve their situation, increase their income, and access services and resources as appropriate.

- **Any housing for homeless people should always include supportive services until they are stable and self-sufficient (however that is defined for them).**
- **The community should always be leading people to self-sufficiency and independence, not to reliance and dependence.**

With these beliefs in mind, this Homeless Plan was designed over several years with much public and member input.

The number of homeless persons in Longmont is increasing at an alarming rate. In 2000, when Longmont first conducted its own homeless count there were 206 persons counted. In 2009, 414 persons were counted or a 101% increase since 2000. The number of times that an individual is homeless is increasing. In 2000, 67% of those counted were homeless for the first time, in 2009 only 30% were homeless for the first time. For individuals who were homeless more than once, the percent increased from 33% in 2000

to 69.9% in 2009. Continuing to “manage” the homelessness problem is no longer a viable strategy since the problem only continues to grow.

This plan changes how the community approaches the problem of homelessness. The current national system evolved to manage homelessness – not end it. While this Plan cannot end poverty, nor prevent our neighbors from losing their homes, it does end the institutionalization of homelessness as we know it.

It starts with leadership. People who believe in the vision and have the determination to end homelessness must join forces and address this issue in a collective effort. To show that our Plan is working and to measure our impact, we need additional data. Baseline information is needed to make good decisions and monitor progress toward our investment in people and housing. We also need a roadmap that fits our unique local needs and assets. We will continue to bring public and private stakeholders to the table and create a guide that is focused on our vision of making sure all people of Longmont have safe, affordable, permanent homes.

This is a working document that will change and evolve as information and data is provided that gives us a clearer picture of what we are facing; as people implement programs, receive services and provide feedback of what we can do better or differently; and as funding is or is not available.

While we want to eliminate homelessness, LHOT understands that there are many factors impacting people’s lives. Personal choices often make it difficult to help someone who may not desire to change their life. Long term systemic changes must be made and multiple services, support and options must be provided to help each person to access and choose the solutions that will work for them. To this end, we have identified 8 goals to move our community from one that tolerates and accepts homelessness to one with a population that is fully housed.

Goal 1: Permanent and Transitional Housing

Develop and maintain new and existing permanent and transitional housing units as part of a Housing First and rapid re-housing system that meets current and future needs.

Goal 2: Services

Provide access to quality supportive services which seek to address the root cause of each person’s homeless situation and move them from a state of homelessness to one of self-sufficiency.

Goal 3: Community Awareness and Coordinated Responses

Create community awareness and support for LHOT’s coordinated effort to eliminate homelessness in Longmont.

Goal 4: Shelter System

Maintain the presently available shelter and emergency assistance for all of Longmont's homeless populations until an adequate supply of transitional and permanent housing becomes available.

Goal 5: Prevention and Redirection

Utilize community resources to prevent at-risk families and individuals from becoming homeless.

Goal 6: Funding

Continue to develop budgets and funding to ensure that an effective response to identified needs can be waged using the strategies in this plan.

Goal 7: Skills, Education, Training and Employment

Help homeless individuals acquire requisite skills and training critical to the procurement of gainful employment and/or self-sufficient living.

Goal 8: Evaluation and Accountability

Ensure that Longmont's efforts to end homelessness are on track and meet established goals, objectives, and outcomes.

Setting, adapting and achieving these goals and the sub-goals set forth in more detail in the Plan will be the focus and will form the basis of the work program of LHOT for the coming years. Reports to the community will be provided at the annual Homelessness Awareness Event.

I. INTRODUCTION

The Homeless Plan in Longmont, Colorado, is a product of a long and detailed planning process undertaken by the Longmont Housing Opportunities Team (LHOT) to critically evaluate the scope of Longmont's homelessness problem and to draft a strategic plan which will meet the identified needs in an effective, responsive, and proactive way.

The Longmont Housing Opportunities Team (LHOT) is a collaborative partnership working to end homelessness with over 50 members representing:

- **Local Governments** – City of Longmont - Affordable Housing, Probation, Senior Services, Children and Youth Resources
- Boulder County - Community Services, Integrated Treatment Court, Housing and Human Services
- **Social & Supportive Services** - Center for People with Disabilities, Shekinah Ministries, Outreach United Resource Center (OUR Center), Inn Between, Homeless Outreach Providing Encouragement (HOPE), Veteran's Services
- **Shelters** - Boulder Shelter for the Homeless, Atwood Shelter, Outreach United Resource Center (OUR Center)
- **Housing Providers** - Thistle Communities, Longmont Housing Authority, Longmont Housing Development Corp., Habitat for Humanity
- **Faith Community** – First Baptist Church, First United Methodist Church, First Lutheran Church, LifeBridge Christian Church, Bethlehem Lutheran Church, Light of Christ Catholic Church
- **Domestic Violence Agency** - Safe Shelter of St. Vrain Valley
- **Law Enforcement** - Longmont Police, Boulder County Sheriff
- **Health & Mental Health** - Boulder County Mental Health Center, Salud Clinic, Longmont United Hospital
- **Education** - St. Vrain Valley School District, Front Range Community College
- **Businesses** - 1st Bank, Mile High Bank

To accomplish LHOT's vision of eliminating homelessness in Longmont, this plan employs the guiding principles and core values which have been the bedrock of LHOT's work since its inception. The plan works to identify and close gaps in services which may still exist, address our community's current needs, and prevent the duplication of services. It also

acts as a guide for service providers in how to best direct services so that LHOT's vision of eliminating homelessness can be realized. The plan puts forth a number of outcomes we wish to achieve over the long-term and specifies the specific actions needed now to achieve these outcomes.

The plan focuses on the ultimate goal of successfully moving homeless persons into long-term housing, which is safe, affordable, and which includes supportive services to assure their success.

Additionally, the plan recognizes the achievements of LHOT and presents programs and services which are currently being administered.

This strategic plan will be used to inform and shape LHOT's efforts from this point forward. It builds on the work that has already been done and confronts homelessness and the many issues that are associated with homelessness in a proactive rather than reactive way. LHOT continues to be mindful of the fact that, nationally, the utilization of a ten-year plan to end homelessness is relatively recent; and as such, this plan was written with the intention that Longmont's plan eventually would become part of a larger county and/or regional plan to end homelessness.

II. GUIDING PRINCIPLES OF LHOT

The work of the Longmont Housing Opportunities Team is grounded in the following principles:

Everyone needs and deserves safe, decent, and affordable housing.

There is no wrong entry door into the network of homeless services.

Preventing homelessness is the first step to ending it.

The circumstances which lead to individuals and families becoming homeless must be acknowledged so that they can be addressed and they can receive services which will meet their individual needs.

Ending homelessness in Longmont *is* possible.

III. CORE VALUES OF LHOT

The following core values guide and shape the decision-making processes and actions of the Longmont Housing Opportunities Team:

- We value the innate dignity of an individual and believe that everyone deserves a safe home in which to live.
- We value partnering for progress to successfully address needs and gaps, prevent the duplication of services, and implement strategies that will eliminate homelessness and the root causes of homelessness.
- We value the professional duty and social responsibility we have to advocate for all of Longmont's homeless population and to continuously educate ourselves and the community on the issues surrounding homelessness.

