**Mayor**
Aaron Brockett

**Council Members**
Taishya Adams
Matt Benjamin
Lauren Folkerts
Tina Marquis
Ryan Schuchard
Nicole Speer
Mark Wallach
Tara Winer

Council Chambers
1777 Broadway
Boulder, CO 80302
February 13, 2025
6:00 PM

**City Manager**
Nuria Rivera-Vandermyde

**City Attorney**
Teresa Taylor Tate

**City Clerk**
Elesha Johnson

# STUDY SESSION
# BOULDER CITY COUNCIL

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Homelessness Programs Evaluation, Process to update Strategy and High Utilizer Update

180 min –20 min staff presentation / 160 min Council discussion

***3:00 hrs***

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**COVER SHEET**

**MEETING DATE**
**February 13, 2025**

**STUDY SESSION ITEM**
Homelessness Programs Evaluation, Process to update Strategy and High Utilizer Update

**PRIMARY STAFF CONTACT**
Megan Newton/Homelessness Policy Advisor

**ATTACHMENTS:**

**Description**

- **Item 1 - Homelessness Programs Evaluation, Process to update Strategy and High Utilizer Update**

# STUDY SESSION MEMORANDUM

**TO**: Mayor and Members of City Council

**FROM:** Nuria Rivera-Vandermyde, City Manager
Mark Woulf, Assistant City Manager
Kurt Firnhaber, Housing and Human Services Director
Carl Castillo, Chief Policy Advisor
Vicki Ebner, Operations and Homelessness Strategy Senior Manager
Megan Newton, Homelessness Policy Advisor
Nicolia Eldred-Skemp, Principal Data Strategy Analyst
Lynette Badasarian, Homelessness Program Manager

**DATE:** February 13, 2025

**SUBJECT:** Study Session for February 13, 2025
Homelessness Services Evaluation and High Utilizer Project Update

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## EXECUTIVE SUMMARY

2024 was a highly impactful year, particularly with the opening of the Day Services Center and respite services. Programs have been performing well, and despite an increase in homelessness across the metro area unsheltered homelessness in Boulder has decreased over the last several point in time counts.

The High Utilizer program, a 2024 Council priority, has also resulted in several successful exits from homelessness. Moreover, fundraising for a pilot program to augment these successes is underway.

The evaluation of the Homelessness Services for Boulder County system has been completed and will inform the update of the City of Boulder Homelessness Strategy.

The City of Boulder has contracted with Clutch Consulting to evolve the 2017 homelessness strategy and to support the implementation of the new strategy.

## KEY ISSUES IDENTIFIED

As city staff moves forward on updating the Homelessness Strategy, staff is looking to council to provide broad policy direction. The Homeless Solutions for Boulder County (HSBC) evaluation provided the platform for strategy development, including significant input from persons with lived experience and stakeholders.

The evaluation identified key strengths, challenges, and opportunities for further program and system development. Opportunities for improvement include enhancing data systems for better decision-making, addressing equity disparities, expanding housing and support services, and building on crisis response efforts. Recommendations include integrating data systems, prioritizing culturally competent and equitable services, expanding affordable housing, strengthening collaborative governance, and increasing community education to reduce stigma. These findings will guide strategic updates to the city's homelessness strategy in partnership with Clutch Consulting, aligning resources with community needs and fostering more effective interventions.

### Questions for Council

1. Does council have questions related to the overview and performance for 2024?

2. Does council have questions or feedback on the areas of recommendation from the evaluation?

3. Does council have questions or feedback regarding the Homelessness Strategy update plan?

## BACKGROUND

Homelessness has been increasing nationally over the last decade, with the 2024 Point-in-Time (PIT) count registering the highest number of people reported as experiencing homelessness on a single night since reporting began in 2007. Nationally, the number of people experiencing homelessness increased by a little over 18% between 2023 and 2024.[1]

Regionally, the seven-county Front Range area saw a 10% increase in homelessness between 2023 and 2024. The City and County of Denver, which makes up 72% of the regional total of people experiencing homelessness, reported a 12% increase between 2023 and 2024. Denver did, however, show a 10.5% decrease in unsheltered homelessness. Boulder has shown a marked decrease in unsheltered homelessness over the past two years, with a 28.9% decrease in unsheltered homelessness between July 2023 and July 2024. More information about the results of the city's homelessness count can be found on the Point in Time dashboard.

[1] HUD Annual Homelessness Assessment Report – Part 1

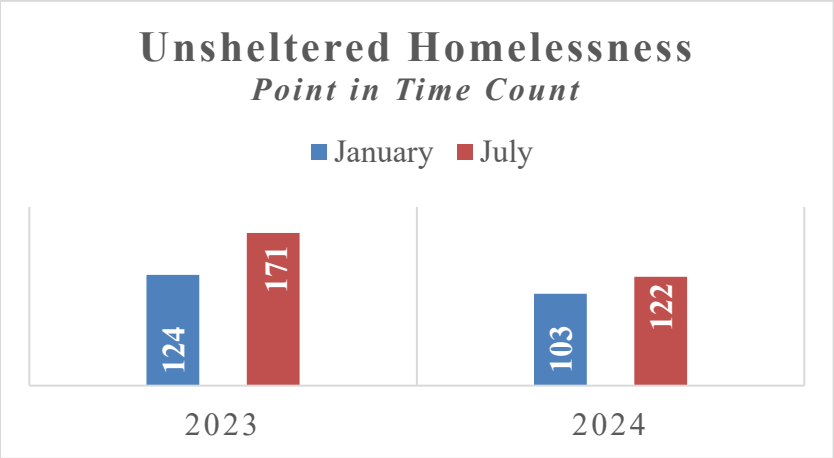



*Figure 1: Point in Time Unsheltered Persons*

While these trends are complicated by the national increases and the migration of unhoused people, much of this success can be attributed to a multi-year effort to focus on ending homelessness for individuals as well as increased consistency in managing public spaces.

The 2017 Homelessness Strategy (developed in 2016) is being updated and renewed in 2025. As part of that process, it is helpful to know how it has evolved and what was learned to help inform the strategy update. At the beginning of 2016, the city's homelessness response was primarily funded by the Human Services fund (city General Fund), and important programming such as the Homeless Outreach Team (HOT) and the Municipal Court Homeless Navigator did not come online until the middle of the year.

| | **2016** | **2024** |
|---|---|---|
| *Countywide Housing Vouchers(includes vouchers from all sources existing within the Boulder county geographic area)* | 161 | 3,539 |
| *Dedicated PSH Units* | 41 | 469 |
| *All Year Shelter Beds (All Road, The Source, The Lodge)* | 60 | 218 |
| *Total Shelter Beds on qualifying Winter Nights (including BOHO**)* | 350 | 214 |

**Program suspended in May 2017, taking winter beds to 160. Bridge House provided 75 beds of severe weather shelter on certain nights between late 2018 and Spring 2020, bringing that total to 210.

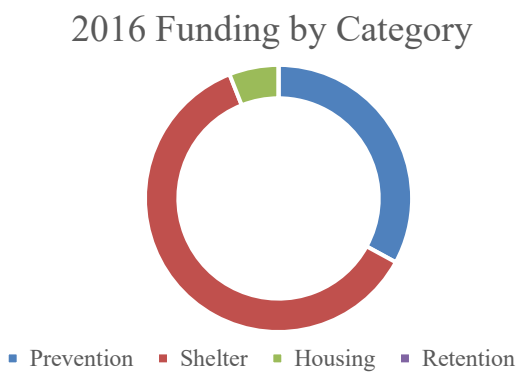
City budget directly allocated toward homelessness in 2016 was $668,000 compared to over $9 million in 2024. Funding in 2016 primarily supported winter sheltering, family assistance, and homelessness prevention. While almost 50% of funding is still allocated to sheltering (largely due to the Day Services Center), allocations are spread across multiple service areas. The budget below does not include personnel costs, general homelessness miscellaneous costs, indirect homelessness costs in other departments or

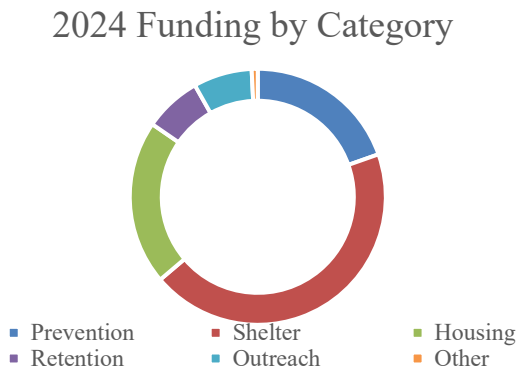
Human Services Fund/Health Equity Fund allocations that are not directly tied to homelessness

| | 2016 | 2024 |
|---|---|---|
| *Attention Homes/TGTHR non-annual, non-competitive* | $40,000 | $200,000 |
| *BOHO* | $149,000 | $0 |
| *BSH/All Roads Winter Weather* | $165,000 | $263,812 |
| *Bridge House* (sheltering in 2016, housing in 2024) | $94,000 | $48,000 |
| *EFAA* | $125,000 | $226,887 |
| *SPAN* | $95,000 | $156,970 |
| *Keep Families Housed* | | $450,000 |
| *Respite Operations* | | $1,216,573 |
| *Respite MHP* | | $8,280 |
| *All Roads Nighttime Operations* | | $590,000 |
| *BTHERE* | | $230,000 |
| *All Roads Electrical Improvements* | | $97,161 |
| *Local Vouchers* | | $1,021,875 |
| *Building Home Peer (Focus ReEntry)** | | $200,000 |
| *Building Home Retention Team (All Roads)** | | $300,000 |
| *DSC Peer** | | $82,533 |
| *DSC Retention Team** | | $125,550 |
| *DSC Housing* (Vouchers and Case Management) | | $967,164 |
| *DSC Operations* | | $1,412,386 |
| *DSC Behavioral Health** | | $102,121 |
| *HS/HEF Competitive Round* (2024) | | $128,100 |
| *EPRAS* | | $1,333,428 |
| *Family Hotels* | | $60,000 |
| *HSBC Evaluation Share* | | $75,000 |
| *Homeless Outreach Team* | | $406,374 |
| *Municipal Court Homeless Navigators* | | $88,666 |
| ***Total*** | **$668,000** | **$9,792,904** |

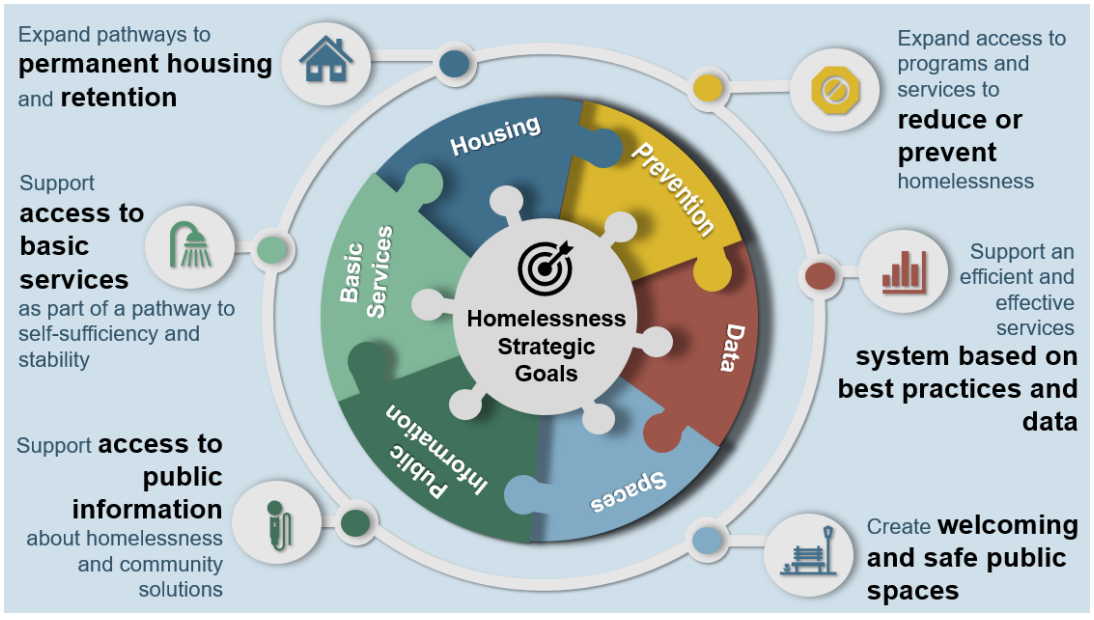
**ARPA or grant-funded and will end in 2026. Will require the identification and security of new funding to continue.*

While not considered a homelessness solution, there is often significant overlap with the Safe and Managed Public Spaces (SAMPS) program. Piloted in 2021, this effort aims to maintain the safety of public spaces through mitigation of the impact of unsheltered homelessness, connecting unhoused people with resources, the Downtown Ambassador program, Urban Ranger programs, and dedicated Police services. The 2024 budget for the SAMPS program was **$3,146,297**.




In 2016, a Working Group was formed that included city and county staff, all the major homeless service providers at the time (BSH, Bridge House, BOHO, TGTHR, EFAA) and people with lived experience in homelessness. This work, combined with consultation with the Corporation for Supportive Housing (CSH), helped the team develop a new Homelessness Strategy. This strategy, approved by council in 2017, provided the framework for the city's homelessness response in connection with the newly formed Homeless Solutions for Boulder County (HSBC). The Homelessness Strategy includes six over-arching goals and the strategies by which the goals are to be met. Those strategies were developed in 2017, and staff has planned to update the strategy with an associated operational action plan. This update has been scheduled to occur in 2025, following the completion of the evaluation of the HSBC structure and programming. The 2017 Homelessness Strategy is provided as Attachment 1.




As a key partner in HSBC—a collaboration between the City of Boulder, the City of Longmont, the local housing authorities and Boulder County—the city has made significant strides in enhancing the homelessness services system. While funding is allocated by each entity for discrete items, funding considerations are coordinated. The

main purpose of HSBC is to utilize a system-wide lens in proposing homelessness programs and approaches on a regional wide level.

HSBC focuses on expanding housing opportunities and supportive services, optimizing system efficiency through partnerships and improving public information. This collaborative framework aligns with the broader goals of addressing homelessness in a coordinated and effective manner.

The HSBC Executive Team approved during its 2023 retreat an evaluation of the programs and structure of the HSBC with the goal of improving the system of care. At the 2024 Retreat, the Boulder City Council made the evaluation of homelessness responses a priority. HSBC engaged Public Policy Associates to conduct a comprehensive evaluation. This study utilized both quantitative and qualitative methodologies, drawing on diverse data sources and stakeholder perspectives. By examining the system's strengths and challenges, the evaluation provided critical insights into how services are delivered, where gaps exist, and opportunities for future improvement.

The City of Boulder focuses on expanding housing opportunities and supportive services, optimizing system efficiency through partnerships such as with HSBC and service providers, and improving public information. This collaborative approach aligns with the broader goals of addressing homelessness in a coordinated and effective manner.

The impact of this can be best illustrated through the success of the rate at which the city is addressing the disparity between inflow and outflow each year, since 2020. In the graph below, the line (compared to the vertical axis on the right) measures the ratio of the number of people exiting homelessness ("Exits") compared to the number of people coming into the community ("Entry Screening"). A national best practice is a goal of an Inflow/Outflow ratio of 30%, meaning 30% of people entering the system are exited. In 2024, Boulder was consistently above this standard. The people exiting and entering the system in a given month are not the same individuals.

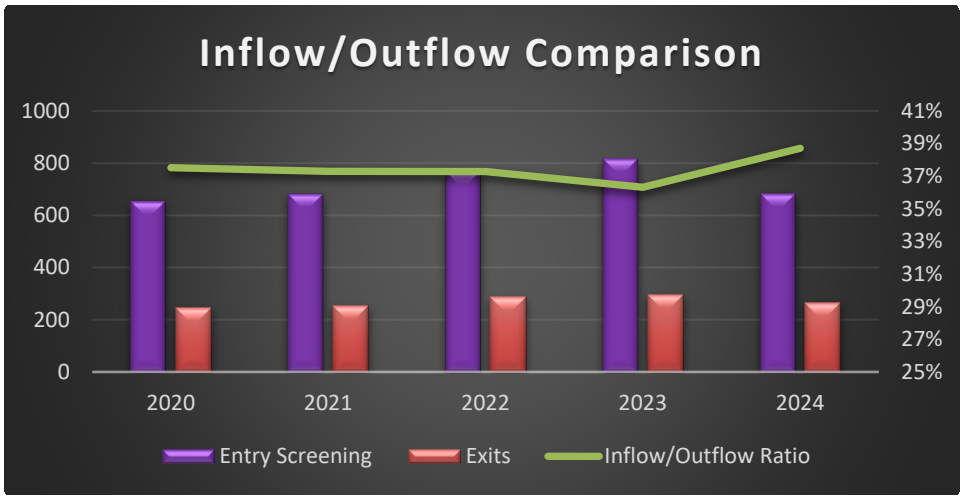



*Figure 2: Comparison of Inflow and Outflow*

## ANALYSIS AND REVIEW OF 2024 KEY INITIATIVES

### Overview

In 2024, the city, in collaboration with local nonprofit organizations, achieved significant milestones in its efforts to address homelessness. These included launching the Day Services Center, introducing Respite Services, and advancing the High Utilizer Program to support individuals who frequently rely on emergency systems. Community partners also continued programming through the Building Home initiative, the city's local voucher program, Project Recovery, and efforts focused on preventing homelessness and addressing family homelessness. These programs will be discussed further in this document, while overall outcomes and accomplishments are detailed in Attachment A, program outcomes can also be found on the Homelessness Dashboard.

### Day Services Center/Respite

In 2022, City Council identified the establishment of a Day Services Center (DSC) as a key priority to address homelessness. The DSC was developed to support individuals experiencing homelessness by providing essential resources and opportunities to help them achieve long-term stability.

To develop the DSC, city staff worked closely with community stakeholders and service partners to determine the characteristics and priorities for a location and the services required to address the diverse needs of those seeking assistance. This collaborative process ensured that the center would offer a meaningful impact on the community.

Since its launch on June 17, 2024, the DSC has become a critical resource for individuals experiencing homelessness, reflecting its design to address immediate needs while fostering pathways to long-term stability. Between June and December 2024, the DSC served 735 unique participants, including 531 individuals newly enrolled into the Homeless Management Information System (HMIS). During this same timeframe, the center recorded 13,475 total visits, illustrating the consistent demand for its services.

The center provides access to basic necessities, including a safe, climate-controlled space to escape inclement weather, as well as showers, restrooms, storage, meals, clothing, and phone and Wi-Fi access. Beyond these essential services, the DSC offers navigation support; housing retention services; peer support; community court navigation services; coordinated entry; and on-site mental health, physical health, and substance use treatment. A cornerstone of programming at the DSC is a housing initiative supported by 30 state-funded housing vouchers paired with comprehensive supportive services to help participants achieve and sustain stable housing.