IV. HISTORY OF HOMELESSNESS IN LONGMONT

The issue of homelessness, as we currently know it, is a relatively recent problem. In the 1980s, a decreasing number of affordable housing units, especially single room occupancy units; de-institutionalization of the mentally ill; and cuts in federal housing funds caused widespread homelessness. Several factors have affected its growth over the past two decades.

- Affordable housing has become increasingly scarce for persons with low incomes
- Household income has not kept pace with housing costs
- Support services, such as substance abuse and mental health treatment that offer individuals and families stability, are more difficult to afford or are not available
- Household dislocation and family splits due to divorce and domestic abuse have increased nationally
- Persons with traumatic brain injuries from armed conflicts, car accidents are increasing

The 2009 Point-In-time data shows that Boulder County's homeless have the following characteristics:

- 11.9% are military veterans,
- 40.3% are families with children,
- 71% showed Boulder County as their last county of permanent residence,
- 54% received money from work,
- 19.9% were homeless due to medical issues such as substance abuse and/or mental illness,
- 16.7% were homeless due to eviction or foreclosure,
- 16.3% were living outside the night of the survey,
- 45% were newly homeless, and
- 214 (or 20.4%) were children 17 years or under and 9.9% were over 55 years of age,

V. DEFINING THE ROOT CAUSES OF HOMELESSNESS

Poverty

A leading cause of homelessness is poverty. Low income households, particularly those earning below 30% of the Area Median Income, are at greatest risk for becoming homeless. According to the City of Longmont's Five Year Consolidated

Plan 2005-2009, 42% of Longmont's households were considered to be low, very low, or extremely low income households.

The fact that the federal minimum wage has not kept pace with inflation means that heads of households who lack education and/or who are not highly skilled, are forced to work at jobs that do not offer a living wage. Unfortunately, in addition to not offering a living wage, jobs held by the working poor often do not offer health insurance options or other opportunities for upward economic mobility.

Federal guidelines mandate that in order for housing to be considered affordable, no more than 30% of a household's annual income be paid to housing costs, including utilities. Households that spend more than 30% of their income are considered cost-burdened. According to the City of Longmont's Five Year Consolidated Plan (2005-2009), a total of 7,494 households in Longmont were considered cost-burdened.

According to the 2009 Fair Market Rent (FMR) table, a two-bedroom apartment's Fair Market Rent is \$1,029 in Boulder County. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$3,420 monthly or \$41,040 annually. This translates to a \$19.73/hour wage job(s). Longmont's current market rents are quite a bit lower with a 2 bedroom unit renting for about \$885 per month. This still translates to an annual salary of about \$35,000 or \$16.83 per hour. A family of three at 30% of the Area Median Income (considered to be extremely low income by HUD's standards) makes \$24,100 or less.

Monthly Supplemental Security Income (SSI) payments for an individual are \$637 in Colorado. If SSI represents an individual's sole source of income, \$191 in monthly rent is affordable. There is nothing in this community that is available at that rent level without doubling up, living with roommates, etc.

Shortage of Affordable Housing

According to the 2005-2009 Consolidated Plan, there was a need for 5,389 affordable rental housing units in Longmont - 1,009 elderly units and 4,380 family and individual units. As of now, Longmont has a total of 1,767 deed restricted, affordable rental units – 382 elderly and 1,285 family, individual and “special population” units. This leaves a gap of 627 elderly units and 3,095 family and other units. There are also Housing Choice Vouchers being provided in this community which are meeting some of this need. Longmont Housing Authority has approximately 509 vouchers of which about 150 are elderly households, 240 are families with children and 120 are people with disabilities. Boulder County Housing Authority has another 500 or so vouchers in Longmont and Boulder Housing Partners, CPWD and a few other entities also have vouchers which total about 150 in Longmont. This translates to a gap of about 277 elderly units and 2,385 family/individual units.

Some of these “gap units” are being provided by the private sector, but many people, as shown in the section above are paying more for their housing costs than what they should be allowing them to stay housed, but requiring them to either do without other items such as clothing, food, medical care or needed prescriptions, or to rely on other community institutions to provide these necessities (i.e. the OUR Center, Community Food Share, Salud Clinic, etc.).

Lack of Health Care

The lack of affordable, accessible, quality health care can create a situation in which people find themselves teetering on the brink of homelessness. A serious illness or disability can start a downward spiral into homelessness, beginning with the loss of employment and culminating in eviction. This is particularly true for families and individuals who have limited resources and/or lack health insurance. Seniors are particularly vulnerable since even if they have affordable health care, many cannot afford their prescriptions and may be forced to choose between paying for food or needed medication.

Conversely, homelessness can cause or exacerbate many illnesses. Illnesses that are closely associated with poverty - tuberculosis, AIDS, malnutrition, severe dental problems - devastate the homeless population. Health problems that exist quietly at other income levels - alcoholism, mental illnesses, diabetes, hypertension, physical disabilities - are prominent on the streets. People without shelter fall prey to parasites, frostbite, infections and violence. Most homeless do not have health insurance, and none have cash to pay for medical care. Because homeless people often are uninsured and lack access to low-cost preventive health care, they go without care until relatively minor problems become urgent medical emergencies. Ultimately, most homeless people do get treated, but it is treatment of the most expensive sort, delivered in hospital emergency rooms and acute care wards.

Homeless service providers have found that health care for the homeless is successful when it is delivered at the places where they gather – day and emergency shelters, food or meal programs, etc. Most homeless have access and transportation problems and having to travel to a clinic or doctor’s office requires an investment of time and energy they often cannot afford to give to that issue until their health is so threatened that they must get to an emergency room or other similar facility.

Mental Illness

Policies regarding deinstitutionalization can be traced back to the 1940’s. Originally intended to improve the life of mentally ill patients, deinstitutionalization had the unexpected effect of increasing the homeless population. During the late 1970’s and early 1980’s, federal and state governments under enormous pressure from the public

to control government spending, called for trimming mental hospital budgets. Consequently, some psychiatric wards were closed and many persons who were chronically mentally ill, even those unwilling to leave, were discharged.

In the early 1980's, the federal government raised the criteria for receiving federal disability benefits and undertook a periodic review of eligibility rolls that dropped approximately 100,000 mentally ill individuals from the rolls. The ramifications of the aforementioned policies have led to a sharp increase in the numbers of mentally ill individuals who have no choice but to sleep in shelters or on the streets.

Domestic Violence

Women fleeing abusive relationships often find themselves being thrust into the precarious position of not having a safe place to call home. Due to the lack of affordable housing and long waiting lists for income-assisted housing, many women who refuse to continue to live in an abusive home are forced to face a brutal existence of trying to survive on the streets with their children. According to the National Network to End Domestic Violence, on any given day 1,740 people could not be provided emergency shelter and 1,422 could not be provided transitional Shelter. (National Network to End Domestic Violence, 2007). The Annual Point In Time Survey 2007, conducted by the Metro Denver Homeless Initiative found that 9.4% of respondents surveyed gave abuse/violence in the home as the reason for their being homeless.

Substance Abuse

Many low and very low income persons who suffer from addiction are at risk of becoming homeless. Once these individuals find themselves on the streets, the chances that they will acquire stable housing are slim if they do not receive treatment. That said, finding resources to help pay for treatment can be quite a formidable task for homeless individuals.

In 1996, Congress eliminated Supplemental Security Income and Social Security Disability Insurance benefits for people diagnosed as having an addiction. The loss of these benefits has contributed to the increased numbers of homeless persons who suffer from addictive disorders. Furthermore, homeless people who suffer from addiction usually do not have health insurance, which makes finding resources to pay for treatment that much more difficult. Additional barriers to treatment include lack of documentation, lack of transportation, and lack of a strong support network of family and friends. According to the 2007 Point In time Survey, 14.7% of respondents were homeless as a result of substance abuse.

Prison and Hospital Release

All too often, hospitals and correctional facilities release individuals into the community with little or no support for their reentry. The lack of support and/or proper planning increases the likelihood that individuals will become homeless or return to the facility that discharged them initially. According to Metro Denver's 2007 Point-In-Time Survey, 11.2% of respondents gave discharge from jail/prison/halfway house as the reason for their homelessness. Prisons take prisoners' identification when they enter and do not return it when they are released. A person cannot obtain housing, qualify for benefits or function long inside the law without valid identification.

The Longmont United Hospital has begun a concerted effort to avoid discharging individuals into a state of homelessness. According to Chief Nursing Officer Sharon Rominger, RN, BS, MS of Longmont United Hospital, all cases are reviewed by a care coordinator, who identifies with the patient and family the options for post hospital care. All available community resources are utilized to provide for discharge to a safe environment. Community Resources may be limited but all efforts are made to care for the patient at the hospital until adequate resources are obtained.

Aging Out of Foster Care

The foster care system often fails to help children deal with the problems that result from the circumstances which caused them to be removed from their homes (these circumstances include physical or sexual abuse; parents with alcohol or substance abuse illness; family dissolution; etc.). Alcohol and other substance abuse illnesses and mental illness can often play a significant role in the relationship between foster care and homelessness. Youngsters emancipated from foster care often lack the independent living skills that would allow them to establish a household. In addition, people who have experienced extensive foster care, particularly multiple placements, extended group home placements, or foster care in combination with multiple unofficial placements, may become better acclimated to institutionalized living rather than to living on their own. Finally, young people who are emancipated from foster care and become homeless tend to lack the support networks that other people can rely upon in times of crisis. Children who are moved from home to home over an extended period of time (foster care and/or unofficial placements) often learn to deal with problems by leaving them behind.

Veterans

Right now, the number of homeless male and female Vietnam-era Veterans is greater than the number of service persons who died during that war -- and a small number of Desert Storm veterans are also appearing in the homeless population. Although many homeless Veterans served in combat in Vietnam and suffer from PTSD, at this time,

epidemiologic studies do not suggest that there is a causal connection between military service, service in Vietnam, or exposure to combat and homelessness among Veterans. Family background, access to support from family and friends, and various personal characteristics (rather than military service) seem to be the stronger indicators of risk of homelessness.

Almost all homeless Veterans are male (about three percent are women), the vast majority are single, and most come from poor, disadvantaged backgrounds. Homeless Veterans tend to be older and more educated than homeless non-Veterans. But similar to the general population of homeless adult males, about 45% of homeless Veterans suffer from mental illness and (with considerable overlap) slightly more than 70% suffer from alcohol or other drug abuse problems.

VI. BACKGROUND OF THIS PLAN

The number of homeless individuals and families in Longmont continues to rise at an alarming rate. According to the 2007 point-in-time survey, 569 individuals were homeless compared to 206 individuals in the year 2000. That is a 176% increase. The city has also seen a rise in the number of individuals who are either chronically homeless or who have found themselves homeless more than once. The survey reported that the number of individuals who were homeless more than once increased from 33% in 2000 to 50.4% in 2007.

In response to this pressing issue, members of the Longmont Housing Opportunities Team convened and created The City of Longmont's Plan to End Homelessness. The plan provides a framework for how the city, in a collaborative effort with local businesses, government, faith based institutions, and community organizations, intends to address homelessness and its root causes. The plan utilizes a Housing First Model (or Rapid Re-Housing – see Appendix A for more information) which is grounded in the belief that individuals and families are best able to address the problem/s which contributed to them becoming homeless when they are in stable housing of their own rather than when they are living in emergency shelters or transitional housing. Strategies set forth in the Plan work toward the long-term goal of eliminating homelessness in Longmont. A dedicated, sustained effort to a successful implementation of the plan, coupled with an investment of community resources, will also accomplish the city's interim goals which include significantly reducing all types of homelessness and preventing the duplication of services.

VII. PROGRESS TO DATE

The Longmont Housing Opportunities Team has made a great deal of progress in addressing the issue of homelessness in Longmont. Following is a brief overview of programs and service providers who provide emergency shelter, transitional and permanent housing, outreach services and supportive services to Longmont's homeless.

Housing First/Rapid Re-Housing Programs

Single Room Occupancy Vouchers (SROs) - The Longmont Housing Authority administers eight vouchers for single clients living at the Inn Between. The Inn Between provides the case management and the LHA supports the housing costs. This partnership has been in place since 1995. The vouchers are annually funded by HUD and serve one-person households with annual incomes below 30% AMI.

Tenant-Based Rental Assistance Program (TBRA) - The TBRA program has provided housing assistance for a number of formerly homeless households and includes case management provided by LHA's Family Resource Coordinator. The common goal of the program and its participants are to improve a families' ability to seek and access resources within the community as the need arises. For many families, short term goals include simply staying afloat. Their housing assistance supports this fragile stability.

Briarwood Apartments - Attached to the LHA's Offices at 1228 Main Street are 10 studio apartments. The LHA responded to a need for such units, expressed by LHOT's nonprofit agencies, and placed the ten apartments in service in September, 2007. LHA master-leases the units to nonprofit agencies that place their homeless or "hard to house" clients in the apartments. The master leases are with the OUR Center, HOPE, Boulder County Mental Health Center, Boulder County's Integrated Treatment Court, Boulder County Mental Health Center, and the Boulder Shelter's Housing First Program. The nonprofits provide the supportive case management to the clients they place in the units.

Transitional Housing Programs

Inn Between - The Inn Between was created through a community-wide collaboration to address the problem of homelessness. The goal was to create a transitional housing program that would house the diverse client population served by this collaborative and provide the services that would also promote stability and lead toward increased levels of self sufficiency. The Inn assists residents in developing individualized plans that address their issues and needs, such as housing (first and foremost), education, job training, job search, financial management, treatment for substance addictions, mental health issues, family

relations, and goals and objectives for children when necessary. The Inn serves singles, youth, couples and families working toward self-sufficiency. The Kimbark Street facility consists of 31 units of which there are 13 apartments and 18 single room occupancy units (SRO's). The first Terry Street facility, purchased in May 2002, consists of 12 one and two-bedroom apartments and an on-site office. A second Terry Street facility was purchased in April 2005 and consists of eight one and two-bedroom apartments.