The impact of the DSC is reflected not only in data but also in the personal successes of individuals it serves. As an example, in early August, a participant connected with one of the center's peer support specialists, who introduced him to both All Roads and Focus Reentry case managers. Each time he visited the DSC, he checked in with the peer specialist, who continued to help him coordinate with his case managers. All Roads assisted him in obtaining his social security card, while Focus Reentry secured his birth

certificate. After being matched with a housing voucher, both teams worked together to coordinate with a landlord, with Focus Reentry covering the security deposit. Within eight weeks, the participant transitioned into stable housing, demonstrating the power of collaboration and wraparound support.

From August through December 2024, as new service providers joined the center, the DSC facilitated 161 unique connections to services, strengthening individuals' access to resources tailored to their needs. On an average day, the center welcomed 85 unique visitors, underscoring its role as a vital community hub.

The City of Boulder has partnered with All Roads, Focus Reentry, and Clinica Family Health and Wellness to deliver these vital services. Additionally, All Roads plays a key role by engaging additional community partners to create a seamless continuum of care, amplifying the reach and impact of the services provided. This partnership reflects a shared commitment to meeting diverse needs through integrated, coordinated efforts. As a centralized hub, the DSC exemplifies this collaborative approach, streamlining access to resources and fostering trust among service providers and individuals served. By strengthening connections and delivering comprehensive support, the DSC plays a critical role in advancing housing stability and successful outcomes for those it serves.

In addition to the DSC, the city secured funding from the State of Colorado Division of Housing (DOH) to establish a respite care program for individuals experiencing homelessness. Respite care offers short-term, recuperative support for individuals experiencing homelessness who can independently perform daily activities but require minor medical care. This includes services such as wound care, dressing changes, short-term oxygen use following hospital discharge, and 24/7 assistance, enabling safe recovery outside of hospitals or the streets.

Since its launch in June 2024, the respite care program has served 17 unique participants. The average length of stay for participants during this period was 21 days, reflecting the program's focus on short-term recovery. By the end of 2024, the program successfully supported two individuals in transitioning to housing and one individual in transitioning to long-term care, demonstrating its potential to bridge the gap between medical recovery and stable living environments.

The city has partnered with All Roads to provide dedicated space, operational staff, and case management, and with Clinica Family Health and Wellness to deliver clinical care for program participants. This collaboration ensures comprehensive, round-the-clock care tailored to the needs of those recovering from medical issues.

Partially launched in the summer of 2024 with 24-hour shelter beds and set to expand to include clinical services in the first quarter of 2025, the respite care program addresses critical gaps between medical recovery and stable housing for individuals experiencing homelessness. Early outcomes highlight the program's role as a vital component of the homelessness response system, supporting recovery, stability, and pathways to long-term solutions.

**Building Home**

Many individuals who have experienced chronic homelessness for several years face significant challenges in maintaining stable housing. To address these needs, the City of Boulder launched Building Home, a program funded through the American Rescue Plan Act (ARPA) and currently set to expire in 2026. The initiative is designed to enhance housing retention for residents in Permanent Supportive Housing (PSH) units, reduce feelings of isolation among recently housed individuals, and foster a sense of community for those who have formerly experienced chronic homelessness. Central to Building Home is the pairing of individuals with lived experience in homelessness with those who are newly housed or preparing to enter PSH, offering peer support and guidance through this critical transition.

The program provides comprehensive services, including peer support, a multidisciplinary housing retention team, and daytime programming aimed at improving socialization, navigating housing resources, and building life skills. Focus Reentry was awarded the contract for Peer Support and Daytime Programming, while All Roads was selected to operate the Housing Retention Team. Both components began operations in the first quarter of 2023, marking a significant step forward in supporting the long-term stability of vulnerable PSH residents.

The Building Home Peer Support program demonstrated strong outcomes this year, averaging 12 interactions per program participant, with 94% of program interactions focused on helping participants connect with their community. Peer support played a key role in promoting housing stability, achieving an impressive 88% retention rate for the year and 94% retention at the two-year mark. Additionally, the program offered 40 classes and collaborated with the Housing Retention Team on 42 occasions, further supporting participants in maintaining housing and building meaningful connections in their community.

The Housing Retention Team also played a vital role in stabilizing the lives of PSH residents, providing consistent, high-touch support to 102 unique clients over the past year. Through 539 one-on-one interactions and 132 group sessions, the team addressed diverse needs ranging from housing challenges to behavioral health coordination. These outcomes underscore the importance of intensive, ongoing engagement in supporting long-term success for PSH residents, complementing the broader efforts of the Building Home initiative.

One compelling example of the program's impact is the story of a resident at Bluebird. Before moving to Bluebird, this individual experienced over 10 years of homelessness and was a victim of several violent crimes. They faced significant challenges, including severe mental health and substance use issues, as well as an intellectual and developmental disability (IDD). In January 2024, the individual was transported from the East Boulder Community Center (Extreme Weather Shelter) directly to Bluebird, where they moved into their new home. Initially, the resident's transition to housing seemed tenuous, as their mental health began to destabilize. However, with consistent support

from peers, as well as from the Housing Retention Team, multiple interventions were made to secure inpatient mental health treatment when needed. The peer support team also assisted the resident through court cases, accompanied them on social outings, and provided ongoing phone support during treatment. Over time, they achieved stability at Bluebird, with no tenant issues, significantly improved mental health, and reduced substance use. They remain in regular contact with the program and express deep gratitude for their home. In many ways, this individual has transformed their life and represents the profound impact of the Building Home initiative. With ARPA funding scheduled to end in 2026, future funding options for Building Home remain uncertain. Given the program's demonstrated success, discussions on potential paths forward will be important.

**High Utilizers**

In the summer of 2022, HHS staff and the Boulder Police Department (BPD) began a collaborative effort to address the challenges of high utilizers of the justice system. This collaboration then expanded to include representatives from other organizations serving adults experiencing homelessness in Boulder who are the highest utilizers of criminal justice, human services, and healthcare systems. This effort emerged in response to growing concerns about the significant impacts of this population, who often place a disproportionate strain on organizational budgets, face heightened risks to their health and safety, and contribute to public safety challenges. These initial discussions evolved into the formal creation of the Interagency Taskforce on Boulder's High Utilizers.

The work of the Interagency Taskforce program is structured around two complementary groups that work together to achieve program goals. Leadership representatives from partner agencies provide strategic oversight, guiding the program's direction and addressing systemic challenges. Meanwhile, an operations group composed of direct service staff from partner agencies focuses on implementing strategies on the ground. The results of this collaboration has enabled the creation of a comprehensive list of high utilizers and improved care coordination for individuals who might otherwise have fallen through the cracks. Currently, 51 individuals are identified as criminal justice high utilizers, with 71% receiving interagency care coordination in 2024. Furthermore, 42% of these high utilizers have signed a release of information (ROI), facilitating more robust care coordination across health and justice systems. Since the initiative began in 2022, 25% of high utilizers have been housed and remain housed, demonstrating the program's tangible impact.

In the summer of 2023, the group outlined a framework for a proposed program ("Proposed Program") specifically aimed at addressing the impacts of individuals with the most frequent encounters with the criminal justice system, including police, prosecutors, courts, and jails. Recognizing the significant overlap between high utilizers of the criminal justice system and those relying on healthcare and emergency services, the taskforce has actively engaged healthcare industry leaders in its efforts to create a more cohesive and effective response. The Proposed Program combined providing the housing stability that high utilizers need with intensely coordinated and individualized

wrap-around services. It aimed to meet high utilizers where they are and break them out of their cycle of recidivism. It incorporated:

- Mental and physical health care
- Behavioral health care
- Peer support by individuals with lived experience
- Case management services
- Housing retention support

As originally scoped and presented to council during its 2024 retreat, the proposed program was estimated to cost approximately $5 million for year-one, $2,000,500 for year-two, and $1,925,500 for every year thereafter to support a minimum of forty-five high utilizers.

Late in 2024, the challenge of securing this funding in a fiscally constrained environment became apparent. In turn, the Interagency Taskforce scaled the proposal by employing a tiered approach that focuses on key areas that would move the needle, even if at a reduced capacity. Specifically, this phased approach focuses on the funding necessary to support the essential components of acquiring housing units, providing rental subsidies to ensure ongoing affordability, establishing an assurance fund to cover possible damages in the units, and delivering primary housing case management services. In contrast to the full funding proposal, it assumes that the wrap around services can rely on existing resources, at least to a point. In late 2024, the Interagency Taskforce enlisted a consultant to assist in developing and implementing a comprehensive funding strategy focused on the expansion of housing options for this cohort of individuals.

**Local Voucher Program**

In 2018, the City of Boulder began providing funding to Boulder Housing Partners to fund local housing vouchers, with supportive services contracted out to All Roads. These vouchers serve individuals who have long histories in Boulder and are often not prioritized for other housing programs.

Since its inception, the voucher program has provided vital support to 85 households, including nine survivors of domestic violence. The program serves a population with significant and multifaceted needs, as every participant has reported living with a disability. Many face multiple challenges, with 37 participants reporting two disabilities and 28 reporting three or more. Mental health disabilities are the most prevalent, affecting 77 participants, while 18 have disclosed alcohol use disorder, six have a drug use disorder, and three face both. Chronic health issues are common, affecting 25 participants, and physical disabilities impact 45 individuals. Additionally, five participants face developmental disabilities, and two are living with HIV/AIDS. These complexities underscore the critical importance of stable housing as a foundation for addressing such significant barriers. Housing has proven to be a cornerstone for stability, enabling participants to focus on their health, rebuild independence, and pursue personal goals. For example, one younger participant, living with both physical and mental disabilities, has made remarkable strides since being housed. With the stability to focus on their health and goals, they have maintained steady employment, regularly

attended medical and therapy appointments, and are on the path to obtaining a driver's license. Another participant, initially overwhelmed by severe anxiety, has used the safety net of housing to reengage with case management and social connections. They are now actively pursuing disability benefits, participate in anxiety support groups, and volunteer with local organizations.

For another individual, housing stability has been transformative, allowing them to build independence and foster community connections. They've developed budgeting skills, furnished their apartment through thrifting, and actively use the local bus system to manage their needs. They've also set new goals, including obtaining a driver's license and purchasing a car, while forming meaningful relationships with neighbors.
The program's long-term outcomes further illustrate its impact. Of the 85 households served only seven (8%) have returned to homelessness. By addressing immediate survival needs and providing the stability of housing, the program empowers participants to overcome barriers, improve their health, and build self-sufficient lives.

**Project Recovery**
Project Recovery, a collaborative initiative between Tribe Recovery Homes, Boulder County, and the City of Boulder, launched in January 2024 to address addiction and behavioral health challenges among individuals experiencing homelessness. This program provides both residential and outpatient recovery services for those exiting institutional settings into homelessness or currently experiencing homelessness, with substance misuse and/or co-occurring behavioral health conditions. Funding for the program includes federal support secured through Boulder County Community Services via a competitive grant process through the Bureau of Justice, as well as funding from the City of Boulder for the purchase of the program's first recovery home.

Informed by recommendations from the Sober Living Task Force, which included justice services, municipalities, service providers, and individuals with lived experience, Project Recovery offers comprehensive services. These include individual and group therapies, trauma treatment (such as EMDR), medically assisted recovery (MAT), sobriety monitoring, peer navigation, and case management. The program also connects participants to resources such as workforce programs and support groups to foster stability and long-term recovery.

Since opening, the program has served 124 individuals. Addiction, a significant barrier to housing stability due to health risks, property damage, and landlord reluctance, is at the core of the program's focus. By combining trauma-informed approaches, outpatient care, and residential recovery options, Project Recovery provides a pathway to housing and recovery for individuals most in need. Evaluation of the program's success is currently underway through OMNI Research Firm, a third-party evaluator contracted by Boulder County for these efforts.

**Homelessness Prevention**
In addition to direct services and investments benefitting people already experiencing homelessness, the city provides and supports many basic needs programs that can help

keep people housed, thereby helping to avoiding homelessness. The city's Older Adult Services (OAS) and Family Resource Schools (FRS) case management staff engage with low-income individuals and families experiencing housing insecurity to help them navigate household expenses and when possible, provide financial assistance for rent, utilities, food, transportation, childcare and health care costs. Even when the assistance is not directly attributed to rent, offsetting other essential costs can help community members leverage other funds to make ends meet. In 2024, OAS provided financial assistance to 154 low-income older adults at a cumulative total of $104,600. In the same period of time, FRS staff assisted 209 households with financial assistance totaling $160,565.

The city's Eviction Prevention and Rental Assistance Services (EPRAS) program, launched in 2021, continues to provide critical legal and mediation interventions and rental assistance to keep Boulder families more stably housed. Through EPRAS, city staff, mediation consultants and nonprofit partner agencies assist community members at all stages of the eviction process, before, during and after appearing in court. Several nonprofit agencies assist city staff in serving people at risk of eviction. The nonprofit agency Bridge to Justice works under city contract to provide eviction prevention legal services as required by B.R.C. 3-20-6. The city also contracts with the Emergency Family Assistance Association (EFAA) to distribute rental assistance funding for households at the earlier stages of the eviction cycle.

City staff also provide guidance about additional financial assistance options – such as state rental assistance programs - to EPRAS clients. Unfortunately, funds for statewide pandemic-era rental assistance programs are now drying up. Whereas in 2022-24 the state Emergency Rental Assistance Program was a reliable additional source of rental assistance for many Boulder households facing eviction court, in 2025 the state rental assistance program can only support 250 applicant households per month statewide; a dramatic decrease from the former level of support.

EPRAS client data show that while there are a small number of compounding factors, nearly all clients are facing eviction because of unpaid rent. In 2024, with city and ARPA funds, city and EFAA staff distributed $708,224 in total to 455 unique clients. By all accounts, EPRAS outcomes and community impacts are impressive: since 2021 96% of clients living in the city who were served through the program avoided an eviction order. This is compared to 58% of court eviction orders avoided for Boulder residents who were not served through EPRAS. Additional information about EPRAS clients, outputs and outcomes are available on the online dashboard.

Other city programs may also be helping households stay housed and avoid eviction. For example, Elevate Boulder, the city's guaranteed income pilot project is showing promising results on the link between unrestricted direct cash assistance and participants' ability to pay rent, utilities and other critical household expenses. Participants have annual household incomes between 30 – 60% of the Area Median Income for Boulder, and are receiving $500 per month in unrestricted, unconditional funds for two years. In December 2024 the city released the Elevate Boulder Interim Evaluation report, which

includes a summary of participant survey and focus group responses. From project enrollment to the 8-month mark, survey responses show that 19% fewer respondents had a hard time meeting housing costs; and a 23% decrease in those who were late making a rent or mortgage payment. Even still, participants remain concerned about generally being able to afford rent; paying the next months' housing costs; and potentially facing eviction.

Finally, many local nonprofit programs that provide basic needs support and focus on economic mobility are directly or indirectly helping prevent homelessness. Specifically, EFAA's Keep Families Housed program has since 2017 been providing low-income families at risk of homelessness, with up to three months of conditional rental assistance along with financial stability, family wellness and academic support programming. The city invests $450,000 annually in the program through its Human Services Fund (city General Fund). In 2024 these funds enabled the program to serve roughly 240 households. Program outcomes include avoiding homelessness; increased financial stability; and maintaining enrollment and participation in benefits and service programs. For this and other EFAA shelter and basic needs programs, the agency has in recent years adjusted its criteria and assistance levels in order to ensure families are able to achieve as much financial and housing stability as possible given the high demand for help, and agency resource and budget constraints.

To that point, city staff and leaders in other local government and nonprofit agencies are concerned about the impacts to our low-income community members once ARPA funds and other one-time or short-term funding sources are fully expended. While the city is not solely responsible for bearing the cost burden of homelessness prevention, staff assert that the city should continue to contribute and support where we are able to help meet the immediate- and long-term needs for housing retention and homelessness prevention.

**Family Homelessness**

In Boulder, the most visible type of homelessness is that which is experienced by single adult individuals; however, family homelessness continues to be a significant challenge for our community. There are many factors that contribute to family homelessness, including the high cost of living and families' inability to afford rent; disruptions to the family structure such as separation/divorce which can itself lead to financial instability; and domestic violence. They are more likely to "double-up" with family members or friends, sleep in their car, or split up the family temporarily so that their children would not need to stay in shelters.

Because of the complex factors driving family homelessness, it takes collaboration and coordination among multiple government and nonprofit agencies to address the problem in the short-term and drive toward long-term solutions. Locally, collaborative partners include the city HHS, Boulder County Department of Housing, Boulder Valley School District and several nonprofit agencies. Regionally, the city collaborates with nonprofit family resource center and shelter agencies serving east county communities; and agencies providing basic needs support for LGTBQ+ and Latino households, and other populations that may disproportionately experience episodes of family homelessness.

City staff actively participate in and provide leadership for the Family Resource Network, coordinated through Boulder County's Housing and Human Services departments, to share trend data and resource navigation strategies; research policy and service best practices; and advocate for the needs of families and the agencies supporting them.

The challenge of family homelessness, while less obvious, has been exponentially increasing since COVID-19. According to McKinney Vento program data, managed by the Boulder Valley School District, for the 2023-24 school year there were 1,005 enrolled students in the district who experienced episodes of homelessness. The numbers for the 2024-25 school year so far seem to be on par: as of Nov. 14, 2024, there were 445 students experiencing homelessness. These figures are in stark comparison to the 2020-21 school year, where a comparatively low 290 students in the district experienced homelessness. Safehouse Progressive Alliance for Nonviolence (SPAN), reported that in 2023 146 children stayed at SPAN's emergency shelter with their parents or caregivers; a 34% increase from 2022 and more than any other time in SPAN's 45-year history. In 2024, SPAN served 243 adults and 107 children at its shelter. EFAA reports serving 63 families with transitional housing and more than 3,000 through a combination of case management, navigation services, food and financial assistance in 2024.

The city provides annual grant funding to local nonprofit agencies that provide shelter options for homeless families. Through the Human Services Fund and Health Equity Fund, each year, the city helps support Haven Ridge's Mother House Residential Shelter program for an average of 29 unhoused people who are pregnant and have small children; SPAN's domestic violence shelter; and a range of support services from EFAA. The city also provides funds to EFAA and SPAN for hotel vouchers, which can prevent families from sleeping in cars or on the street while working with government and nonprofit agencies to secure temporary or permanent housing. In 2024, the two agencies collectively provided vouchers for 94 families. The city allocated $60,000 in ARPA funds to support hotel vouchers which will assist an estimated 70 households in 2025-26.

The impacts of family homelessness may also be less visible but are no less profound. Stress and anxiety experienced by parents and children can have a lasting impact on physical and mental health and well-being. Children can experience developmental delays and academic setbacks that may continue for years. Homelessness can strain or sever connections with extended family members and friends, exacerbating feelings of isolation that make it harder for families to regain their economic and social footing. Notably, the most significant indicator of adult homelessness is having experienced homelessness as a child. Just as the city's investments in homelessness prevention help avoid generational trauma and enhance holistic well-being for families experiencing housing instability, the city's efforts to support sheltering and housing stability for families already experiencing homelessness can foster family unity and safety, advance economic mobility and help prevent adult homelessness in the years to come.

**Evaluation**

Public Policy Associates conducted an evaluation of the Homeless Solutions for Boulder County (HSBC) system to assess its effectiveness in addressing homelessness and

meeting the community's needs, as detailed in the attached final report. This review aimed to identify the system's strengths, challenges, and opportunities for improvement, providing actionable insights to enhance its impact. While some of this work is already being implemented throughout the system, the recommendations focus on ways to enhance and expand these efforts to maximize their effectiveness. The evaluation findings will be presented to the council during the upcoming study session to inform strategic decision-making. Below is a high-level overview of the findings and recommendations.

*Optimizing Data Systems*
A cornerstone of HSBC's approach is its commitment to data-driven decision-making. The evaluation highlights a disconnect between the locally developed Community Connects system, managed by Boulder County, and the regional Homeless Management Information System (HMIS), managed by the Metro Denver Homeless Initiative. While HMIS provides a broad regional perspective to support coordination across the metro area, Community Connects is designed to address Boulder County's unique needs, offering localized data to inform adaptive decision-making. However, the lack of interoperability between these systems limits the ability to comprehensively track individuals' experiences and evaluate program effectiveness. Integrating the two systems would enable seamless data sharing, improve insights into service utilization patterns, and support more strategic resource allocation.

The evaluation also points to inconsistencies in data collection, particularly within HMIS, where incomplete exit interviews and conflicting responses limit the reliability of findings. Strengthening data quality and aligning demographic and programmatic data fields across systems would enhance the ability to evaluate outcomes and inform targeted interventions.

*Addressing Equity and Disparities*
The evaluation underscores the overrepresentation of marginalized communities, particularly Black, Indigenous, and People of Color (BIPOC), among individuals experiencing homelessness. This disparity reflects systemic inequities and underscores the need for targeted interventions. Recommendations included conducting regular racial disparity analyses, enhancing culturally competent services, and engaging individuals with lived experience in governance and decision-making. Expanding demographic options in data collection systems to capture nuances such as gender identity, language proficiency, and disability status would support more equitable resource allocation and program design.

*Expanding Housing and Support Services*
The increase in homelessness, coupled with slower growth in permanent housing solutions, necessitates action. Continuing to prioritize affordable housing as a cornerstone of the approach is essential. Leveraging local resources and partnerships to increase the availability of affordable units can help address the significant gap in housing stock. Boulder's successful housing programs, such as Permanent Supportive Housing (PSH), offer valuable lessons that can inform regional efforts. Sharing these successes with other

communities and advocating for the replication of effective models can amplify their impact and contribute to broader solutions. The evaluation highlights the importance of programs that align with evidence-based practices—such as intensive case management and wraparound support services.

To sustain these efforts and ensure continued progress, securing sustainable funding for PSH and other housing initiatives is critical. Expanding these programs both locally and beyond will require collaboration with other communities to scale proven approaches and address the widespread need for housing solutions.

*Enhancing Crisis Response*
While crisis response services, including emergency shelter and outreach programs, have adapted to meet increasing demand, the evaluation identifies opportunities for improvement. The consultant explores the possibility of alternate shelter models, such as sanctioned encampments and safe parking programs that could provide immediate relief but cautioned that such solutions should not detract from long-term housing solutions or resources. The evaluation emphasizes the importance of expanding outreach efforts, particularly through peer and mobile services, to connect unsheltered individuals with resources and support.

*Strengthening Governance and Collaboration*
The HSBC collaborative model, involving multiple government entities, nonprofits, and stakeholders, is a significant strength. However, the evaluation identifies challenges in aligning priorities and decision-making across partners. Revisiting the collective impact model adopted at HSBC's founding is recommended to clarify roles, enhance transparency, and foster a unified approach.

Recent governance changes have already begun addressing some of these challenges. Entities now select their own representatives to the collaboration, allowing for more intentional participation and accountability. Additionally, the chair position is now rotated among members, promoting shared leadership and inclusivity. Building on these efforts, the evaluation emphasizes the importance of developing a shared strategic vision with clear goals, objectives, and accountability mechanisms to further align efforts and maximize impact.

*Increasing Community Understanding and Support*
Community education is identified as a vital strategy for combating stigma and fostering broader support for homelessness initiatives. Public education campaigns that dispel myths, share personal stories, and highlight systemic factors contributing to homelessness can build empathy and drive community engagement. Providing platforms for individuals with lived experience to share their perspectives in public forums and decision-making processes would further humanize the issue and inspire action or support for programs and organizations.

*Funding and Sustainability*

Between 2022 and 2023, funding for homelessness services in Boulder County increased, with a notable shift towards crisis response efforts. While this reflects an adaptive response to growing demand, the evaluation highlights the importance of balancing resources across crisis response, housing, and support services. Leveraging one-time grants effectively, such as those from ARPA, while ensuring a sustainable funding base is critical to maintaining and expanding essential programs.

Building on the insights and recommendations outlined in this report, the city plans t to undertake a comprehensive update of its homelessness strategy. The findings from the HSBC system evaluation will help identify actionable priorities, refine the city's strategic approach, and align resources more effectively with the needs of the community.

## HOMELESSNESS STRATEGY UPDATE

City Council identified an interest in reviewing and updating the current 2017 Homelessness Strategy as a part of their 2024-2025 priorities. As discussed, the HSBC evaluation will serve as a foundation for the strategy update. The successes in the homelessness services area since the original plan are significant and it is critical for the city to continue to lead in strategy development so that the next seven years are as successful.

To help accelerate and facilitate this strategic work, the city engaged Clutch Consulting to lead the update of the city's 2017 Homelessness Strategy. Clutch Consulting Group, founded in 2018, specializes in transforming homelessness systems across the United States, with clients such as Denver, Dallas, Los Angeles, and Cleveland. Founded by Mandy Chapman Semple and Heather Muller, both instrumental in the Houston homeless system transformation, the firm has achieved significant reductions in homelessness through strategic redesign and implementation.

This effort aims to create a forward-looking plan that unites city leadership and resources into an innovative systems-based approach. The updated strategy will focus on swiftly connecting individuals experiencing homelessness to stable housing while effectively managing shared public spaces. The process will involve system modeling; stakeholder engagement; and implementation planning, addressing solutions to stabilize local households, manage all types of newcomers, and clarify the roles and responsibilities of regional partners in meeting community needs and enhancing the health and vibrancy of the city.

In January, Clutch began reviewing documents and gathering data. In February, the focus will shift to a system modeling exercise that leverages advanced predictive analytics to assess the impacts of system design, targeted investments, and program performance. These insights will help prioritize strategies that maximize resources and impact. During this phase, Clutch will engage directly with providers, partners, and elected officials and will lead a design workshop to explore the adjustments needed to achieve greater outcomes.

By April, Clutch will deliver a draft framework outlining a renewed vision, guiding principles, goals, and strategies, collaborating with city staff to refine the plan. A second round of community engagement, informed by system modeling, will guide implementation planning. Final drafts will be completed in May, alongside preparation activities such as developing shared measurement tools and an evaluation framework. The entire process is scheduled for completion by July. Staff anticipates an additional touchpoint with council to review the strategy in late Q2.

## ATTACHMENTS

Attachment A - 2017 Homelessness Strategy
Attachment B - 2024 Homelessness Year End Report
Attachment C – HSBC Evaluation
Attachment D - Boulder County Commissioners' Townhall on Homeless Solutions

JUNE 2017

CITY OF BOULDER

# Homelessness Strategy

# Message from Our City Manager

## ACHIEVING THE HOMELESSNESS STRATEGY VISION, TOGETHER

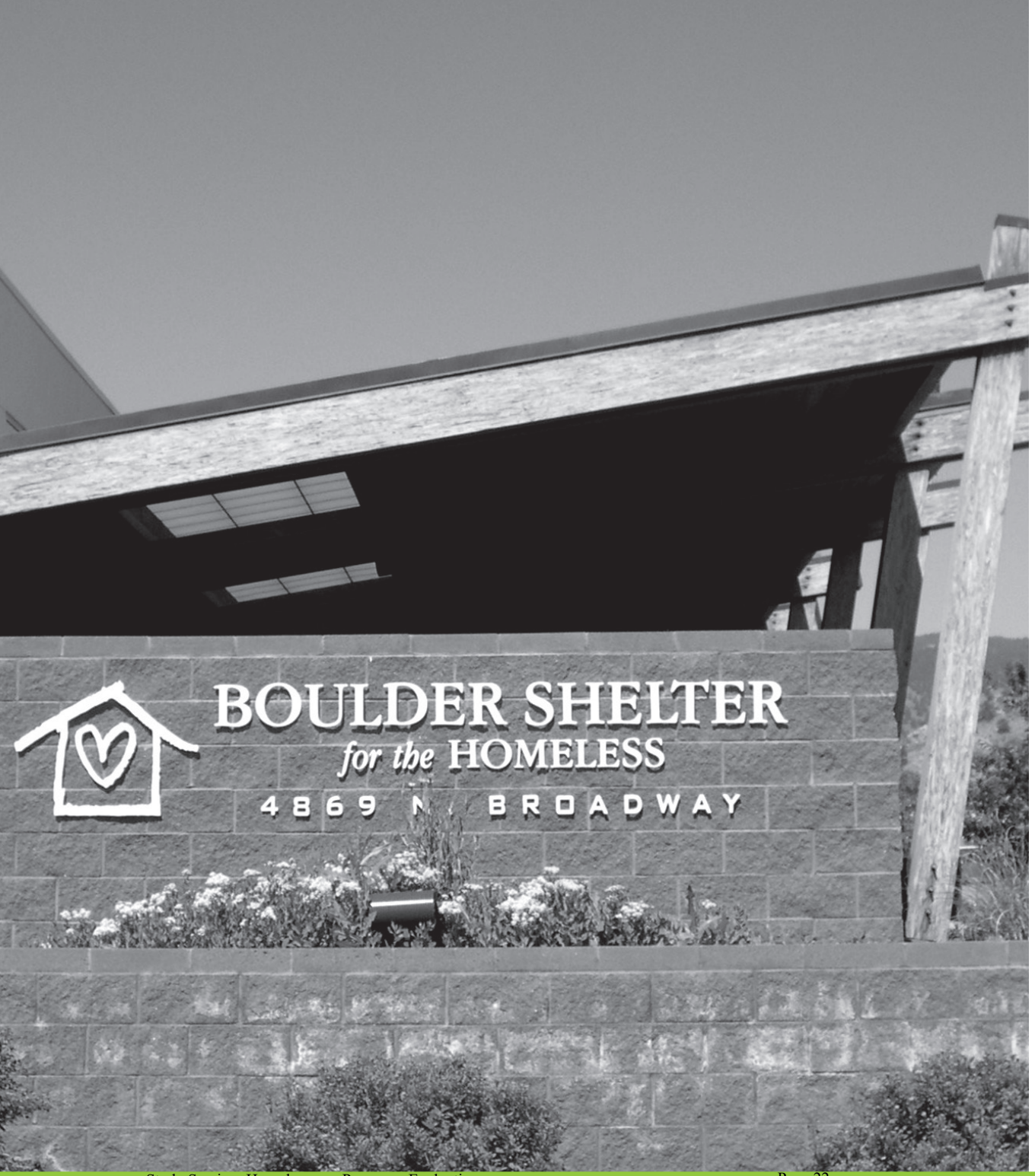
Homelessness is a multi-faceted issue that challenges Boulder and communities across the nation to develop creative, meaningful solutions for our residents most in need. Like most social policy issues, this problem is complex and long-term, and the answers are not simple or quick. However, evidence shows 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




# ACKNOWLEDGEMENTS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# 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.

ANyTHING
Hungry
God Bless
HELPS

# Table of Contents


**Executive Summary** 4

**Introduction** 8

**Homelessness Strategy Process** 18

**City of Boulder Homelessness Strategy: Overview** 22

**Next Steps: A Dynamic Community Plan** 30

**Sources** 32

**Glossary** 34

**Appendices** 40

Glossary of Terms A

Homeless Populations B

Best Practices C

Successful Initiatives in Other Communities D

Citywide Investments in Addressing Homelessness E

City Capital Homeless Housing Investments F

New Housing Opportunities by Type and Population G

Homelessness Strategy Process Summary H

Homelessness Strategy Process Timeline I

# 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

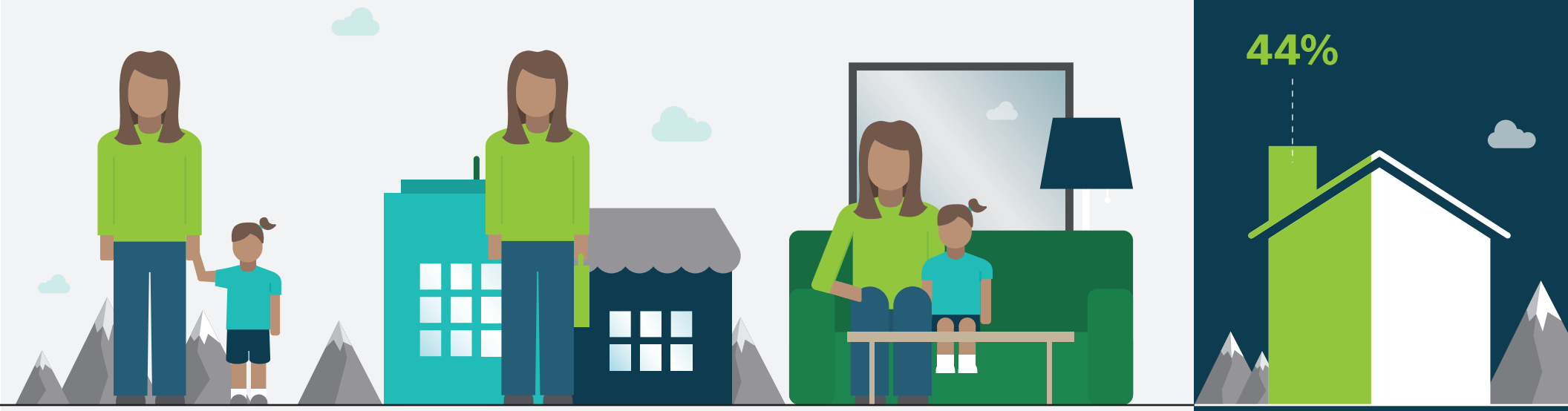
A significant factor for children in poverty is single-parent families and challenges with family breakups or divorce. Many single heads of households don't easily recover economically from these shocks and live paycheck-to-paycheck, keeping children in chronic poverty or near poverty. In Boulder, median 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% 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://calpoline.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

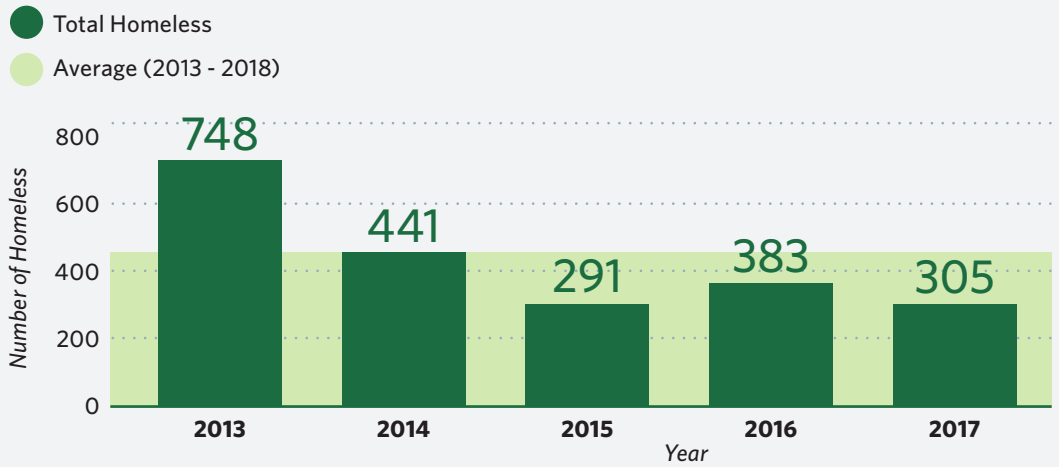
Every community in the nation is required to conduct an annual Point-In-Time (PIT) survey to receive federal funding from the U.S. Department of Housing and Urban Development (HUD). PIT provides a snapshot from a single night in January of individuals and families identified as homeless who participate 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

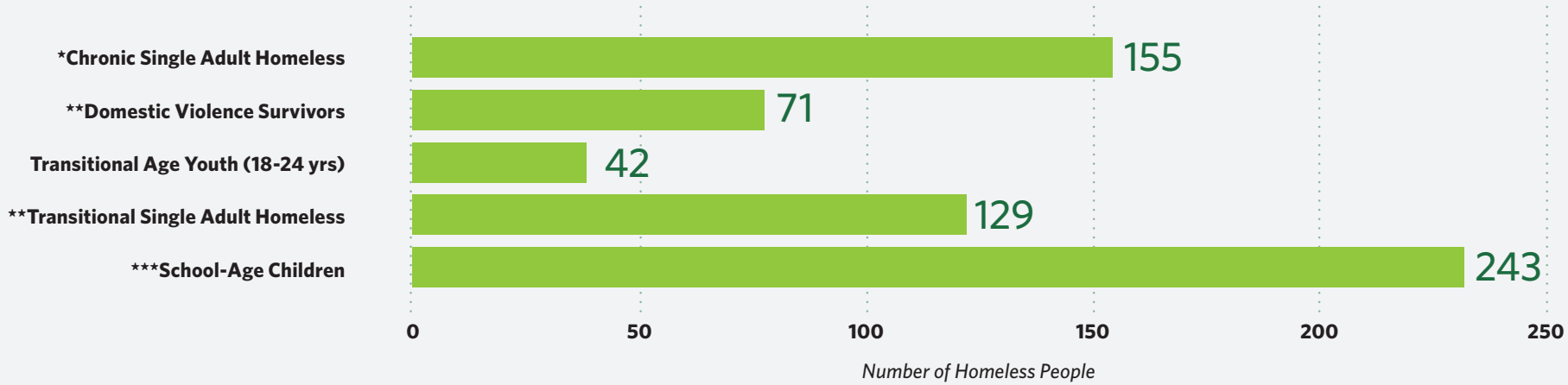
| SELECTED HOUSING CHARACTERISTICS | *Families with Children* | *All Homeless* |
|---|---|---|
| **Unable to pay rent/mortgage** | 63% | 38% |
| **Relationship problems or family break-up** | 48% | 26% |
| **Bad credit** | 47% | 21% |
| **Asked to leave** | 37% | 23% |
| **Abuse or violence in the home** | 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***