Boulder Shelter's Transitional Housing Program - The Boulder Shelter For the Homeless operates a transitional housing program during the Summer Transition Season (May 1 through September 30). During this time, only men and women in the shelter's Transition Program can stay overnight. Transition Program residents work closely with Shelter case managers to determine what has led them to homelessness, and what steps they must take to overcome their situation. Transition Program residents must live drug- and alcohol-free, pay a fee for food and board, and save a percentage of their income in a Shelter-held escrow account.

Boulder County Advocates For Transitional Housing (BCATH) - BCATH is the culmination of many years of work by Boulder County agencies and individuals devoted to providing a missing piece of the continuum of care for homeless individuals and families in Boulder County. The program provides transitional housing and support services to homeless and those at risk of becoming homeless for up to two years. BCATH's goal is to assist clients in obtaining stabilized housing and achieving greater self-sufficiency. Approximately 80% of residents moving out of BCATH transitional housing will transfer to a stable living environment and will not return to homelessness

Shelters

Emergency Family Assistance Association (EFAA) - Atwood Shelter - EFAA has operated shelters for families in the County for many years. In Longmont, the Atwood Shelter operates eleven units of emergency housing for families, In Boulder, ECHO House has eight apartments available to shelter homeless families, and in Lafayette, the N. Carr Street Shelter provides five units of emergency shelter. These shelters provide up to twelve weeks of housing and services to support a family as they reestablish themselves into affordable permanent housing. For families needing longer than twelve weeks of support, EFAA offers a transitional housing program through twelve units located in Boulder and six units in Lafayette. Families in transitional housing can remain for up to two years and are required to actively pursue goals to achieve self-sufficiency.

Boulder Shelter For The Homeless - The Boulder Shelter For the Homeless was born out of the Boulder community's response to a homeless veteran freezing to

death while sleeping in the Bandshell at Boulder's Central Park in 1982. Concerned citizens quickly formed the Shelter Task Force. Boulder's community rallied around the Shelter Task Force and its effort to open a shelter for the homeless. In 2003, a new, larger shelter was constructed and serves all of Boulder County. The new shelter can accommodate up to 160 people. The mission of the Boulder Shelter for the Homeless continues to be to provide safe shelter, food, support services, and an avenue to self-sufficiency for homeless adults in our community. The Shelter is open during the Winter Emergency Sheltering Season (October 1 through April 30).

During the winter season, any adult in need can stay up to 90 nights at the Shelter. Persons show up at the Shelter for intake and receive the shelter's basic services which include: dinner and breakfast, safe shelter, storage space for personal belongings, phone and mail service, access to showers and laundry facilities, and meetings with case managers, if desired.

Warming Centers

Outreach United Resources (OUR) Center - Opened in December 2007, the Warming Center is designed to prevent illness or death to persons exposed to freezing temperatures. The Warming Center opens when the weather is forecast to be 30° when wet and 20° when dry based on the wind chill factor.

Christian Outreach & Emergency Sheltering (CORES) - The CORES program operates day-to-day under the guidance of a leadership council that consists of local people from different churches. On dangerously cold nights, shelter is provided at local churches (four different sites participate) on a rotation basis. The shelter offers an evening and morning meal and transportation is provided both to and from the hosting church. CORES opens its sheltering system when the temperature, based on wind chill, is 32° wet or 20° dry.

Street Outreach

Homeless Outreach Providing Encouragement (HOPE) - HOPE is a non-profit year-round street outreach program that provides emergency, nighttime street outreach service to the unsheltered homeless from a mobile unit. The HOPE-mobile is stocked with basic needs supplies and is capable of transporting individuals to local emergency shelters during severe weather conditions. HOPE also offers transitional housing and supportive follow-through services to those who are ready to move off the streets toward self-sufficiency. HOPE's mission is to provide the homeless of Longmont with life-sustaining support and encouragement, to educate the homeless about existing social services and provide appropriate service referrals, to increase the effectiveness and efficiency

of existing social services by providing follow-through support and assistance, and to eliminate barriers of access which keep homeless individuals on the streets.

Boulder County Cares - The mission of the Boulder County Cares Project which operated in Longmont from October 2006 to December 2007 and continues to operate in the city of Boulder, is to provide basic life-sustaining supplies each night of the week to people that are at risk because of living on the streets without shelter and to provide transportation and referrals to appropriate services and agencies. Every night during the months of October through April, volunteers comb the streets, alleys, underpasses, vacant lots, and other areas of the city seeking out homeless persons and providing life-saving assistance. Nightly, they offer blankets, soup, cold-weather clothing, ground covers, hats, gloves, socks, and other provisions to those they encountered and were willing to accept assistance. Whenever requested or appropriate, program administrators provide referrals and transportation for homeless persons to the ARC (Addiction Recovery Center/detox), Boulder Community Hospital, and Boulder Shelter for the Homeless.

Support Services

Outreach United Resource Center (OUR) Center - The mission of the OUR Center is to unify community resources to help people in the St. Vrain region meet their individual needs and move toward self-sufficiency. With the establishment of this program 22 years ago, Longmont has one unified agency furnishing services formerly offered by various non-profit and religious groups.

Intake Center and Basic Needs Program - After an intake interview, professional caseworkers and trained volunteers provide emergency food, transportation, utilities, furniture, minor medical prescriptions, referrals for emergency shelter, and homeless-prevention help, including rent and utility assistance. Although services in the Basic Needs Program are typically provided in times of crisis, agency personnel work in partnership with families to help them regain self-sufficiency. The OUR Center is also home to Longmont's Day Shelter and Warming Center.

Day Shelter - The Day Shelter is a multi-service program for homeless adults and those persons living in marginal situations. It provides clients with the following services: daily meal, emergency food, clothing, sleeping bags, blankets, transportation, personal care options (hygiene items, showers, and laundry), mail service, voicemail accounts, other basic survival resources, and referrals to related services such as job services, public assistance, and health care. The Day Shelter promotes self-sufficiency through case plans with goal setting and follow through support.

Mental Health Center of Boulder and Broomfield Counties - The mission of the Mental Health Center is to make available an integrated, comprehensive system of community-based mental health services to people living in Boulder and Broomfield counties, with the priority of serving individuals and families affected by major mental illness and serious emotional disturbances. Client fees are set based on income and number of family members. The Center is also the provider of mental health services for Boulder County Medicaid recipients. There is no fee or co-payment for Medicaid recipients.

Center for People with Disabilities - The Center for People with Disabilities works so that people with disabilities in the Boulder County area may live independently. Since 1977 CPWD has been the center of a network of resources, information and services to assist people with disabilities to conquer barriers, isolation and dependency on others. Services include: advocacy, rehabilitation, employment services, home healthcare, independent living skills training, head injury program, deaf services, blind program, community transitions, peer support, and personal assistance programs. The Center also receives Section 8 Housing Vouchers from HUD to help low-income people with disabilities live affordably in integrated settings.

Boulder County Integrated Treatment Court - In early 2006, the 20th Judicial District (including the Probation Department), the Sheriff, Boulder County Public Health, the Mental Health Center and the Department of Social Services formed a partnership intended to reduce addiction and improve life functioning for families and individuals, to reduce recidivism, increase family reunification with parents or other family members, and reduce the use of jail beds. The partnership has built two courts: the Adult Criminal Treatment Court and the Family Treatment Court, which opened in November 2006.

Safe Shelter of St. Vrain Valley - For thirty years the Safe Shelter has served the geographical jurisdiction of northeast Boulder County including Longmont and its surrounding areas, as well as, southwest Weld County. The mission of Safe Shelter of St. Vrain Valley is to provide safety and support to women and children of diverse backgrounds who are affected by domestic violence. Through direct services, shelter and community education, Safe Shelter of St. Vrain Valley promotes self-sufficiency and advocates for the right of every individual to a life free of intimidation and violence.

Emergency Family Assistance Association (EFAA) - Since 1918, EFAA has been a community safety net for families in eastern Boulder County who have nowhere else to turn when they can't meet their basic needs. By providing assistance with food, rent, utility bills, minor medical expenses, transportation, furniture, and case management services, EFAA's Basic Needs Program offers people in Boulder County a place to come when hunger or homelessness threaten their families.

VIII. PLANNING PROCESS

Over the years, LHOT has developed several programs before finishing a formal plan. While we recognize the importance of having a strategic plan, there were several identified needs that LHOT felt needed to be addressed immediately. This plan identifies where we are now, where we want to be and what actions we need to take to get there.

A. WHERE WE CAME FROM:

A group of community service providers started meeting in 2000 to ensure that services for the homeless were not being duplicated and to participate in the annual Point-In-Time survey. The community determined at a Retreat on the Homeless held in November, 2003, and attended by over 100 community representatives and members, that only by coming together could we affect a solution to this issue. As a result of the retreat, LHOT's mission and membership were expanded to reflect an acknowledgement that the issue of homelessness is a community-wide one impacting not only city government, but non-profit service providers as well as local businesses and the faith community. The LHOT group has been meeting at least monthly since 2003, has completed many projects and has obtained funding for ongoing services and projects. The following initial goals were established and have guided the Team throughout the past years, on some we have made great progress – on others, there is still a lot of work to do.

- Through the Housing First Program, rapidly re-house the homeless to increase their stability.
- Prepare an emergency homeless prevention program that will provide assistance to prevent eviction and homelessness.
- Establish a system to place people being released from public institutions into stable housing.
- Implement an outreach and engagement system designed to reduce housing and service barriers.
- Reduce the time people spend in shelter and transitional housing.
- Provide rapid access to permanent supportive services and mainstream programs.
- Ensure a sufficient supply of permanent supportive housing.
- Strengthen community connections through linkages to employment, community resources and benefits.
- Ensure that all segments of the community receive comprehensive education regarding homelessness and available services.

In addition to holding monthly meetings for the past eight years which continue to attract community members and organizations who wish to be engaged in LHOT's

mission to end homelessness, LHOT has produced research reports, statistics, and surveys related to homelessness in Longmont.

LHOT formed the following seven subcommittees, plus a Steering Committee, to ensure effective and efficient progress: Community Education and Outreach, First Response, Fundraising, Housing First Case Management, Housing First Family Advocacy, Homeless Plan Subcommittee, Point-In-Time Survey. Accomplishments achieved by LHOT through each subcommittee follow:

Housing First

- In 2005, LHOT received HOME Tenant-based Rental Assistance (TBRA) funding from the State Division of Housing, matched by the City of Longmont to house 10 families over 24 months. Through the TBRA funding, households received vouchers to help them pay their rents. Households paid 30% of their gross income towards rent and the voucher subsidizes the difference. Each family received comprehensive support services through case management, also provided by the grant. This program was so successful in actually housing over 22 families during the 24 month period of the grant, the Boulder Shelter for the Homeless and Boulder Housing Partners applied for and received funding of over \$300,000 to house 10 chronically homeless individuals in Boulder County with matching funds from the cities of Longmont and Boulder.
- As a result of the need expressed by LHOT members, the Longmont Housing Authority purchased, rehabilitated, and now operates the former Briarwood Motel as a Housing First Program. Efficiency units are master-leased to agencies who can rent them for long term stays for their homeless clients. This saves the agencies countless funding that would otherwise go to put the clients into regular motel rooms on a very temporary basis.

Housing First Case Management

- Designed a network of case managers to work with the clients of the Housing First program to ensure that they have adequate housing, designed and established the element of a Family Improvement Plan, and ensured access to the supportive services needed to help the clients' meet their Plan goals. This committee completed its work and has been dissolved.

Housing First Family Advocacy

- Worked with the Case Managers and clients of the Housing First Program to support their needs.
- Provided furniture, cleaning supplies, etc. to Housing First clients.

- Provided education on tenant’s rights and responsibilities and Fair Housing.
- Provided mentoring program for families in the Housing First Program.

Fundraising Committee

LHOT received over \$340,000 to support the family Housing First programs, providing mental health and case management services. Other funding sources and activities include:

- \$5,000 in grants from First Bank
- \$1,750 from other banks
- \$6,000 in grants from Colorado Realtors’ Housing Opportunity Fund
- \$2,500 grant from Community Foundation
- \$1,250 in donations from churches
- \$10,000 grant from Boulder County for a Housing First Program Coordinator
- \$300,000 + as part of “SuperNOFA” funding in partnership for the individual Housing First program
- \$49,000 in contracted mental health support for Housing First clients funded by the City of Longmont

First Response Subcommittee

- In 2003, after a Retreat on the “visibly homeless,” a partnership with the Boulder County Cares program was formed to expand their services to Longmont and provide outreach to the unsheltered homeless during bad weather.
- The HOPE (Homeless Outreach Providing Encouragement) organization was formed by citizens of Longmont and now provides outreach support to Longmont’s homeless 7 days a week 12 months of the year.
- LHOT recognized an increase in individual homelessness in Longmont even though the majority of the homeless are in families. Because adults were using the city’s library as a “de facto” day shelter, a formal Day Shelter was opened by the OUR Center in June, 2005. With the help of the OUR Center staff, numerous individuals have obtained employment, received medical screening, obtained mainstream benefits, secured permanent housing and received supportive case management or consultation.

- Established a warming center in conjunction with the OUR Center and a church shelter network with Christian Outreach Emergency Shelters (CORES).
- Designed a system to compassionately move homeless persons and their belongings from the city's greenways and open space during the summer months.
- Implemented an outreach to homeless campers during summer months to provide housing opportunities.