** Methodological changes for 2014 included categorizing homelessness based on the HUD definition.*

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




**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**

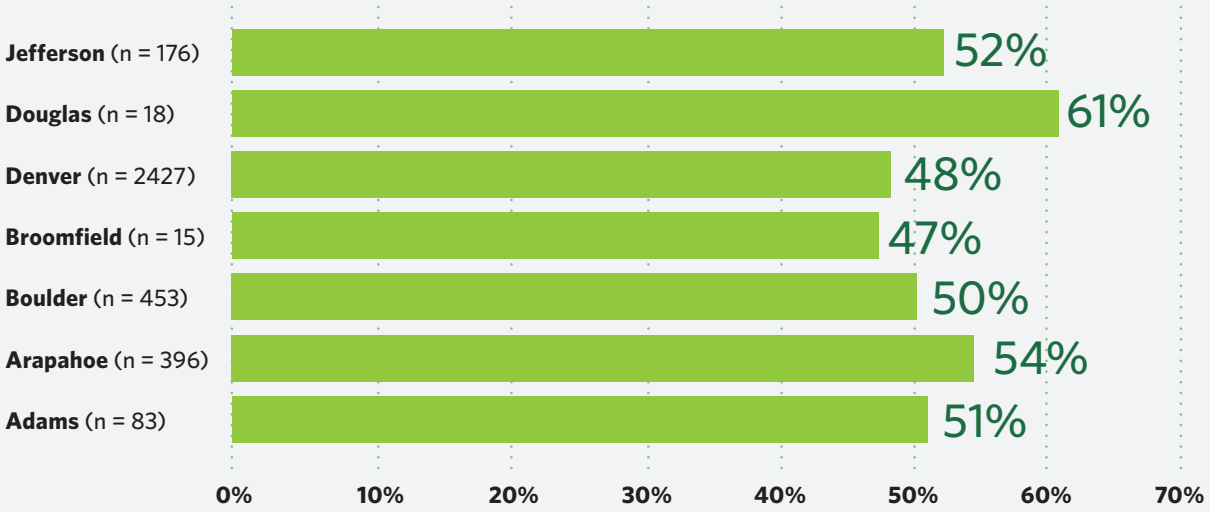
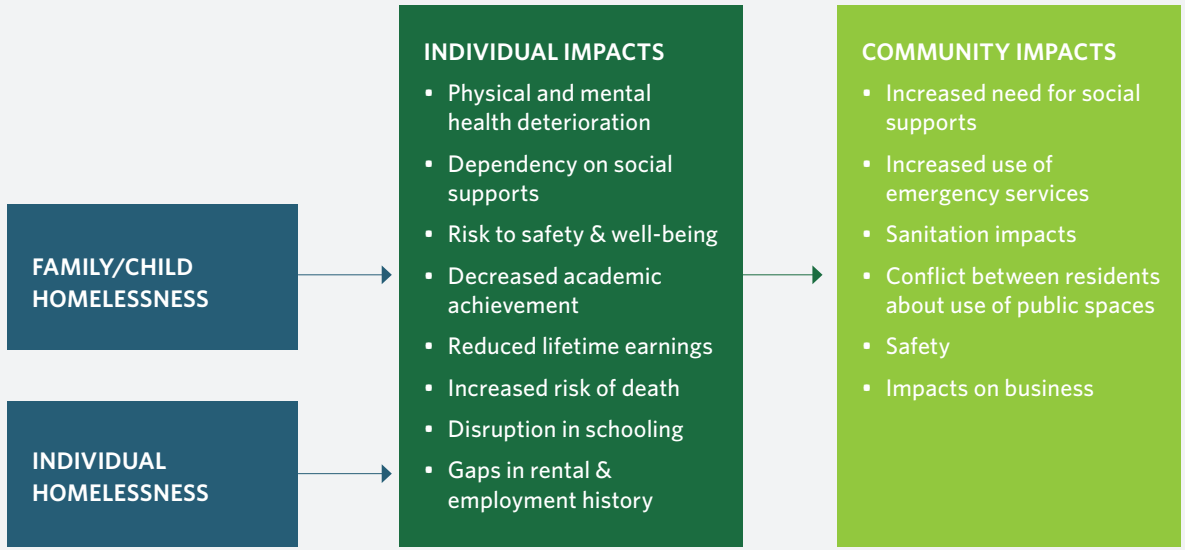



**FIGURE 6: Individual & Community Impacts of Homelessness**



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.

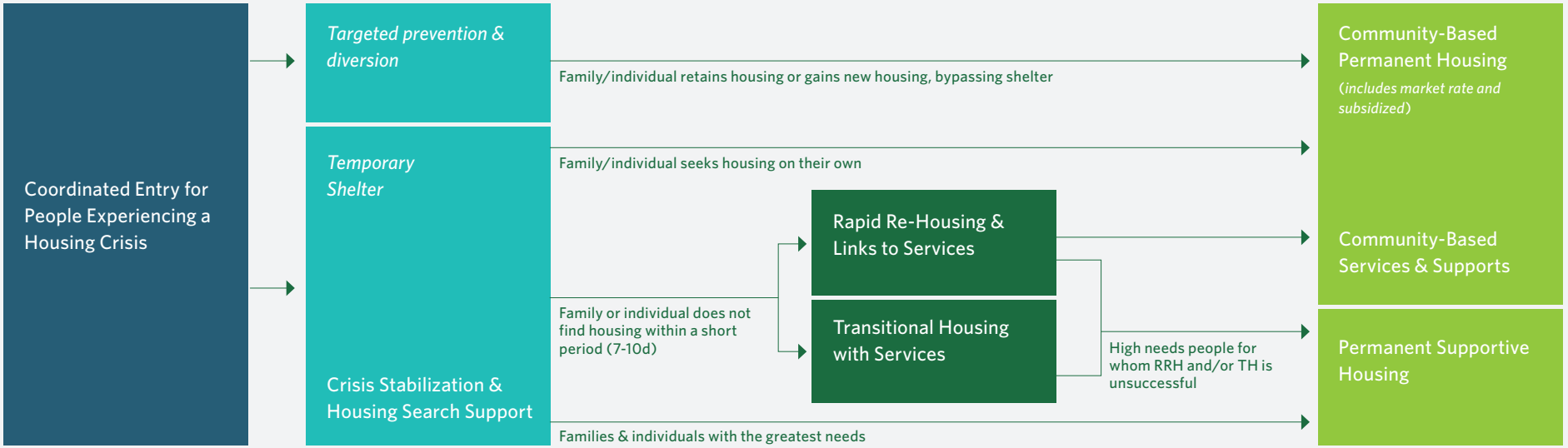
An Opening Doors homelessness prevention priority is to increase the amount of affordable rental housing for people with the lowest incomes, including some families with children and people with disabilities who are living with incomes far below the federal poverty level.[10]

### 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]

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.

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.

## 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).

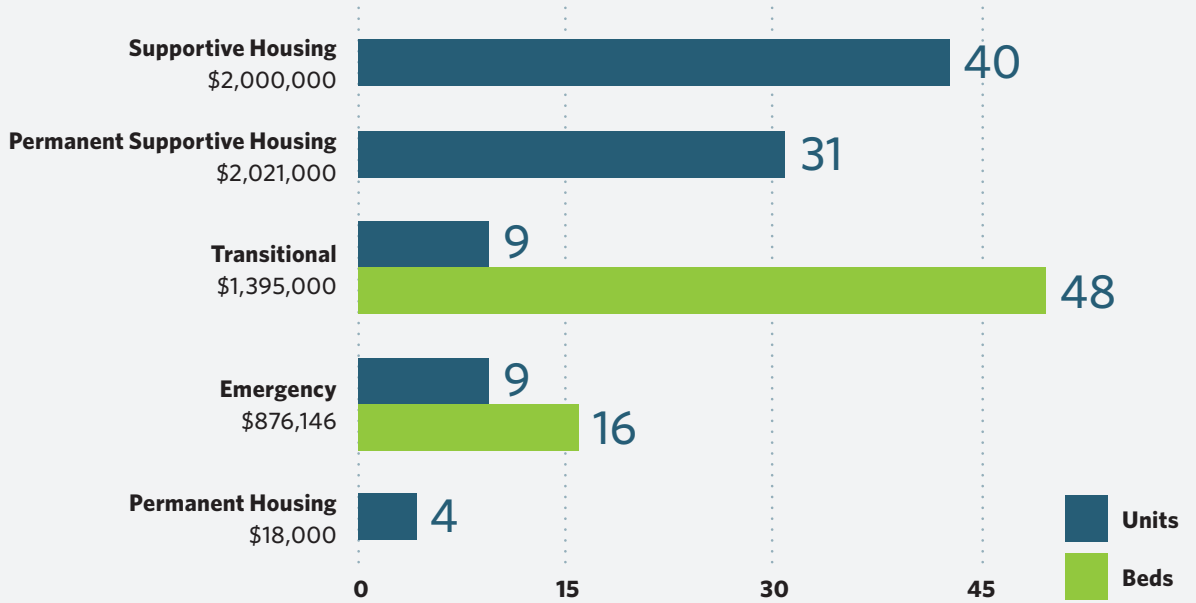
Despite these challenges, Boulder has made progress in addressing homelessness.

- 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:

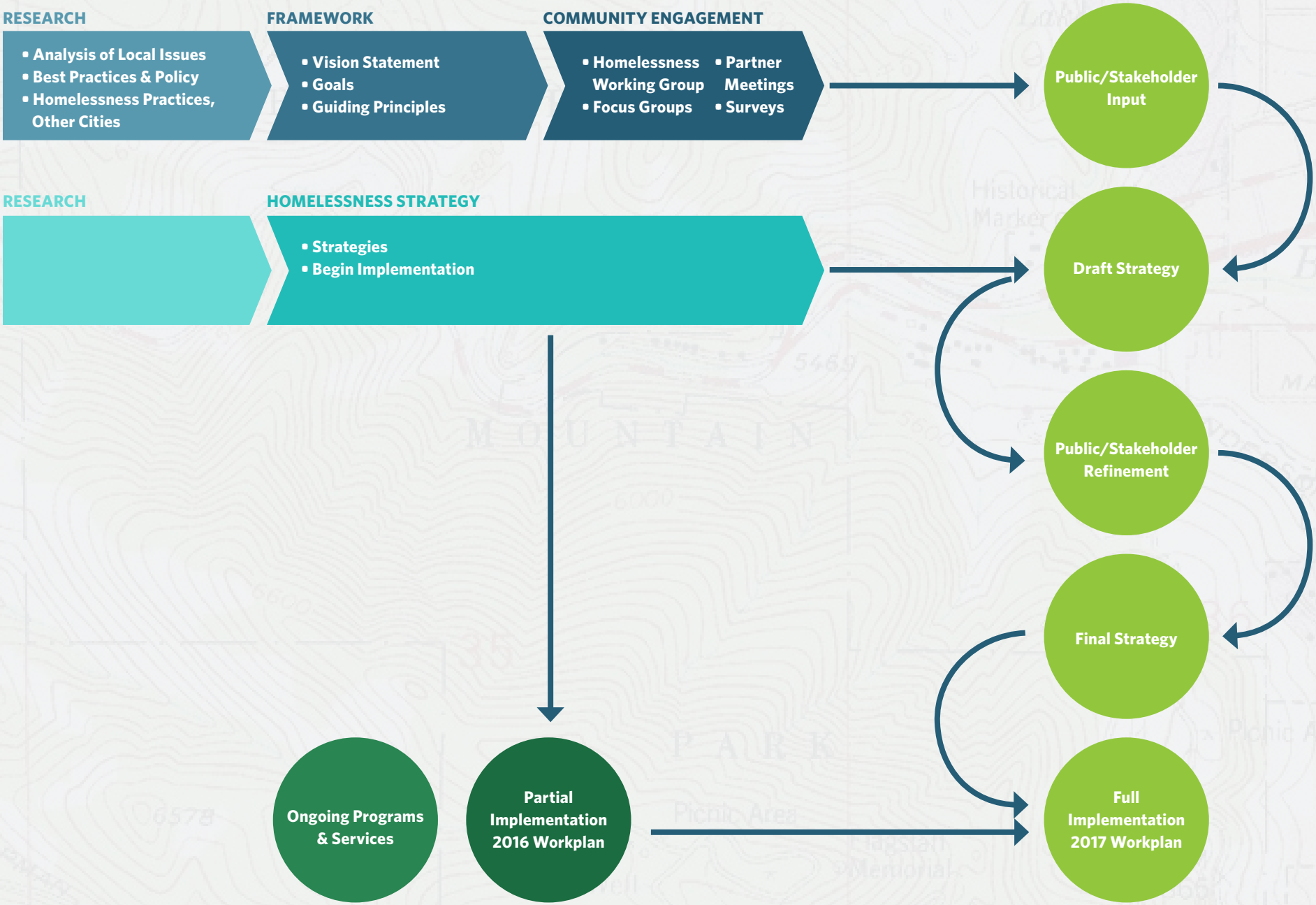
**Housing & Prevention**

- 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**



- 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

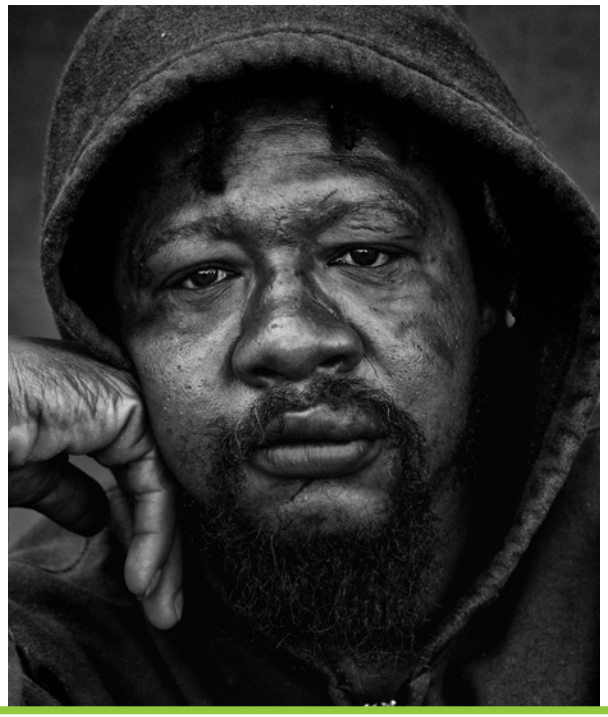
Best practices demonstrate that coordinated services and systems yield better outcomes for people and more cost-effective solutions for communities. To maximize the resources available, the city must have an integrated homeless services system, rather than a group of individual programs doing good work.

### 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.



## GOALS, STRATEGIES & INITIATIVES

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.

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.

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 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.

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.

### 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.

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.

### 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."

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**

GOAL 4

## 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.

GOAL5

## 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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WE WILL
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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

**Appendix A**
**GLOSSARY OF TERMS**
**https://bouldercolorado.gov/links/fetch/43308**

**Appendix B**
**HOMELESS POPULATIONS**
**https://bouldercolorado.gov/links/fetch/43298**

**Appendix C**
**BEST PRACTICES**
**https://bouldercolorado.gov/links/fetch/43299**

**Appendix D**
**SUCESSFUL INITIATIVES IN OTHER COMMUNITIES**
**https://bouldercolorado.gov/links/fetch/43300**

**Appendix E**
**CITYWIDE INVESTMENTS IN ADDRESSING HOMELESSNESS**
**https://bouldercolorado.gov/links/fetch/43301**

**Appendix F**
**CITY CAPITAL HOMELESSNESS INVESTMENTS**
**https://bouldercolorado.gov/links/fetch/43302**

**Appendix G**
**NEW HOUSING OPPORTUNITIES BY TYPE AND POPULATION**
**https://bouldercolorado.gov/links/fetch/43303**

**Appendix H**
**HOMELESSNESS STRATEGY PROCESS SUMMARY**
**https://bouldercolorado.gov/links/fetch/43304**

**Appendix I**
**HOMELESSNESS STRATEGY PROCESS TIMELINE**
**https://bouldercolorado.gov/links/fetch/43305**

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**Main Host Page for Publication and Appendices**

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

CITY OF BOULDER

# 2024
# HOMELESSNESS SERVICES YEAR END REPORT

City of Boulder
Housing and Human Services

# Introduction

Boulder has felt the impacts of a rise in national homelessness in a post-COVID world; nationally, the number of people using shelters and living unsheltered has increased, the degree of vulnerability faced by people living outside is unprecedented, and funding and staffing shortages in mental/behavioral health and social services fields have compounded the challenges the system faces in exiting people from homelessness. While homelessness, in general, is primarily an economic issue – people cannot afford housing – individuals experiencing chronic homelessness have additional challenges that impact their ability to weather economic conditions (chronic homelessness is defined as a lengthy period of homelessness combined with one or more disabling condition).

A rise in the number of people experiencing chronic homelessness is particularly concerning, as the longer someone spends living unsheltered, the higher the likelihood is that the person will also suffer from substance use disorder. As a result, a key subset of people that the homelessness response system aims to serve require individualized housing and service solutions, including support to allow them to maintain their housing.

2024 was an important year for Homelessness Services, as the department implemented several new initiatives and fully supported a tapestry of programming that began in 2023, including:

- Opening the Day Services Center
- Providing Respite Services
- Fully deploying the Building Home program (peer support and housing retention services)
- Enhancing a unit acquisition program, strengthening local voucher programs
- Refining unique services for high utilizers of the criminal justice system
- Establishing a plan to deliver Extreme Weather Shelter services
- Improving reporting and data collection
- Increasing coordination amongst the various outreach and case management services provided within the city.

## A NOTE ABOUT THIS REPORT

While homelessness impacts individuals, families, and youth, this report is specifically centered on the activities designed to end homelessness for adult individuals. It also does not discuss prevention activities, which are monitored through other reports. The report focuses on programming that is supported through the city's Housing and Human Services department, specifically the Adult Homelessness Services division.

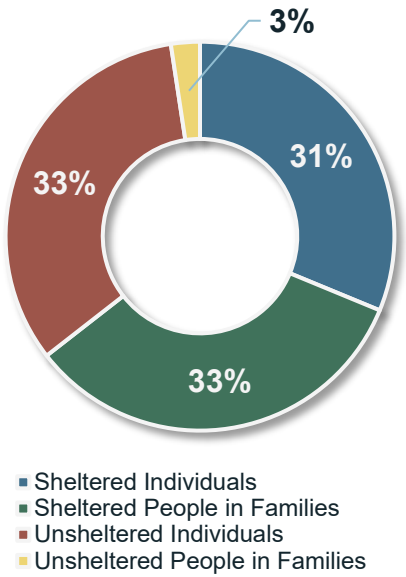
# Table of Contents

Homelessness Landscape ..... 4
Who is Experiencing Homelessness ..... 7
Homelessness Strategy ..... 8
Outcome and System Effectiveness Summary ..... 10
Funding Summary ..... 12
Key Performance Indicator Summary ..... 14
Day Services Center ..... 16
Respite Services ..... 19
Coordinated Entry/Outreach ..... 21
Diversion and Reunification ..... 25
Sheltering Services ..... 27
Transitional Housing ..... 29
Permanent Supportive Housing ..... 31
Peer Support ..... 33
Housing Retention ..... 35
High Utilizers ..... 38
System Gaps ..... 38
Conclusions and Next Step ..... 39

# Homelessness Landscape

After steady declines from 2010 to 2016, homelessness in the United States has increased, and Colorado has also seen a significant increase over that time. More individuals are experiencing homelessness in unsheltered settings, such as encampments. In December 2024, the U.S. Department of Housing and Urban Development (HUD) released the 2024 Annual Homeless Assessment Report (AHAR), Part 1, which provides estimates of homelessness in the United States. The 2024 report estimates that approximately **771,480** people were experiencing homelessness during the 2024 Point in Time (PIT) count, a count of people experiencing homelessness on a single night in January of each year. This equates to approximately **23 of every 10,000 people in the United States** and was the highest number of people reported by HUD since 2007: **an 18% increase over 2023**, which was the previous highest count year. The increase was shown across all categories of homelessness, **including a 39% increase in families experiencing homelessness and nearly 150,000 children**. According to the report, unsheltered homelessness increased by 6.9% between 2023 and 2024, and sheltered homelessness rose 25.4% percent, likely related to natural disaster displacement and immigration. The only subpopulation to see a decrease was veterans, with a 7.6% decrease from 2023.

**Experiences of Homelessness 2024**
*By Household Type and Sheltered Status*




Six of every ten people experiencing homelessness did so in an urban area (60.1%), with more than half of all people counted in the Continuums of Care (CoCs – regional coordinating entities for homelessness) that encompass the nation's 50 largest cities (54%). The remaining four of every ten people who experienced homelessness were located in largely suburban areas (23.5%) and rural areas (16.4%). These patterns hold across people experiencing both sheltered and unsheltered homelessness.

More than **one in five people experiencing homelessness were age 55 or older**. More than 104,000 people experiencing homelessness were aged 55 to 64, and just over 42,150 people were over age 64. Nearly half of adults aged 55 or older (46%) were experiencing unsheltered homelessness in places not meant for human habitation. Among people experiencing homelessness, 61% were staying in sheltered locations, while 39% were staying in unsheltered locations.

**One in three (31%) of all individuals experiencing homelessness reported having experienced chronic patterns of homelessness, or 152,585 people**. This is the highest number of individuals experiencing chronic patterns of homelessness counted in the PIT count since these data were first reported in 2007. **Seventy-five percent of individuals experiencing chronic patterns of**

**homelessness, or more than 99,500 people, were counted in unsheltered locations**. This is also the highest number recorded. Most people experiencing homelessness were individuals, making up **66%** of people experiencing homelessness.

In Colorado, the state experienced a nominal decrease in the overall number of people experiencing homelessness but was one of the states with the highest increases in family homelessness.

While not reaching the level of the west coast or New England, Colorado continues to see outsized number of people experiencing both sheltered and unsheltered individuals.

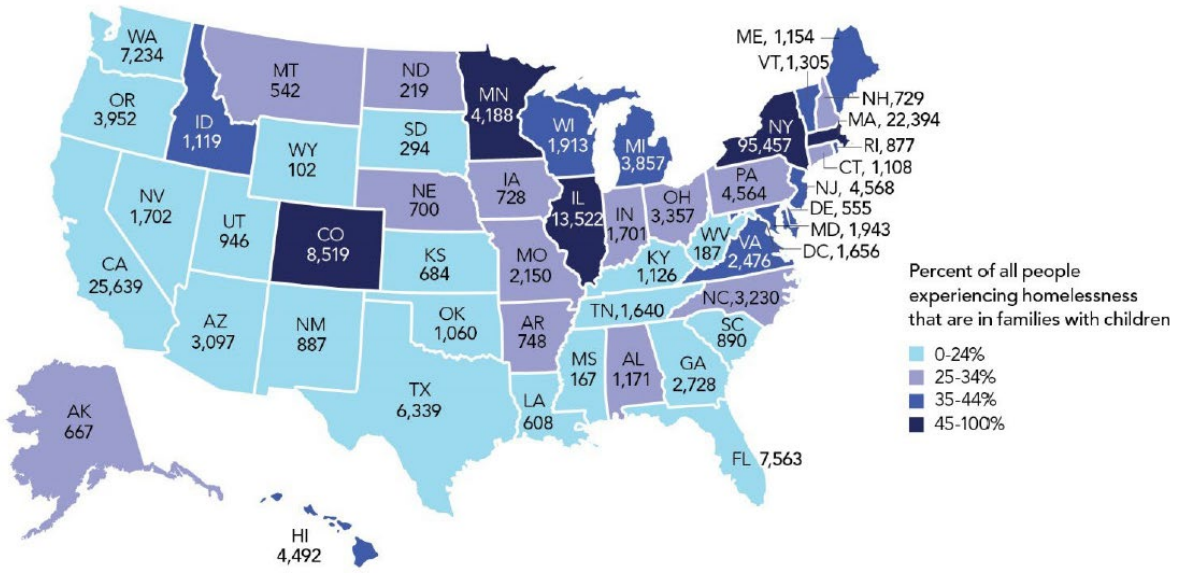


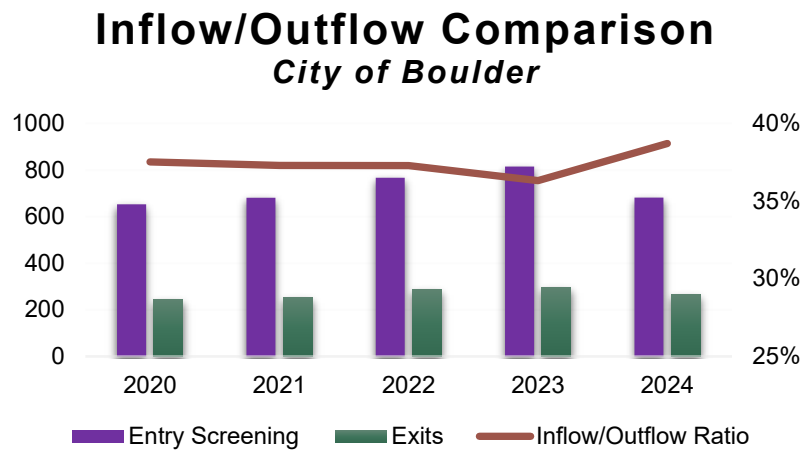

*Figure 1: Number of People Experiencing Family Homelessness by State. HUD 2024 AHAR*

Over the past few years, Colorado has experienced a significant increase in people experiencing homelessness, similar to many western states. The PIT count showed 18,715 individuals experiencing homelessness in Colorado, **with 54% (10,196 people) experiencing homelessness in the Front Range.** The City and County of **Denver accounted for 97.9%** (9,977 people) of the number of people experiencing homelessness in the Metro Denver Homeless Initiative (MDHI – the CoC for the Front Range).

The 2024 PIT results for Boulder County show a total of 727 people countywide (including sheltered, unsheltered, adults, and families) experiencing homelessness in January, **representing a 13% decrease from 2023.** Sheltered homelessness represented 73.4% of the total. Of the 727 people counted, **193 individuals were experiencing unsheltered homelessness, with 103 counted specifically within the city of Boulder.** The Summer Point in Time Count provides a summertime snapshot of people living unhoused in Boulder. While there has been an increase in homelessness in the Front Range, the summer PIT indicated that there was a little **over a 28% decrease in individuals experiencing unsheltered homelessness from July of 2023 to July of 2024**.

Unsheltered homelessness in Boulder is fluid; meaning, that while approximately a third of the people living unhoused in Boulder have been in the community for a significant period of time, the majority of people living unhoused are coming to and leaving the community with regularity (as documented through Coordinated Entry screenings). While the longer-term residents typically have at least one case

manager who has been working to end the person's homelessness, many have recently come to the community. Because it takes about **17 interactions with a person to effectively engage with services**, this fluidity of homelessness, particularly unsheltered homelessness, can create challenges for outreach workers and hide what successes the homelessness response team has had in exiting people from homelessness. Nevertheless, the countless examples of people who have lived unsheltered for a significant period finding and keeping stable housing after sustained and persistent outreach make the outreach process a valuable tool in working with the unhoused.




A comparison of the number of people entering into and exiting from Boulder homelessness is called the Inflow/Outflow ratio. The ratio (right axis) is a comparison of the people exiting housing ("Exits") compared to the number of unhoused people entering the community ("Entry Screening"). Essentially, a ratio of 30% would mean that 30% of the people entering the community are, on average, exiting the community. Industry best practice is for the ratio to be at or over 30%, and Boulder is exiting people at a higher rate than this goal. 2024 was a particularly strong year, as housing opportunities continued to become available. In 2023, a larger than average number of people entered the community, negatively impacting the ratio; however, the ratio was still above standard at 36%.

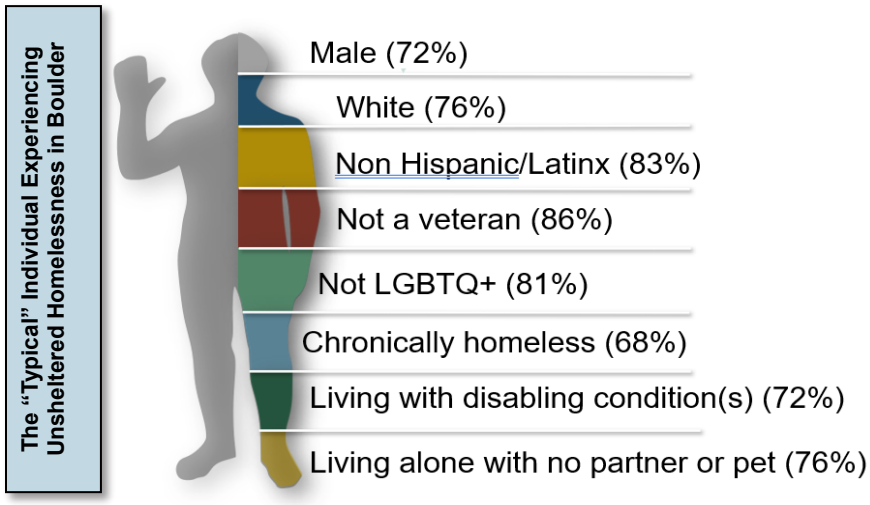
While exits from homelessness were slightly lower in 2024 compared to 2023, this is primarily due to the opening of the Bluebird housing development in late 2023.

A note for the chart above: exits are primarily reported by All Roads and the Homeless Management Information System (HMIS) that can be discretely identified as Boulder. This does not necessarily include many placements made by Clinica Family Health, Haven's Ridge, or TGHTR. Entry information is based on Coordinated Entry screening at Boulder locations, as provided to the City of Boulder from Boulder County. Because of the time it takes for people to engage and to complete the necessary steps to obtain housing, the people entering the system in a given year are not always the same individuals that are exiting the system.

# Who is Experiencing Homelessness

Demographic data for homeless populations tends to be less precise than for the general population. The City of Boulder does not currently receive disaggregated data from the county and can only currently analyze data from programs and initiatives it fully controls (Summer Point in Time Count, Day Services Center, Respite) and from grant applications submitted nonprofit agencies that it funds through the Human Services Fund and the Health Equity Fund.

Staff strive to understand as much as possible about the identities of Boulder's unhoused population in to address systemic disparities upstream, and best meet their needs in an equitable, culturally competent manner. When the city is implementing new programming or policies, staff utilize the Racial Equity Instrument to help recognize and guard against additional barriers or challenges for people who experience systemic racism, heterosexism or other disparities or discrimination based on their identities.




The Summer Point in Time Count provides information about the individuals living unsheltered in the city of Boulder. While the count is limited to people living unsheltered, it correlates with the experience of people in shelter. In terms of individuals, Boulder tends to have a more chronic, long-term population than that of other communities Boulder's size or even of neighboring Longmont. This has implications as to the responses and housing provided to people experiencing homelessness. This translates to more intensive, case managed housing options and the need for specialized peer and retention services.

Black, Indigenous and People of Color (BIPOC) are over-represented among people experiencing homelessness, particularly in families, compared to the general population. This is generally consistent with regional and national demographic data for homeless populations. A significant percentage of unhoused adults also identify as LGBTQ+.

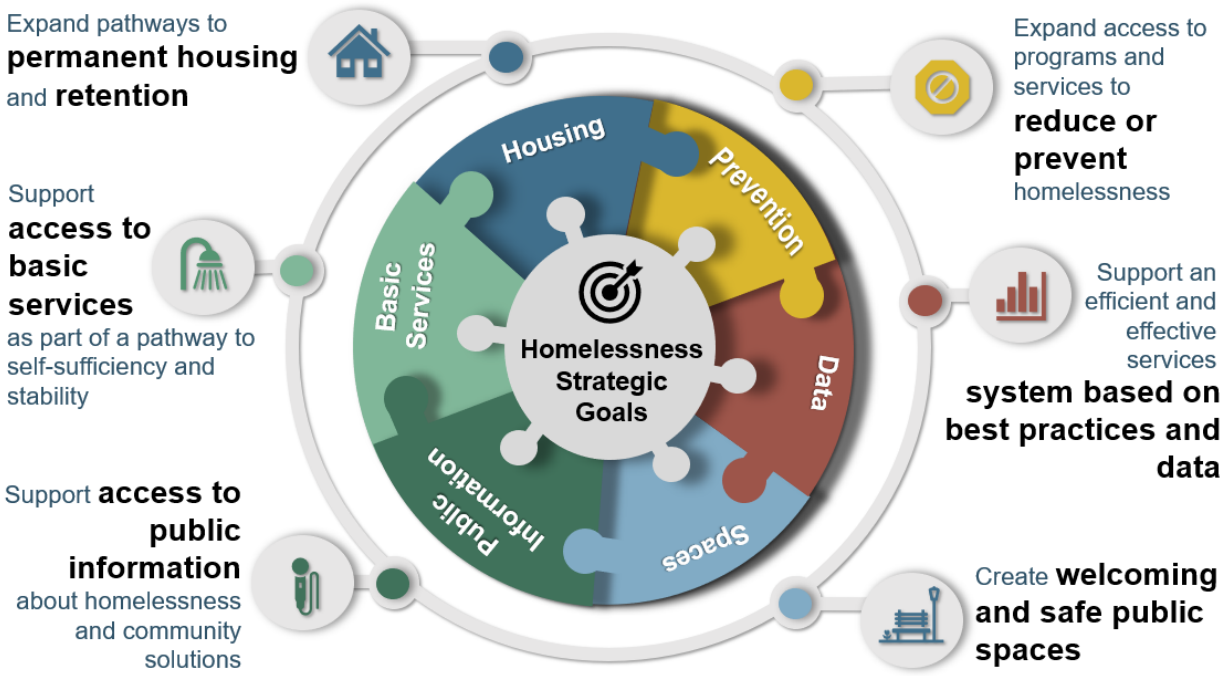
Boulder's unhoused population is aging, and women over the age of 55 are the highest growth category when solely looking at individuals. The combination of an older population and the increase in tri-morbidity (physical health issues, mental health concerns, substance use disorder) will create response issues in the future. Typically, many of these individuals require skilled nursing or assisted living, but they cannot function within a mainstream facility. Skilled nursing beds for people with significant mental and behavioral health conditions are extremely limited.

# Homelessness Strategy

In 2016, community members, local nonprofits, the faith community, and staff participated in a consultant-led strategy planning process. From that process, the city's Homelessness Strategy was adopted by council. In 2025, this strategy will be renewed and updated.

## A Housing Focus

The Homelessness Strategy is designed to be a holistic response to Boulder's unique homelessness issues and challenges, focusing on mitigating the impact of homelessness on the people experiencing it and the community through supported, permanent, and measurable exits from homelessness.




The city's homelessness strategy, while holistic, is guided by a focus on housing. A housing focus centers on providing people with permanent housing quickly and supporting them with services as needed. The city recognizes that a person can more successfully address other aspects of their well-being (i.e., employment, health, mental health, education, addiction) once they are stably housed. These programs do not require sobriety or completion of other programs prior to securing housing. This is an over-arching philosophy that guides all programming; it is not a particular program. It is a nationally recognized approach that has been subjected to extensive peer-reviewed analysis and that has grown in acceptance as, per the National Alliance to End Homelessness notes that people "access housing faster and are more likely to remain stably housed."

A housing focused philosophy is not "housing only". Housing focused programming only works with accompanying supportive services before, during and after housing placement. Rather than not addressing a person's needs until the person is ready or able to access housing, it guides all engagement toward encouragement of actions that would ultimately lead to housing. Under this philosophy,

shelters are therefore not seen as solutions to a person's homelessness but rather tools to provide basic needs and to connect people to services that aim to end someone's homelessness. These programs share critical elements:

- A focus on placing and sustaining people experiencing homelessness 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 for housing as opposed to mandated therapy or services compliance.

An important way in which the goals of the Homelessness Strategy are met is in the provision of critical services that are provided "in the field", meaning that someone can move directly from unsheltered homelessness to housing without ever opting to use a shelter. These services are designed to encourage people living unhoused toward stable housing, and many of these services meet people where they are and help them with their "pre-housing needs". Multiple outreach workers, navigators and case managers help ensure that individuals have all their required documentation such as identification, have connections to mental and physical health resources, have access to basic needs (i.e., food, water, clothing) and understand their sheltering options.

## Homeless Solutions for Boulder County

Homeless Solutions for Boulder County (HSBC) was created in 2017 to provide a regional coordinated approach to addressing the needs of individuals experiencing homelessness. HSBC includes the involvement of multiple government entities including Boulder County and the cities of Boulder and Longmont, public housing authorities, Boulder County Public Health, Metro Denver Homeless Initiatives (MDHI), and nonprofits working to impact homelessness. Recent changes to the Executive Board's charter allows each entity to identify its own staff-level members. By having a coordinated regional approach, HSBC is able to utilize data and best practices to leverage resources towards proven strategies that positively impact homelessness outcomes.

Guided by the executive board, HSBC addresses issues with the assistance of a number of subcommittees and workgroups. Most notable of these is the Policy Implementation Team, comprised of governmental policy advisors and high-level staff members, who act to implement policy and who coordinate the work of other work groups. Another key work group is the Housing Exits workgroup, which is tasked with developing strategies to increase housing opportunities for people experiencing homelessness.

During its annual retreat, HSBC leadership requested an evaluation of programs, processes, and the system itself. This evaluation was also requested by Boulder City Council during its January 2023 retreat. This evaluation was completed in December 2024, and the results from this evaluation will provide the foundation from which the city's Homelessness Strategy will be updated.

## Continuum of Care, Metro Denver Homeless Initiative, and Built for Zero

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for families and individuals experiencing homelessness. In 1995, HUD began to require communities to submit a single application for McKinney-Vento Homeless Assistance Grants to streamline the funding application process, encourage coordination of housing and service providers on a local level, and promote the development of Continuums of Care (CoCs). A CoC is intended to provide a more strategic system by providing unhoused individuals with housing and services appropriate to their range of needs. Metro Denver Homeless Initiatives (MDHI) acts as the planning body for the CoC on behalf of the seven-county Front Range region, and Boulder is a member of this CoC.

In March 2021, MDHI adopted the Built for Zero methodology as an approach to regional coordination on homelessness. Built for Zero works primarily with CoCs across the nation and uses data to help inform solutions to end homelessness. Boulder County provides a staff member to represent the countywide HSBC collaborative in this work.

# Outcomes and System Effectiveness Summary

With the significant investment that the city and the overall region make in stemming homelessness, it is a hallmark of responsible governance to look at the impact of such investments. As the cost of ending homelessness for a person who has experienced lengthy homelessness - with the myriad of mental, behavioral, and physical health challenges that are associated with long-term homelessness – significantly increases with each challenge faced by the individual, it is not effective analysis to simply look at the cost of a program as a function of the number of people served. Rather, funding decisions are made after reasonableness consideration, and performance is measured against performance to established targets and overall system goals.