Community Education & Outreach Subcommittee

- Present National Homelessness Awareness Week activities
 - In 2007, Chet Sisk presented his "10 Lessons I Learned From The Homeless"
 - In 2006, an update on Denver's Road Home was presented to over 100 attendees.
 - In 2005, brought in author Mike Yankoski who spoke about writing his book, "Under the Overpass." Over 400 people attended, and the event, which was held at a local church, was taped by the local public access channel which broadcasted the event.
 - In 2001, presented "Carry On", an art and community project about Homelessness.
- Developed a resource card to assist the homeless in accessing services and to provide information to the community.
- Became part of the new 2-1-1 phone service which provides information on resources and services.
- Implemented the Community Cares packets, a coupon program to provide food, transportation, and services to people without giving the homeless money.
- Designed and constructed a website to share information with all stakeholders. Includes links to state and national organizations related to ending homelessness, provides easy access to best practices and other relevant information.
- A youth art contest was held allowing the youth of Longmont to present their perspectives on homelessness.

Homeless Plan Subcommittee

- Worked on drafting Homeless Plan.

Point-In-Time Survey Subcommittee

- Annually conducts a survey of the homeless using the Metro Denver Homeless Initiative survey forms. Outreaches and partners with the community serving the homeless to obtain the best and most accurate count.
- Analyzes the data collected tracking trends and highlighting information that will enable the community and the LHOT Team to make the best decisions possible on programming and services for the homeless to best effect positive changes in the population.

B. WHERE WE WANT TO BE – PRIORITIZED LIST OF GOALS:

This report contains eight broad goals with almost 40 concrete action steps. Successful implementation of our Homeless Plan will prevent homelessness whenever possible, expand outreach to get people off the streets, and provide stable housing for men, women and children, and the support services they need to succeed.

Overarching Goals

Goal 1: Permanent and Transitional Housing

Develop and maintain new and existing permanent and transitional housing units as part of a Housing First and Rapid Re-Housing system that meets current and future needs.

Goal 2: Services

Provide access to quality supportive services which seek to address the root cause of each person's homeless situation and move them from a state of homelessness to one of self-sufficiency.

Goal 3: Community Awareness and Coordinated Responses

Create community awareness and support for LHOT's coordinated efforts to eliminate homelessness in Longmont.

Goal 4: Shelter System

Maintain the presently available shelter and emergency assistance for all of Longmont's homeless populations until an adequate supply of transitional and permanent housing becomes available.

Goal 5: Prevention and Redirection

Utilize community resources to prevent at-risk families and individuals from becoming homeless.

Goal 6: Funding

Continue to develop budgets and funding resources to ensure that an effective response to identified needs can be waged, using the strategies in this plan.

Goal 7: Skills, Education, Training and Employment

Help homeless individuals acquire requisite skills and training critical to the procurement of gainful employment and/or self-sufficient living.

Goal 8: Evaluation and Accountability

Ensure that Longmont's efforts to end homelessness are on track and meet established goals, objectives, and outcomes.

C. HOW WE GET THERE:

(Action items are being completed by the Steering Committee)

The actual implementation of these strategies will be developed during the first year of the planning process.

Most goals and action items will be completed or worked on during the period of the City's Consolidated Plan which runs from 2010 – 2014.

Goal 1: Permanent and Transitional Housing

Develop and maintain new and existing permanent and transitional housing units as part of a Housing First and Rapid Re-Housing system that meets current and future needs.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
1.1 Make every effort to retain our current stock of affordable housing units and to create new affordable housing opportunities. Efforts to include the expansion of rental subsidies and the acquisition of new and existing units.	2010-2014	All Community members	CDBG HOME, AH FUND, LIHTC, SEC 202, DOH, LOCAL LENDERS	Family Housing – 976 units at 50% AMI Family Housing – 220 units at 30% AMI Elderly Housing – 332 units at 50% AMI Elderly Housing – 50 units at 30% AMI 285 Housing Choice Vouchers – 50% AMI
1.2 Expand Housing First efforts for both individuals and families who have become homeless.	2010-2014	HA’S SOCIAL SERV. AGENCIES	HOME-TBRA DOH	214 Housing Choice Vouchers - \$0 payment to \$200 payment Briarwood – 10 units TBRA vouchers – 22 persons placed TBRA vouchers – 15 new in 2009-2010 County HF – 14 Longmont persons housed
1.3 Find the correct balance between permanent and transitional housing units by determining the number of affordable housing units needed and reprogramming what we have so that programs work to meet identified needs and goals.	2010	City and all housing providers, HH SAB	City as part of consolidated plan for 210-2014	Inn Between – 51 total units Boulder Shelter TH – 3-10 Longmont resid. HOPE TH - 5 units for individuals OUR Center – 1 unit for families

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
1.4 Evaluate current transitional housing programs for cost and program effectiveness, number of providers, who benefits, and goals of transitional housing.	2010	Referral Agencies	City, County	
1.5 Provide permanent supportive housing for persons who are severely and persistently mentally ill, developmentally disabled and or other special needs population, including youth.				Imagine! - 18 beds, devel. disabilities Casa Libertad – 18 units, phys. disabled BCMHC - 21 beds and 70 housing vouchers for mentally ill
1.6 Address accessibility for people with disabilities in zoning and urban design housing.	2009 - for aging in place	Snr. Svcs planning CDBG/AH		
1.7 Outreach to property owners and managers to build relationships to help implement this homeless plan.				
1.8 Explore repurposing of existing buildings and facilities.				

Goal 2: Services

Provide access to quality supportive services which seek to address the root cause of each client’s homeless situation and move them from a state of homelessness to one of self-sufficiency.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
2.1 Develop innovative resources for all support services.				
2.2 Strengthen case management, including the development of a professional case management program.	ongoing			FRCC curriculum completed and currently offered.
2.3 Prepare a consistent more coordinated care system for homeless persons and LHOT, develop a resource directory and strengthen LHOT through the establishment of a common language, professional goals and boundaries among providers.				
2.4 Coordinate an evaluation of existing supportive services. Evaluate to determine effectiveness and efficiency. Evaluate gaps in service delivery spectrum from outreach to transportation to housing.	2010	Human Svcs. Master plan,	Human Svcs. Agency Funding	

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
2.5 Provide better transportation options such as bikes and cars through donation and repairs of vehicles, etc.				
2.6 Develop a coordinated community response to deal with various emergency conditions that could arise.	2010	LHOT		

Goal 3: Community Awareness and Coordinated Responses

Create community awareness and support for LHOT’s coordinated effort to eliminate homelessness in Longmont.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
3.1 More engagement of the general public, communities of faith, and business community. Strategies to include: having a Times Call rep. on LHOT, asking business member(s) to serve on LHOT Steering Committee, inviting Realtor Assoc. to the table, educating businesses on paying living wages and negotiating with incoming businesses on the issue via the Longmont Area Economic Council.				
3.2 Stay engaged and provide Leadership in county and regional efforts to address homelessness.	Ongoing			
3.3 Engage in training efforts such as Bridges Out of Poverty.				
3.4 Develop and maintain the LHOT website.	Ongoing	LHA, City	LHOT funds	Website is operational.

Goal 4: Shelter System

Maintain presently available shelter and emergency assistance for all of Longmont’s homeless populations until an adequate supply of transitional and permanent housing becomes available.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
4.1 Continue to provide adequate emergency services to those individuals & families who are homeless, at risk of becoming homeless, or are being released from public institutions & medical facilities.				Warming Centers Street Outreach Emergency food, clothing & other services
4.2 Continue to provide & explore options for adequate shelter for homeless individuals until they can be placed in transitional or permanent housing.	2009	LHOT members, First Response sub-committee		160 shelter beds county-wide for adult individuals 32 beds at Atwood for families (10 units)
4.3 Maintain warming center option as long as needed to prevent the harm of freezing and to provide referral to services.	Ongoing (time frame)			Two warming centers operate in Longmont, opening when when weather reaches specific temperatures.
4.4 Develop a single point of entry for those who are homeless.	2010	Our Center LHOT	TBD	
4.5 Provide shelter options for youth.				

Goal 5: Prevention and Redirection

Utilize community resources to prevent at-risk families and individuals from becoming homeless.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
5.1 Support and engage the community in the Bridges Out of Poverty model.	Ongoing	Trained trainers	County, Various agencies	
5.2 Lead agency to provide a coordinated response & develop a single point of entry system for those at risk of becoming homeless.	2010	Our Center – LHOT	TBD	
5.3 Increase advocacy efforts which will prevent homelessness including but not limited to affordable daycare options, more spots and evening options; improved health care; life skills training in high schools, middle school, & elementary school; including how to avoid drugs; help individuals obtain mainstream benefits; better transportation system so people can get to jobs/school/daycare/services/health care; keeping people in their homes.				

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
5.4 Expand the use of pre-arrest diversion and diversion options to prevent unnecessary incarceration of homeless individuals. Measures to include the utilization of drug court to address non-violent offenses.	2010	Law Enforcement, prison officials		
5.5 Develop protocols to address the challenges of difficult to serve populations.				

Goal 6: Funding

Continue to develop budgets and funding to ensure that an effective response to identified needs can be waged using the strategies in this plan.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
6.1 Leverage and maximize other federal and state resources to implement this plan by utilizing all existing programs.	Ongoing	LHOT Members		
6.2 Support local efforts to raise funds.				
6.3 Find private funding sources such as foundations and churches				
6.4 Support increases to federal funding for housing.				
6.5 Tap into TANF funds as a means to ensure all funding resources are accessed by clients , support self sufficiency to maximize cost sharing. Examples include- TANF, Vet. Benefits, social sec., disability, etc.	Immediately (time frame)	All Social Services agencies		

Goal 7: Skills, Education, Training and Employment

Help homeless individuals acquire requisite skills and training critical to the procurement of gainful employment and/or self-sufficient living.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
7.1 Increase/improve life Skills, literacy, education & mentoring for families and individuals at risk of becoming homeless.				
7.2 Engage business leaders involved to partner with their employees' needs for affordable housing and supportive services.				
7.3 Support the use of a research based self-sufficiency matrix to promote stability, self-sufficiency, and avoid homelessness.				
7.4 Increase access to employment and training opportunities offered through key workforce development partners.	2010-2014			

Goal 8: Evaluation and Accountability

Ensure that Longmont's efforts to end homelessness are on track to meet its established goals, objectives, and outcomes.

Actions	Time Frame	Proposed Partners	Funding Status	Current Status
8.1 Develop outcome model to measure implementation of the plan and true accountability.				
8.2 Set benchmarks for each goal to allow for an assessment of progress to date	2009	LHOT Team		
8.3 Set time frame for goals.	2009	LHOT Team		
8.4 Peer to Peer Agency Evaluation process.				

Appendix A

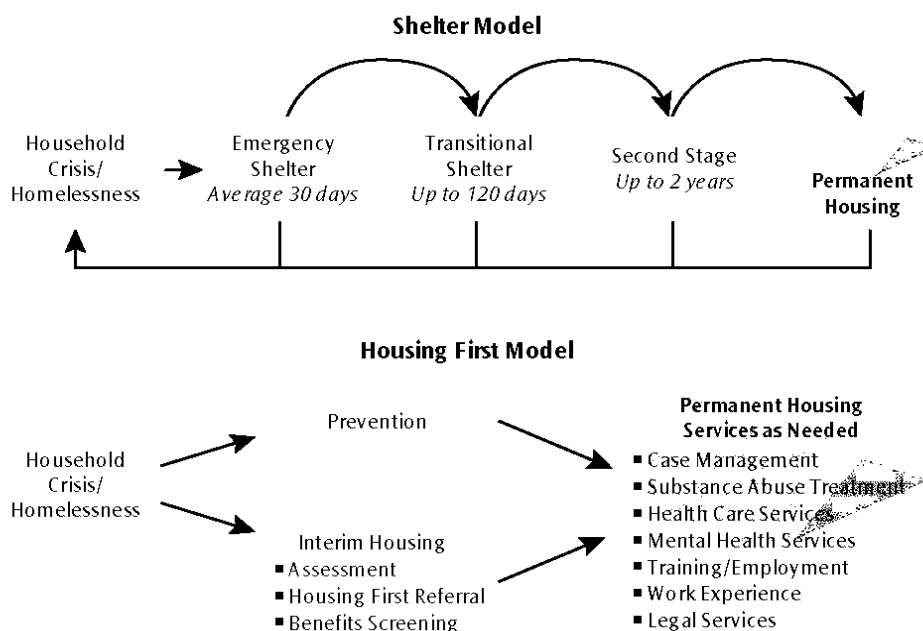
Housing First

The Housing First or Rapid Re-housing methodology is one option to keep people housed or to return them to permanent housing as quickly as possible if homeless.

Longmont’s model incorporates the following critical elements:

- There is a focus on helping individuals and families access and sustain rental housing *as quickly as possible* and the *housing is not time-limited*;
- A variety of housing assistance, case management and supportive services are delivered with and all during housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need;
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

When homelessness is not prevented, we must rely on the homeless assistance system. Although emergency shelters are a necessary stop gap measure to ensure people are not literally sleeping on the street, it is not an ideal environment for individuals, families and children. Recognizing this, many communities are reorganizing their response to homelessness. Below is an example of a community that completely reorganized its homeless assistance system from an emergency shelter and transitional housing model to a “Housing First model”.



Source: Adapted from “Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness,” Chicago Continuum of Care.