In the HHS team subject matter experience of a combined 70+ years in homelessness service provision as well as analysis of other communities and research-based best practices, it is also important to ensure that funding is not solely focused in one area of homelessness. If no funding is provided to the most vulnerable people, the city will experience more deaths and victimization of people experiencing homelessness as well as significant community and public space impacts. Conversely, if funding is not allocated to prevent homelessness or to divert people from homelessness, there will be long-term increases in the number of people experiencing chronic homelessness. As this report is focused on single adult homelessness, it might appear that funding is, in fact, siloed toward chronic homelessness; however, other funding under different divisions and sources is provided to address prevention, youth, and family homelessness, allowing the HHS Single Adult Homelessness division the ability to concentrate on addressing the complex needs of people experiencing chronic homelessness.

Outcomes vary depending on the type and level of service, but generally all services – from outreach to case management – are geared toward ending a person's homelessness and maintaining their housing. As Boulder is impacted by state and national homelessness trends, it is difficult to unilaterally establish a performance target such as "reduce homelessness by 20% over the next five years". As shown in this report's discussion of the national landscape, homelessness is growing at unprecedented rates. Boulder's 2024 average inflow/outflow ratio of 37% (meaning, about 37% of the total number of people who enter the Boulder homelessness response system exit from homelessness) is a comparatively good system response, but it translates to a situation where significantly more people enter into Boulder homelessness every day.

One key outcome that staff monitor is the retention rate of people who are housed by the system. A benchmark target is approximately 75% (meaning, 75 out of 100 people placed in housing have remained stably housed for over a year). The system in Boulder generally achieves this goal, and some programs have retention rates of 90-95%. Target rates can vary by program, especially when a program is designated to help people who have the most challenges to housing stability.

Contracts for specific programs have different outcomes and measures. Output measures can range from the number of unique interactions to the number and type of programming offered to clients. Some of the metrics and achievements by partner organizations are discussed by program below. Newer programs show more detailed discussions of targets, and 2024 contracts were improved to allow for more detailed performance reporting.

An interactive summary of 2024 performance can be found on the "Performance Budget and Metrics" tab of the city's Homelessness Services Data Dashboard.

# Funding Summary

When discussing the funding for single adult homelessness, it is important to look at what is and is not included. For the purpose of this report, funding in the first chart is only reported for those programs that provide services and housing-voucher programs that are within the city's Housing and Human Services (HHS) financial responsibility and which are targeted to single adults experiencing homelessness. A second chart has been included which details the HHS, Police, and Municipal Court costs specifically tied to homeless, for a total budget between the two categories of $9,797,904. While HHS does fund the creation of housing units, such investments are reported under the Affordable Housing program.

| Category/ Program | Source(s) | Adjusted Budget |
|---|---|---|
| All Roads Winter Weather | General Fund, ARPA | $263,812 |
| Bridge House | General Fund | $48,000 |
| Respite Operations | General Fund, Transformational Homelessness Grant | $1,216,573 |
| Respite Mental Health Supervision | Transformational Homelessness Grant | $8,280 |
| All Roads Nighttime Operations | General Fund | $590,000 |
| BTHERE | General Fund | $230,000 |
| All Roads Electrical Improvements | CDBG | $97,161 |
| Local Vouchers | General Fund, Affordable Housing Fund | $1,021,875 |
| Building Home Peer Support (Focus Reentry) | ARPA | $200,000 |
| Building Home Housing Retention Team (All Roads) | ARPA | $300,000 |
| Day Services Center Peers (Focus Reentry) | Navigation Center Grant | $82,533 |
| Day Services Center Housing Retention Team (All Roads) | Navigation Center Grant | $125,550 |
| Day Services Center Housing (tenant supportive services and 30 vouchers) | Navigation Center Grant, General Fund, DOH TSS funding | $967,164 |
| Day Services Center Operations | General Fund, Navigation Center Grant | $1,412,386 |
| Day Services Center Behavioral Health Services | Navigation Center Grant | $102,121 |
| HSBC Evaluation Share | General Fund | $75,000 |
| | **Total HHS Homelessness Services Budget** | **$6,740,455** |

| Other HHS, Municipal Court and Police Budgets Specifically Tied to Homelessness | | |
|---|---|---|
| **TGTHR** *One-time, Non-Competitive Funds* | Human Services Reserve | $200,000 |
| **EFAA** | Human Services/Health Equity Funds | $226,887 |
| **SPAN** | Human Services/Health Equity Funds | $156,970 |
| **Keep Families Housed** | Human Services Fund | $450,000 |
| **Human Services/Health Equity Competitive Funds** | Human Services/Health Equity Funds | $128,100 |
| **EPRAS** | Tax Funds/ARPA | $1,333,428 |
| **Family Hotels** | ARPA | $60,000 |
| **Homeless Outreach Team** | General Fund | $406,374 |
| **Municipal Court Homeless Navigators** | General Fund | $88,666 |
| | **Total Other Funds** | $3,057,449 |

| | |
|---|---|
| **Total 2024 Budget** | **$9,797,904** |

# Key Performance Indicator Summary

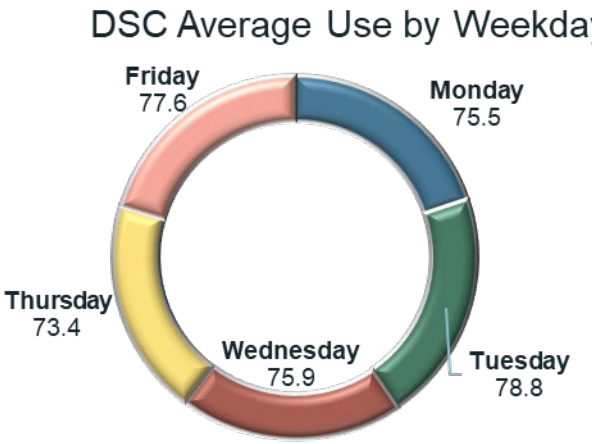
When the City of Boulder contracts with nonprofits to provide services, both parties work to determine the measurements of success and efficacy that are reasonable, and which tell the most appropriate story. While the city generally prioritizes outcome measures (i.e. measures that show the impact of a program; usually shown as a percentage of a total), there are times that output measures (e.g., number of people served) can also be illustrative. The measures included in the table below reflect those that are considered "key", meaning that they best indicate the performance of a program. The partner nonprofit and/or the city collect and analyze other data points in the course of program management. For the purposes of the chart below, "Q" = "quarterly" and "Y" is an annual target; Red = below target, Yellow = meeting target, Green = exceeding target, Grey = Not applicable).

| Program | Agency | Metric | Target | Q1 | Q2 | Q3 | Q4 | Annual |
|---|---|---|---|---|---|---|---|---|
| **Coordinated Entry/Outreach** | All Roads | % of people engaging with BTHERE more than once per quarter | 40%/Q | 49% | 46% | 49% | 21% | **45%** |
| **Coordinated Entry/Outreach** | All Roads | % of people completing Coordinated Entry screening during BTHERE Outreach interactions | 2%/Q | 0% | 3% | 14% | 1% | **4.75%** |
| **Coordinated Entry/Outreach** | All Roads | % increase (year over year) in # of BTHERE clients accessing diversion and reunification services | 5% increase/Y | | | | | **6% decrease** |
| **Coordinated Entry/ Outreach** | All Roads | % increase (over prior year) in # of people screened through Coordinated Entry | 10% increase/Q | 17% increase | 11% increase | 12% decrease | 7% increase | **5.75% (Quarter average)** |
| **Day Services** | All Roads | # clients exiting to housing who have accessed services at the Day Services Center | 4 people/Q | | | | 2 people | **2 people** |
| **Day Services** | All Roads | # of unique clients served by Day Services Center | 75 people/Q | | 252 people | 250 people | 231 people | **733 people** |
| **Day Services** | All Roads | % clients accessing partner programs at the Day Services Center | 40%/Q | | | 75% | 33% | **54% (Q average)** |
| **Day Services** | Clinica Family Health & Wellness | # of new unduplicated program participants engaging in services with an Clinica staff person at the Day Services Center (data from 10/15/24) | 11 people/Q | | | | 39 people | **39 people** |
| **Diversion and Reunification** | All Roads | # of individuals who are successfully diverted from shelter or reunified with support systems | 40 people/Y | | | | | **85 people** |

| Program | Agency | Metric | Target | Q1 | Q2 | Q3 | Q4 | Annual |
|---|---|---|---|---|---|---|---|---|
| **Emergency Shelter** | All Roads | % change (year over year) in the # of individuals staying at the shelter for 300+ days | 10% decrease | | | | | **39% Increase** |
| **Emergency Shelter** | All Roads | % change in the # of individuals exiting to housing | 10% increase/Y | | | | | **10% decrease** |
| **Housing Retention** | All Roads | # clients successfully transitioned to low intensity/out-patient care | 4 people/Q | 1 person | 4 people | 1 person | 0 people | **6 people** |
| **Housing Retention** | All Roads | # unique clients served | 12 people/Q | 38 people | 12 people | 85 people | 102 people | **237 people** |
| **Peer Support** | Focus Reentry | # of daytime programs/classes provided | 36/Y | 13 people | 24 people | 6 people | 40 people | **83 people** |
| **Peer Support** | Focus Reentry | % of interactions leading to successful social integration | 80%/Q | 89% | 86% | 87% | 94% | |
| **Peer Support** | Focus Reentry | Average # interactions per program participant | 20/Q | 11 | 16 | 29 | 12 | |
| **Permanent Supportive Housing** | Boulder Housing Partners | % of individuals who are eligible connected to entitlement benefits (SNAP, Medicaid/Medicare, SSI/SSDI) | 85%/Y | | | | | **100%** |
| **Permanent Supportive Housing** | Boulder Housing Partners | % of individuals who remain housed after 1 year in the program | 75%/Y | | | | | **80%** |
| **Respite** | All Roads | % Clients exiting into housing, long-term care, treatment services, or shelter with an established housing plan directly from respite stay | 70%/Q | | 100% | 90% | 83% | |
| **Respite** | All Roads | Average length of stay for individuals accessing program | 10 days or fewer/Q | | 13 days | 30 days | 21 days | |
| **Transitional Housing** | Bridge House | # of trainees assisted | 65 people/Y | | | | | **91 people** |
| **Transitional Housing** | Bridge House | % of individuals placed from Ready to Work programs | 100%/Y | | | | | **71%** |

# Day Services Center

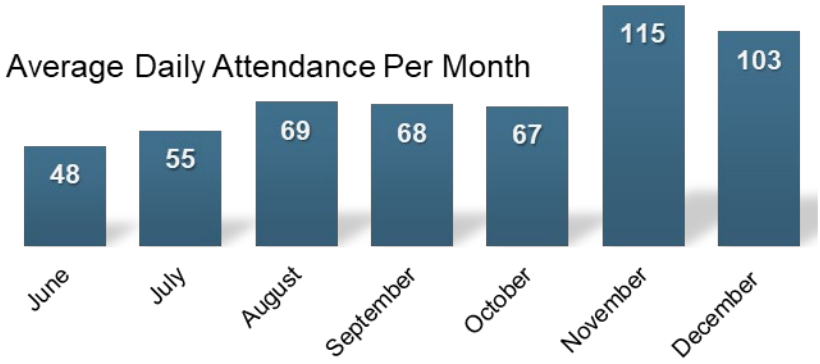
In 2022, City Council identified the establishment of a Day Services Center (DSC) as a key priority to address homelessness. Since its launch on June 17, 2024, the DSC has become a critical resource for individuals experiencing homelessness, reflecting its design to address immediate needs while fostering pathways to long-term stability. Between June and December 2024, the DSC served **735 unique participants**, including 531 individuals newly enrolled into the Homeless Management Information System (HMIS). During this same timeframe, the center recorded **13,475 total visits**, illustrating the consistent demand for its services.




The DSC, located at the All Roads shelter, provides access to safe, climate-controlled space to escape inclement weather, as well as showers, restrooms, storage, meals, clothing, and phone and Wi-Fi access. These essential services meet client basic needs while also creating opportunities for people to engage with a number of services designed to end their homelessness. Staff solicited and received grant funding to build on the services to include housing navigation support; housing retention services; peer support; and on-site mental health, physical health, and substance use treatment. To support the housing focus of the DSC, the State of Colorado is supporting the effort with **30 permanent supportive housing vouchers**.

From August through December 2024, as new service providers joined the center, the DSC facilitated **161 unique connections to services**, strengthening individuals' access to resources tailored to their needs. **On an average day, the center welcomed 85 unique visitors**, underscoring its role as a vital community hub.

All Roads provides all operational support as well as housing navigation, placement, and support services. In October, Clinica Family Health & Wellness began providing mental health services at the DSC. These services include mental health service navigation support, counseling, milieu management, and medically assisted treatment (MAT) for people with substance use disorders. All Roads has also worked with other nonprofit organizations, to provide one-stop service coordination at the DSC. This includes such organizations as Feet Forward, Deacon's Closet, Recovery Café, Boulder Housing Assistance Program, Boulder Homeless Navigators, and others. These organizations work collaboratively to serve individuals and to end their homelessness.



## Associated Homelessness Strategy

Support access to basic services

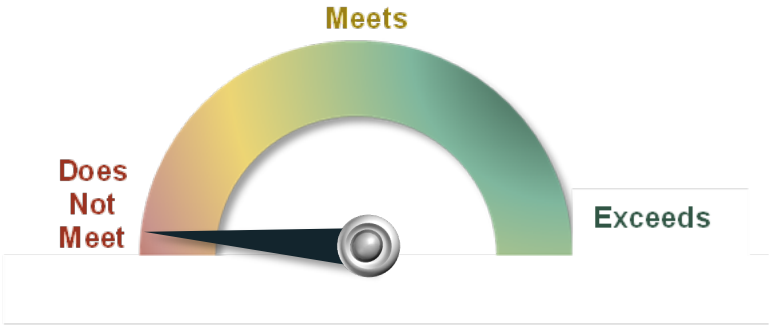
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Strengthen equity-focused programs that help meet community members' basic needs, including mental, physical, and behavioral health, financial assistance, and access to services. |
| **Priority Action:** | Increase successful transition from homelessness to housing by identifying and broadening supportive housing opportunities and by expanding access to essential health and system navigation services. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Increased transition from homelessness to housing. |

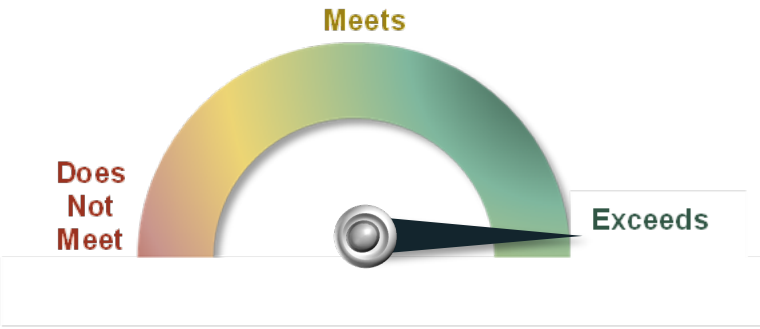
## Measures and Performance

**Measure:**
**Number of Clients Exiting to Housing Who Have Accessed Services at the Day Services Center (DSC)**
**Target:** 4 People Per Quarter
**Actual:** 2 People Per Quarter
**Notes and Insight:**

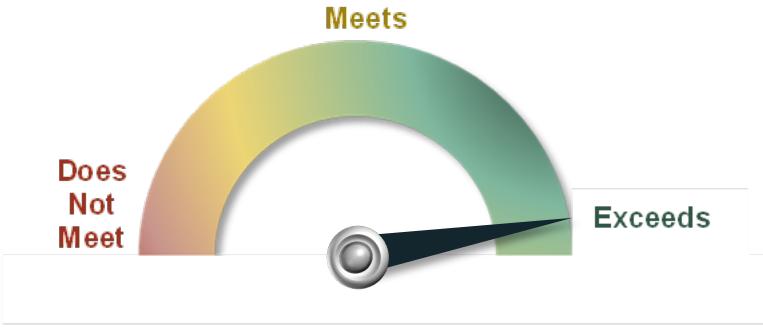



This output metric measures the ability of the tenant supportive services staff to connect people using the DSC to permanent supportive housing opportunities. Due to the hiring of housing staff, state delays in making the vouchers available, and the length of time it takes to move individuals through the housing process, this program did not come online until 4th quarter. It is indicated that the target was estimated too high and will be adjusted to two people per quarter in 2025.

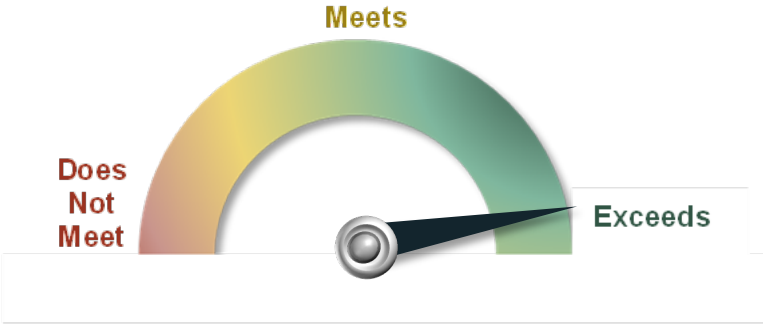
**Measure:**
**Number of Unique Clients Served by the DSC**
**Target:** 75 People Per Quarter
**Actual:** Q2: 252 People
Q3: 250 People
Q4: 231 People
**Notes and Insight:**
This output metric measures the number of clients accessing the DSC. Since opening, the DSC has had a steady usage exceeding expectations.




**Measure:**
**Percent of Clients Accessing Partner Programs at DSC**
**Target:** 40% Per Quarter
**Actual:** Q2: 73%
Q3: 33%
Q4: 85%
**Notes and Insight:**
This outcome measure evaluates the value of collaborative connection between people using basic services at the DSC and Focus ReEntry services. The high number of connections points to early success in housing-focused interactions.




**Measure:**
**Number of New Unduplicated Program Participants Engaging in Services with a Clinica Staff Person at the DSC (data from 10/15/24)**
**Target:** 11 People (adjusted from 44 annual due to late start)
**Actual:** 39 People
**Notes and Insight:**
This output metric shows how having mental health services at the DSC can be valuable. The actual number reflects a little less than one quarter of performance, and targets are likely to be revised in 2025.



# Respite Services

In addition to the DSC, the city secured funding from the State of Colorado Division of Housing (DOH) to establish a respite care program for individuals experiencing homelessness. Respite care offers short-term, recuperative support for individuals experiencing homelessness who can independently perform daily activities but require minor medical care. This includes services such as wound care, dressing changes, short-term oxygen usage following hospital discharge, and 24/7 assistance, enabling safe recovery outside of hospitals or the streets.

The city has partnered with All Roads to provide dedicated space, operational staff, and case management. Clinica Family Health and Wellness will begin delivery of clinical care for program participants in early 2025. This collaboration ensures comprehensive, round-the-clock care tailored to the needs of those recovering from medical issues.

Partially launched in the summer of 2024 with eight 24-hour shelter beds and set to expand to include clinical services in the first quarter of 2025, the respite care program addresses critical gaps between medical recovery and stable housing for individuals experiencing homelessness. Early outcomes highlight the program's role as a vital component of the homelessness response system, supporting recovery, stability, and pathways to long-term solutions.

Since its launch in June 2024, the respite care program has **served 17 unique participants**. The **average length of stay for participants during this period was 21 days**, reflecting the program's focus on short-term recovery. By the end of 2024, the program successfully supported **two individuals in transitioning to housing and one individual in transitioning to long-term care**, demonstrating its potential to bridge the gap between medical recovery and stable living environments.

## Associated Homelessness Strategy

Support access to basic services

| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

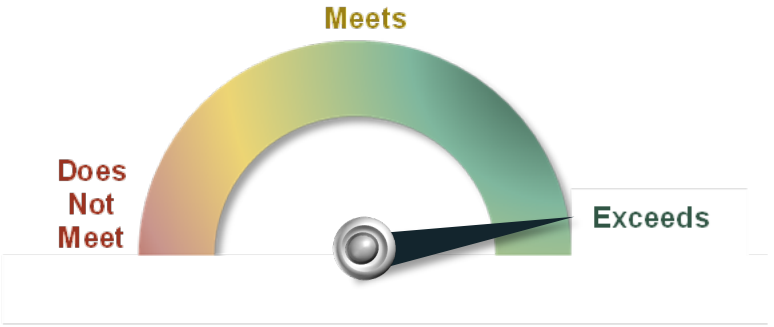
| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Strengthen equity-focused programs that help meet community members' basic needs, including mental, physical, and behavioral health, financial assistance, and access to services. |
| **Priority Action:** | Increase successful transition from homelessness to housing by identifying and broadening supportive housing opportunities and by expanding access to essential health and system navigation services. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Increased transition from homelessness to housing. |

## Measures and Performance

**Measure:**
**Percent of Clients Exiting into Housing, Long-term Care, Treatment Services, or Shelter with a Housing Plan**

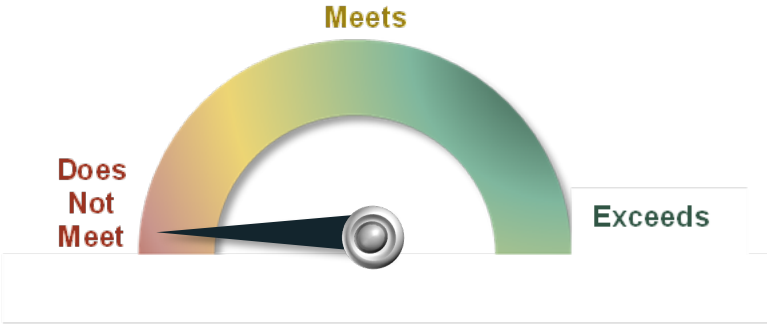
**Target:** 70%
**Actual:** Q2: 100%
Q3: 90%
Q4: 83%




**Notes and Insight:**
One of the goals of the respite program, beyond providing care, is to engage with people to end their homelessness. Connecting to long-term care or treatment can pave the way for overall health and stability. Additionally, the program has been successful in, for those who return to sheltering, creating actionable housing plans to lessen the time they spend in sheltering.

**Measure:**
**Average Length of Stay for Individuals Accessing Program**

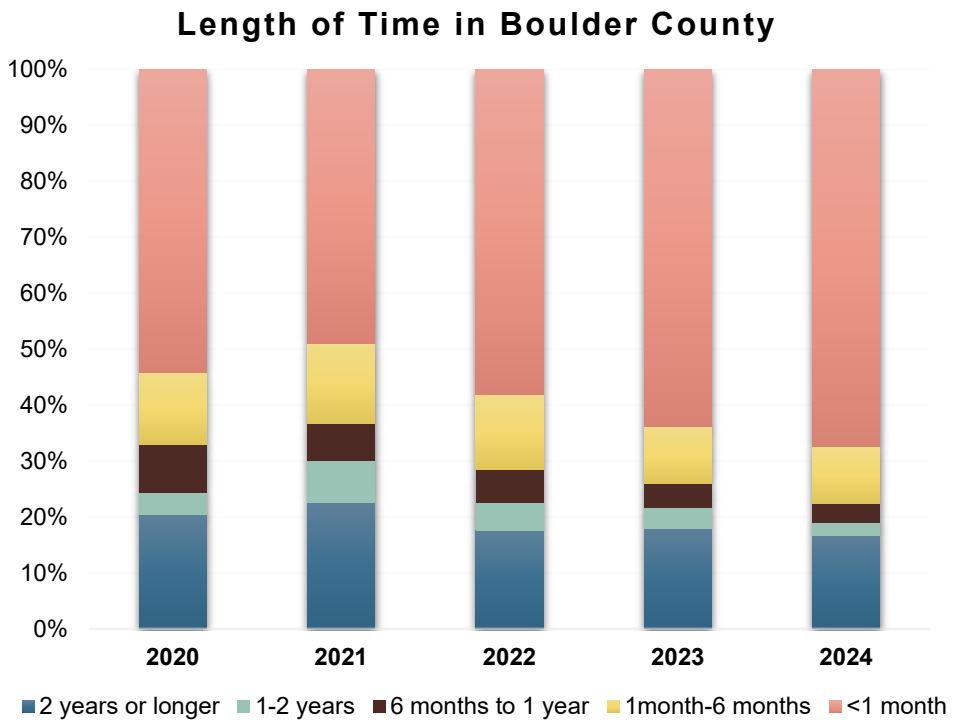
**Target:** 10 or fewer nights
**Actual:** Q2: 13 nights
Q3: 30 nights
Q4: 21 nights




**Notes and Insight:**
While this measure is not meeting the established target, the target was set too low. Optimally, a person should stay for two weeks (14 nights) for substantial recovery from illness, surgery, or injury. It is hoped that with the inclusion of Clinica Family Health & Wellness services in 2025, the program will be able to reduce average length of stay for program participants.

# Coordinated Entry and Outreach

Accessing homeless services in Boulder is designed to be low barrier and can be accomplished in multiple ways. Using a brief assessment, Coordinated Entry (CE) is the initial step in determining individual's needs and connecting them with appropriate resources including emergency shelters, diversion, and reunification. For individuals who may not be ready or able to access Coordinated Entry through All Roads day services or nighttime sheltering, Boulder has expanded resources into the field to meet people where they are. This has been accomplished through the highly coordinated efforts of programs and services providing both outreach and navigation services.




The number of individuals being screened through CE decreased in 2024, compared to 2023. There were 682 people screened in city of Boulder locations, compared to 815 the previous year.

Generally, people who access CE are new to homelessness or to Boulder County. Information gathered by outreach workers shows that approximately two-thirds of people camping in public spaces have been screened through CE. In 2024, 67% of individuals screened through CE report to have been in Boulder County less than 30 days, and a total of 77.5% of individuals screened through CE have been in the community for less than six months.

Knowing that CE is focused on people newly experiencing homelessness or new to Boulder, it is not surprising that CE data shows a higher level of people reporting shorter lengths of homelessness than was reported in the summer PIT. However, the CE data does provide important information about each person's situation. The system also sees a large number of people who have been screened through CE in the past but who either stabilize or do not seek any further services.

Data collected through CE is used to identify gaps in service delivery, evaluate existing programming and make system decisions. While Boulder is one community attempting to resolve a national homelessness crisis, it can be helpful to study where people are from and how long they have been experiencing homelessness. Boulder and HSBC work with other communities within the Greater Denver Continuum of Care to coordinate services.

## BTHERE and Coordinated Outreach

Boulder has a highly coordinated and efficient outreach system. A piece of coordinated outreach, Boulder Targeted Homeless Outreach & Engagement Effort (BTHERE), is funded through the HHS operations contract with All Roads.

All Roads provides citywide street outreach services through the Boulder BTHERE team. The BTHERE team consists of an outreach supervisor and team members. It is the BTHERE team's goal to engage with and build relationships with people experiencing homelessness for future connections to housing and other services. The team visits locations with high incidence of camping in public spaces and provides connections to coordinated intake, Diversion and Reunification services, sheltering, housing resources, medical services, mental health services, and assistance with obtaining necessary ID documentation.

Evidence-based best practices show that strong street outreach efforts create a sense of community among people experiencing unsheltered homelessness. It is the sense of community and connection, coupled with coordinated case management services, that helps to successfully house individuals experiencing unsheltered homelessness. Outreach workers can build rapport and provide the bridge to resources with people who might not otherwise have been engaged in services.

Agencies and programs in Boulder who are a part of the outreach and navigation system meet weekly to share information, coordinate services, and reduce duplicative efforts. Agencies providing outreach and navigation services to individuals living in unsheltered situations work together to make sure the services provided are coordinated and effective. Some of the agencies that regularly participate in this work are Boulder Shelter for the Homeless (BTHERE & BCH high utilizer partnership case manager), Boulder County Criminal Justice Services (Behavioral Health Assistance Program), Clinica (Street Medicine Team), Boulder Police Department (Homeless Outreach Team), Focus Reentry, and Boulder Municipal Court. This group also coordinates regularly with Boulder partners who provide basic needs services such as Deacon's Closet, Harvest of Hope, and Feet Forward as regular meeting spots and consistent places to connect with individuals.

The group has shared that often the individuals with whom they are working have complicated barriers that include a history of chronic long-term homelessness, substance use, mental and physical health barriers, and trauma that requires coordination and collaboration to effectively end the individual's episode of homelessness and get them connected to long term supports in the community. It is not uncommon for multiple partners to assist an individual through the housing process and to assist in coordinating appointments for both care and housing.

In late fourth quarter, the BTHERE team had some staffing challenges, which lowered its ability to meet certain measures and metrics.

## Associated Homelessness Strategy

Support access to basic services

| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| Goal: | Livable |
| Objective: | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security |

| Strategic Plan Alignment | |
|---|---|
| Strategy: | Strengthen equity-focused programs that help meet community members' basic needs, including mental, physical, and behavioral health, financial assistance, and access to services. |
| Priority Action: | N/A |

| HHS Logic Model | |
|---|---|
| Alignment: | Housing |
| Outcome: | Increased transition from homelessness to housing |

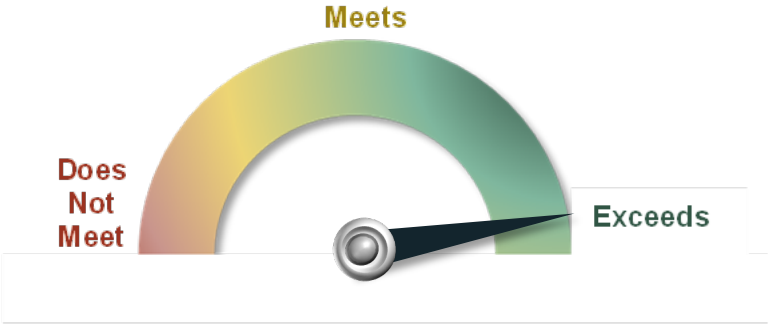
## Measures and Performance

**Measure:**

**Percent of People Engaging with BTHERE More than Once Per Quarter**

**Target:** 40%

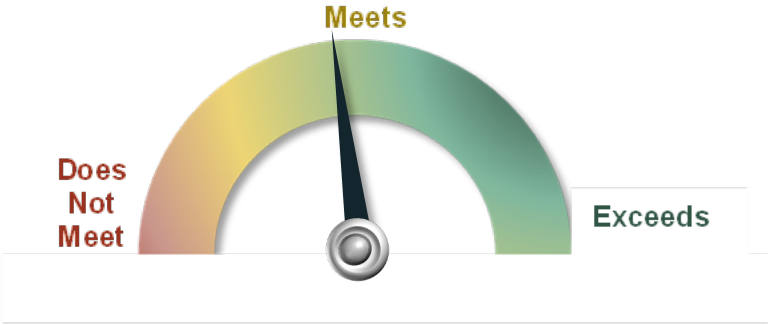
**Actual:** Q1: 49%
Q2: 46%
Q3: 49%
Q4: 21%




**Notes and Insight:**

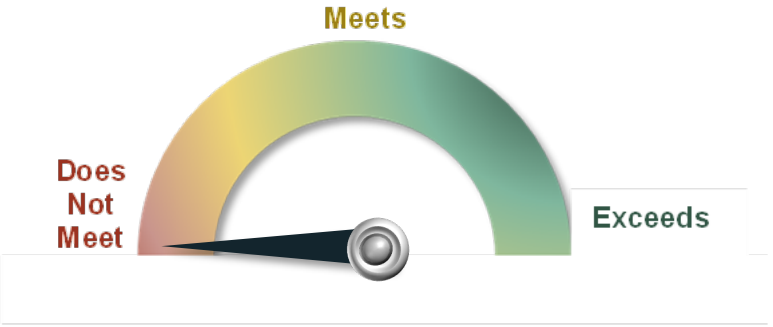
Generally, the program is meeting its goals, but the fourth quarter results show the impact of staffing issues. This metric is designed to show the percentage of people that have multiple contacts with BTHERE, important when assessing the group's ability to follow through with engagement efforts.

**Measure:**
**Percent of People Completing Coordinated Entry Screening During BTHERE Outreach Interactions**
**Target:** 2%
**Actual:** Q1: 0%
Q2: 3%
Q3: 14%
Q4: 1%

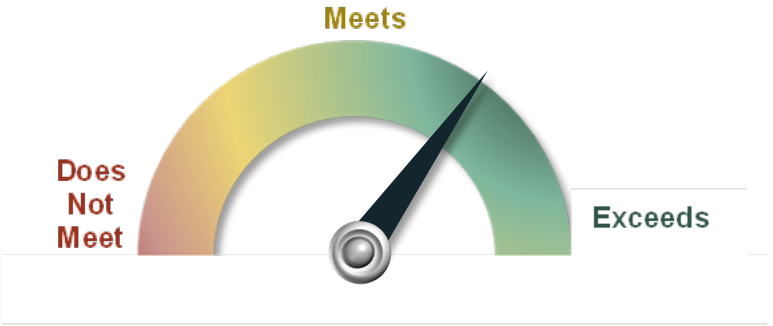



**Notes and Insight:**
Coordinated Entry screening is a small part of the BTHERE team's duties, as much of the team's work is related to initial outreach, relationship building, and in-field case management. However, allowing for this process to occur can enable shelter stays for people who have not yet engaged with All Roads. This metric was also impacted by staffing issues, and the high percentage of Q3 screenings is correlated with a higher inflow period.

**Measure:**
**Percent Increase (Year Over Year) in Number of BTHERE Clients Accessing Diversion and Reunification Services**
**Target:** 5% Increase
**Actual:** 6% Decrease




**Notes and Insight:**
The realignment of the Diversion program in 2024 created a reduction in the number of people accessing financial assistance through Diversion. This realignment occurred in collaboration with Boulder County to reserve funding for people currently experiencing homelessness rather than for people at risk of homelessness. As this is a small funding allocation and other resources exist for people at risk, it was determined that true diversion expenditures were the higher and better use of the funds.




**Measure:**
Percent Increase (Over Prior Year) in the Number of People Screened Through Coordinated Entry
**Target:** 10% Increase
**Actual:** Q1: 10% Increase
Q2: 17% Increase
Q3: 12% Decrease
Q4: 7% Increase
**Notes and Insight:**
Even with an overall reduction in the number of people screening through Coordinated Entry, several quarters saw a positive quarter to quarter increase. This is due to a disproportionate increase during Q3 of 2023.

# Diversion and Reunification

Diversion and Reunification services are offered as part of the coordinated adult homeless services system. Each individual staying at All Roads is assessed for possible Diversion and Reunification Services. These services can also be provided in the field through the BTHERE program. If an individual's homelessness can be diverted without a stay in the shelter, this is considered Diversion. If reconnection to support systems requires a short shelter stay, it is considered Reunification.

Diversion and Reunification services seek to assist individuals experiencing homelessness with creative solutions to their housing issues, and these services aim to redirect people from temporary shelter toward alternate housing options. Diversion Services can provide essential assistance to individuals while maintaining scarce resources for the priority populations. These services are designed to promote client empowerment in determining housing solutions and are tailored to each client's needs.

City of Boulder funding under this category is used for direct financial assistance and through funding for the BTHERE team. This is partially matched with Boulder County funding for the associated personnel costs.

During 2024, the Diversion program was changed to move away from the provision of homelessness prevention services in favor of financial assistance to people already experiencing homelessness. As mentioned in the Coordinated Entry section above, this is a small budgetary item, and it was determined that this would be a higher and better use of these funds and would be better aligned with national Diversion best practices. As such, the number of people served will show decreases from the prior year.

## Associated Homelessness Strategy

Reduce or prevent homelessness

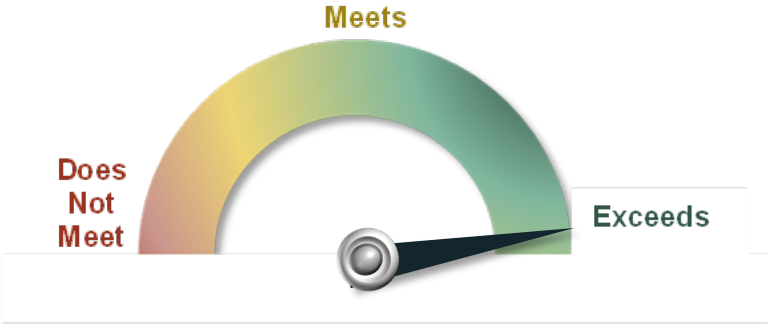
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Support and provide holistic and accessible programs and services to enable diverse individuals and families to live in Boulder. |
| **Priority Action:** | Deepen collaborative strategies and services for legal and financial support to prevent evictions and to keep Boulder community members housed. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Reduced returns to homelessness. |

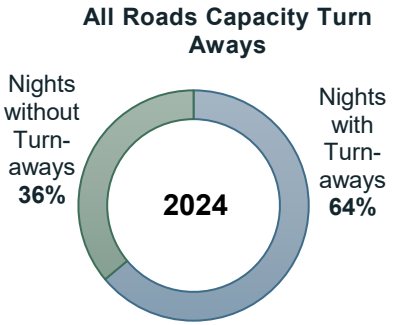
## Measures and Performance

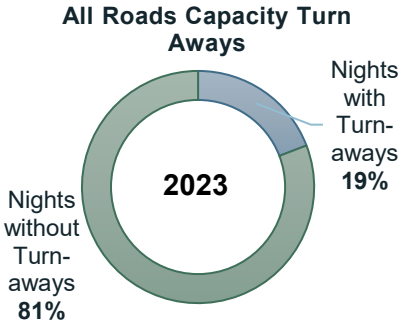
**Measure:**
**Number of Individuals Who are Successfully Diverted from Shelter or Reunified with Support Systems**
**Target:** 40 People
**Actual:** 85 People
**Notes and Insight:**
Particularly due to BTHERE providing these services, this metric was exceeded.



# Sheltering Services

In Boulder, the primary shelter for single adults is located at the All Roads facility in North Boulder. While The Lodge at Haven's Ridge serves people identifying as women, transgender or non-binary and TGHR serves youth (who may be over 18 years), shelter funding under the Boulder Homelessness Services contracts covered within this Year End Report are limited to sheltering services provided by All Roads.