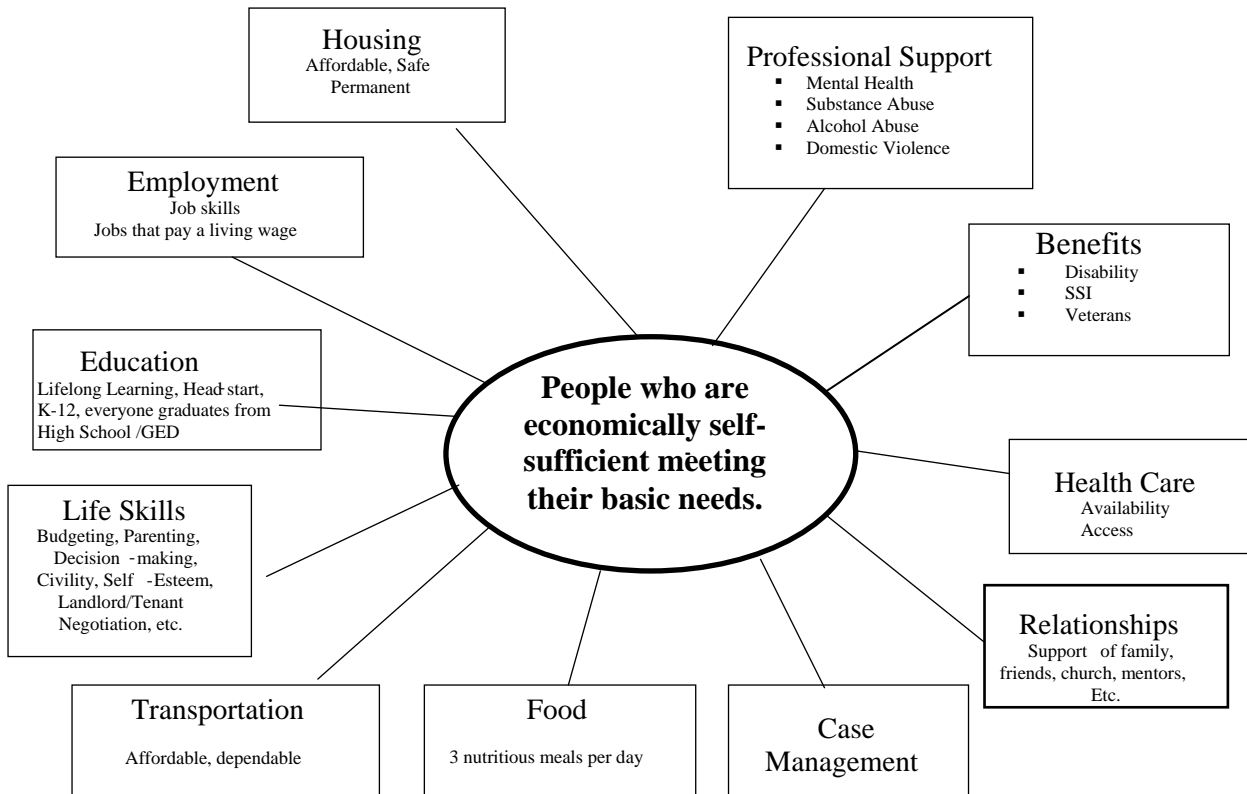
“Housing First” is an approach that guides a set of interventions designed to help people transition more rapidly out of the shelter system; it includes crisis intervention, re-housing as quickly as possible, follow-up case management, and housing support services to prevent the reoccurrence of homelessness. Once an individual or family is in housing, they are more responsive to interventions and support that lead to better outcomes. (Promising Strategies to End Family Homelessness, June 2006).

The change needed to accomplish the vision is a shift from managing homelessness to eliminating homelessness. The shift needs to be embraced and operationalized by the entire community.

Appendix B

Self-Sufficiency Model

This is an illustration of the ideal environment to eliminate homelessness in our community with the eleven key factors that are essential for all people to be self-sufficient.



This diagram illustrates the complexity and how homelessness is intertwined with many every day factors. The cause and effect relationship related to homelessness appears to be a two-way street. The common phrase “2 paychecks from becoming homeless”, explains how a family trying to stretch its money to cover expenses, may be unable to pay the rent or mortgage payment if an unexpected crisis should arise. Likewise, making sure each element listed in the above graphic is being met will reduce the risk of becoming homeless.

Appendix C

Consumer Survey

In March, 2009, a survey of local homeless consumers was conducted to try to gain additional understanding of local needs, demographics, and use of services. 40 people participated in the survey. Please note that where the data shown below doesn't add up to 40, the difference was usually a "No Response."

GENDER Male – 28 Female - 12

MILITARY SERVICE Yes – 5 No – 32

ETHNIC BACKGROUND

Native American/Alaskan Native – 4
Hispanic/Latino – 5
Black/African American – 4
Mixed – 1
White – 23
Other – 2

MARITAL STATUS

Not Married, Single – 12
Married – 7
Divorced – 13
Couple, not married – 1
No response - 5

PERMANENT PLACE TO LIVE Yes – 20 No – 17 Don't Know - 2

WHERE LIVING

Emergency Shelter – 3
With friends – 5
On the street - 3
Camping – 2
Motel (self-paying) – 4
Motel (paid by others) – 1
Transitional Housing – 5
Hospital (non-psych) – 1
Apartment – 2
Single Room Rental – 1
Other - 12

WHAT SERVICES WERE NEEDED/RECEIVED IN PAST MONTH

	NEEDED	RECEIVED	DIDN'T GET
1. Emergency Shelter	11	6	
2. Help with transitional housing	6	1	
3. Help with permanent housing	2	0	
4. Help finding a job	14	1	
5. Food pantry/community meal sites	32	31	
6. Applying for public benefits	8	2	1
7. Help getting a Colorado ID/License	10	4	
8. Mental Health Care	5	2	1
9. Transportation/bus passes	15	3	
10. Legal Services	1	0	
11. Education (GED, language, voc. Ed.)	1	0	1
12. Services for veterans	0	0	
13. Dental care	15	1	
14. Medical care	8	4	
15. Alcohol/drug abuse treatment	0	0	
17. Clothing	1		
18. Hygiene	1		
19. Eye Care	2		

Appendix D

LHOT Members

Boulder County Advocates for Transitional Housing

Boulder County Cares

Boulder County Housing and Human Services

Boulder County Public Health

Boulder Shelter for the Homeless

Boulder Social Services

Center for the People with Disabilities

Central Presbyterian Church

City of Longmont

Including the following Divisions: CDBG/Affordable Housing, Senior Services,
and Children and Youth Resources

Emergency Family Assistance Association

First Bank of Longmont

First Baptist Church of Longmont

First Evangelical Lutheran Church

Habitat for Humanity of the St. Vrain Valley

HOPE

Housing First Program of Boulder County

Inn Between

Integrated Treatment Court

Light of Christ Catholic Church

Longmont Housing Authority

Longmont Housing Development Corporation

Longmont Municipal Probation

Longmont Police Department

Longmont United Hospital

Mental Health Center of Boulder and Broomfield Counties

OUR Center

St. John Baptist Catholic Church

Safe Shelter of St. Vrain Valley

Shekinah Christian Ministries

Thistle Communities

Selected References

Ending Chronic Homelessness: Strategies for Action, Department of Health and Human Services, March 2003.

Good ... to Better ... To Great: Innovations in 10-Year Plans to End Chronic Homelessness in Your Community, United States Interagency Council on Homelessness.

Promising Strategies to End Family Homelessness, National Alliance to End Homelessness, June 2006.

Strategies for Preventing Homelessness, U.S. Department of Housing and Urban Development, May 2005.

Ten-Year Plan to End Homelessness in Hennepin County, 2006.

The Ten Essentials: What Your Community Needs to Do to End Homelessness, National Alliance To End Homelessness.

What Will It Take To End Homelessness?, Martha R. Burt, Urban Institute, September 2001.