All Roads increased its bed capacity from 160 beds to 180 beds during the year and is still seeing unprecedented nightly shelter usage. As the Point in Time count reflects a lower number of people experiencing homelessness in Boulder overall, staff believes the high usage is related to the following:

- The people served by the DSC – while the shelter was already turning away people (at the lower bed capacity) prior to the opening of the DSC, the turn aways have been more consistent since opening. As people who formerly did not utilize the shelter are using day services, this seems to correlate to the same people deciding to stay in the shelter.
- The programming provided by the DSC – high levels of participation in DSC programming point to correlated engagement with ongoing/nighttime shelter services.
- Migration from other communities – the increasing number of people coming to Boulder from other Front Range communities seems to tie with a population that is comfortable with shelter stays.

Interestingly, bed usage is not directly correlated with weather conditions. However, weather conditions reached the criteria to open an Extreme Weather Shelter in January 2024. This four-day period saw overflow sheltering of between 45-70 people, depending on the night. Due to the substantial staffing and financial lift, this is considered to be an emergency response for only the direst weather conditions.

All Roads continues to make changes to its program offerings in the name of efficiency and efficacy of service. The organization has also incorporated the voice of lived experience in its hired staff and on its board.

## Associated Homelessness Strategy

Support access to basic services

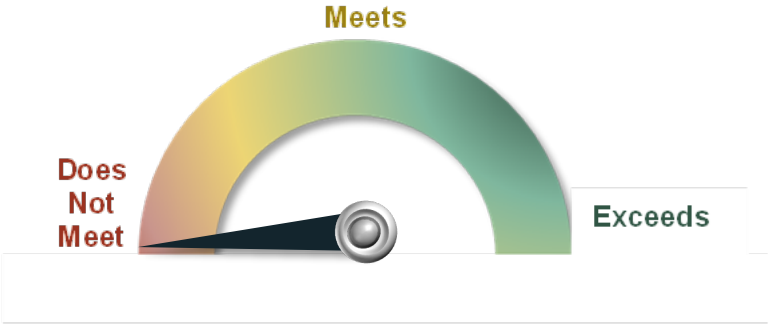
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Strengthen equity-focused programs that help meet community members' basic needs, including mental, physical, and behavioral health, financial assistance, and access to services. |
| **Priority Action:** | Increase successful transition from homelessness o housing by identifying and broadening supportive housing opportunities and by expanding access to essential health and system navigation services. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Increased transition from homelessness to housing. |

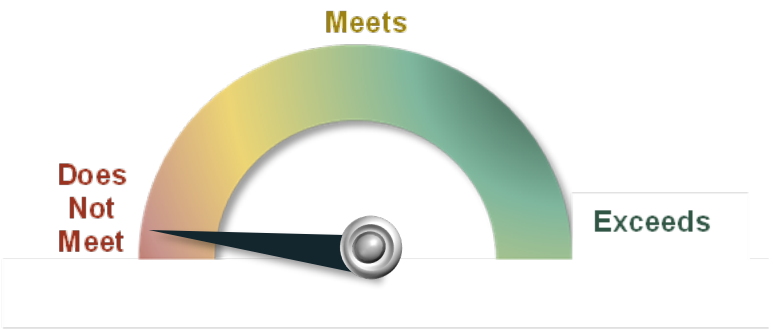
## Measures and Performance

**Measure:**
**Percent Change (Year Over Year) in the Number of Individuals Exiting to Housing**
**Target:** 10% Increase
**Actual:** 10% Decrease
**Notes:**
While All Roads has consistently been exiting more and more people from sheltering to housing over the past few years, this measure was not met for the following reasons:




1. With shelter census rising, the percentage housed is negatively impacted
2. The largest housing effort in 2024 took many people directly from an unsheltered living situation.
3. 2023 was an exceptionally successful year for housing, with the addition of several resources including the shelter's acquisition program for the harder to house and the Bluebird development.

**Measure:**
Percent Change (Year Over Year) in the Number of Individuals Staying at the Shelter for 300+ Days
**Target:** 10% Decrease
**Actual:** 39% Increase
**Notes and Insight:**
This was a tough year for long-term stayers of the shelter. The system has made progress in recent years by targeting local vouchers, at least in part, to this population. However, in 2024 this population was deprioritized in favor of direct from the street placement for the Zinnia development. There is also a number of long-term stayers who refuse to engage with housing efforts. All Roads continues to develop ways to encourage housing options.




# Transitional Housing

The City of Boulder provides funding to help support the Ready to Work transitional housing program, run by Bridge House. Funding is primarily used to assist in rent payments for graduates of the program, through a master lease of specific units. Additional funding supports the costs associated with the internship program, for people not yet eligible for the Ready to Work program. In general, the program has a low per-client expenditure rate and results in easing the transition from fully supported housing to self-sufficiency.

While not funded in 2024, transitional housing is also provided through Project Recovery. This project is collaborative, with the city purchasing the residential property in 2023 and the county funding the operations of the program through a Bureau of Justice Assistance grant. As City of Boulder funding was used for one-time acquisition and program operations are funded by Boulder County, performance against targets is not reflected in this report.

## Associated Homelessness Strategy

Expand pathways to permanent housing and retention

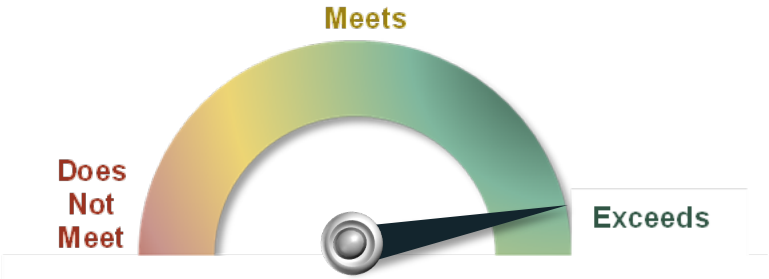
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Provide a variety of housing types with a full range of affordability |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Support and provide holistic and accessible programs and services to enable diverse individuals and families to live in Boulder. |
| **Priority Action:** | Collaboratively implement and fund local and regional strategies to increase affordable housing stock and other potential innovative strategies that could provide increased housing options for the unsheltered community. |

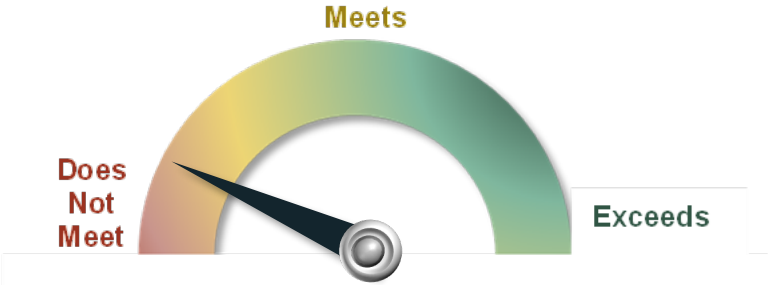
| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Increased transition from homelessness to housing. |

## Measures and Performance

**Measure:**
**Number of Trainees Assisted**
**Target:** 65 People
**Actual:** 91 People
**Notes and Insight:**
Bridge House supports its Ready to Work program through a trainee program, where people are allowed shelter while they are being assessed to be part of Ready to Work. City funding helps support this effort. Bridge House was able to serve more trainees than forecast in 2024, leading to a robust workforce.



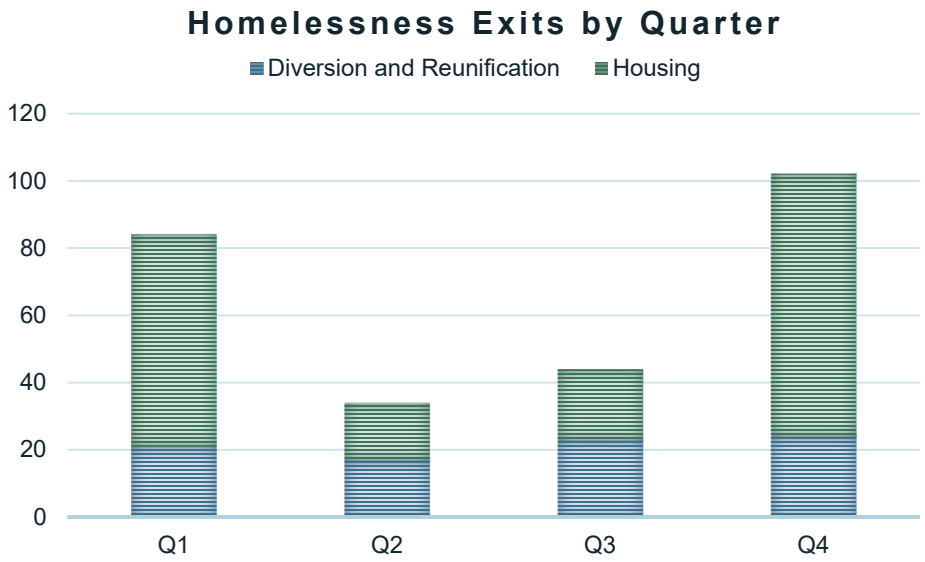

**Measure:**
**Percent of Individuals Placed from Ready to Work Programs**
**Target:** 100%
**Actual:** 71%
**Notes and Insight:**
The city also assists with rental assistance for people who graduated from Ready to Work programs. While the program did not meet its goal, the goal was set at a very aspirational level of 100%.



# Permanent Supportive Housing

The solution to homelessness begins with housing. By connecting people experiencing homelessness to housing and services, they have a platform from which they can address other areas that may have contributed to their homelessness such as employment, health, and substance abuse. Permanent housing with connection to services has been shown to be the most successful intervention for solving homelessness.

During 2024, the system saw **264 exits** out of homelessness into stable housing. Of those who exited the system, **179 people entered into permanent housing and 85 people were diverted or reunified** with their families or support systems. Placements in the Zinnia development account for much of the 4th quarter results). The month of October had an agency record for placements by All Roads.




Many of these exits into housing were facilitated by housing vouchers that are provided by multiple funding streams. Boulder Housing Partners and Clinica Family Health & Wellness manage vouchers from HUD, Colorado Department of Housing (DOH), and City of Boulder funded vouchers. These vouchers are then paired with supportive services provided by All Roads, TGTHR, and Clinica Family Health & Wellness.

In 2018, the City of Boulder began providing funding to Boulder Housing Partners for local housing vouchers, with supportive services contracted out to All Roads. These vouchers serve individuals who have long histories in Boulder and are often not prioritized for other housing programs.

Over the past three years and across various funding sources, All Roads has purchased **12 individual units in Boulder** to assist this population. This program removes the barrier of dependency on a landlord system and provides housing options for some of the community's highest system utilizers. These units are accompanied by case management services. All individuals housed through the program had lengthy histories of experiencing homelessness, significant criminal histories, and experienced many barriers to accessing safe and affordable housing. This program has **a 69% retention rate**, meaning that 69% of the people living in these units have been able to maintain their housing. All Roads was also successful in an application to the State of Colorado and awarded dedicated housing vouchers to pair with these housing units.

## Associated Homelessness Strategy

Expand pathways to permanent housing and retention

| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Provide a variety of housing types with a full range of affordability |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Support and provide holistic and accessible programs and services to enable diverse individuals and families to live in Boulder. |
| **Priority Action:** | Collaboratively implement and fund local and regional strategies to increase affordable housing stock and other potential innovative strategies that could provide increased housing options for the unsheltered community. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Increased transition from homelessness to housing. |

## Measures and Performance

**Measure:**

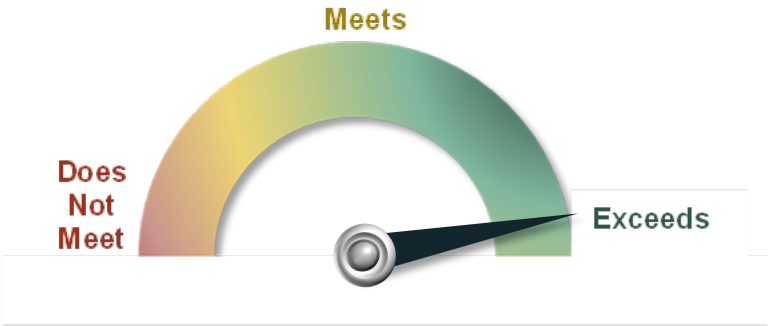
**Percent of Individuals Who are Eligible Who are Connected to Entitlement Benefits (SNAP, Medicaid/Medicare, SSI/SSDI)**

**Target:** 85%

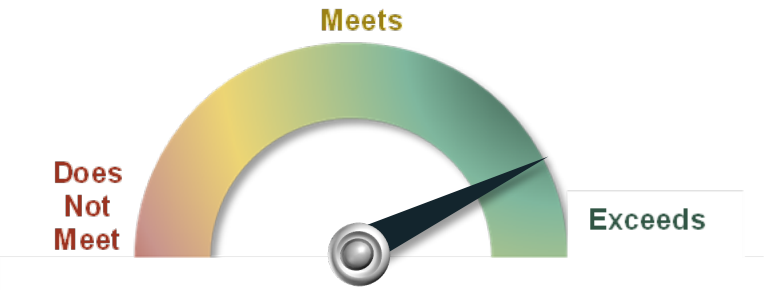
**Actual:** 100%

**Notes and Insight:**

An important facet of tenant supportive services is ensuring that people in permanent supportive housing are able to receive all of the entitlement benefits for which they are entitled. This measure is directly tied to the local voucher program, administered by Boulder Housing Partners. Boulder Housing Partners subcontracts with All Roads for the provision of supportive services.



**Measure:**
**Percent of Individuals Who Remain Housed After One Year in the Program**
**Target:** 75%
**Actual:** 80%
**Notes and Insight:**
This metric measures the retention rate (i.e., the percentage of people in a program that are able to maintain their housing for one year or more) for the local voucher program. As this program is targeted toward people with significant challenges in housing retention, an 80% retention rate is considered to be successful.




# Peer Support

Providers have found that many vulnerable individuals who have been experiencing chronic homelessness for several years struggle to maintain their housing. Building Home is designed to improve housing retention for people within Permanent Supportive Housing (PSH) units, reduce feelings of isolation for people who have been recently housed, and build community for people who have formerly experienced chronic homelessness. Building Home is split between two contracts – one for Peer Support Services and the other for the establishment of a Housing Retention Team.

The intention of the Peer Support program is to match individuals with lived experience in homelessness to people who will soon be housed or have recently been housed. In addition to one-on–one peer support services provided to very vulnerable PSH residents, peer support also includes daytime programming designed to assist in socialization, housing program navigation, and life skill development.

## Associated Homelessness Strategy

Expand pathways to permanent housing and retention

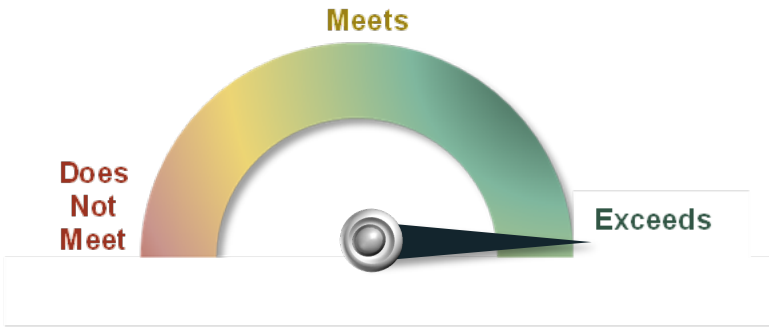
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Support and provide holistic and accessible programs and services to enable diverse individuals and families to live in Boulder. |
| **Priority Action:** | Collaboratively implement and fund local and regional strategies to increase affordable housing stock and other potential innovative strategies that could provide increased housing options for the unsheltered community. |

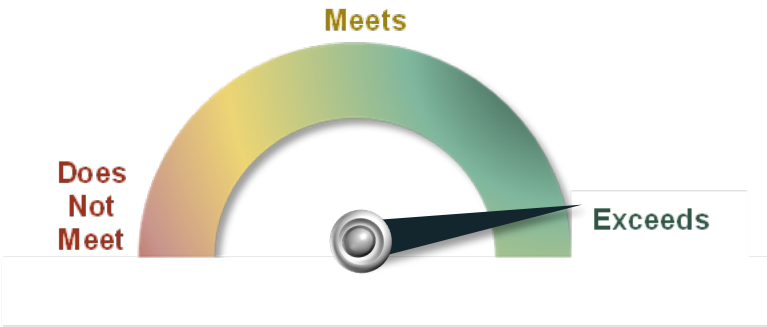
| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Reduced returns to homelessness. |

## Measures and Performance

**Measure:**
**Number of Daytime Programs/Classes Provided**
**Target:** 37 Programs/Classes Per Year
**Actual:** Q1: 13
Q2: 24
Q3: 6
Q4: 40
**Notes and Insight:**
The Focus ReEntry Building Home Peer Support team has been able to exceed contract targets for the programming offered. Program participants report reductions in isolation, a frequent cause of returns to homelessness.

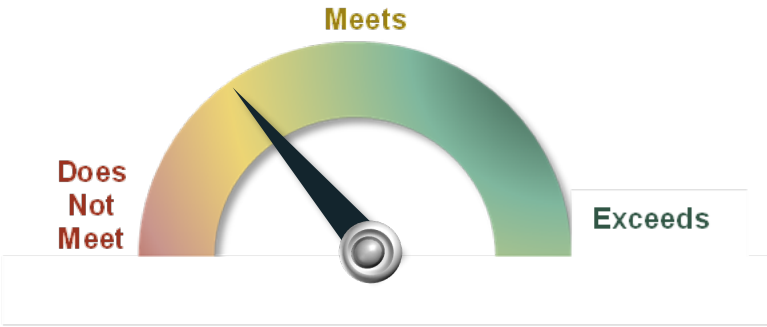


**Measure:**
**Percent of Interactions Leading to Successful Social Integration**
**Target:** 80%
**Actual:** Q1: 89%
Q2: 86%
Q3: 81%
Q4: 94%




**Notes and Insight:**
As mentioned above, social integration is the hallmark of this program. When permanent supportive housing residents feel alone and unconnected, they often abandon their units or make limiting decisions which can lead to eviction. Focus ReEntry has provided high quality interactions which are showing success.

**Measure:**
**Average Number of Interactions per Program Participant**
**Target:** 20
**Actual:** Q1: 11
Q2: 16
Q3: 29
Q4: 12




**Notes and Insight:**
Focus ReEntry has had slightly lower interactions per program participant. This may be a function of program stability. However, these are expected to increase with the advent of the DSC.

# Housing Retention

The other half of the Building Home program is the Housing Retention Team, operated by All Roads (the lead agency for the Building Home program). The Housing Retention Team is comprehensive individual-based support to help people remain stable housed. Participants are identified by a collaboration of shelter staff, outreach staff, and housing case managers who recognize individuals requiring extra support to sustain housing. The core Housing Retention Team consists of at least three staff members, to be augmented by subcontracted support from medical providers, mental health providers, peer support, or other necessary interactions. Members of the Housing Retention Team generally include clinical/medical staff, a generalist case manager with professional/experiential qualification, housing support (landlord liaison, housing maintenance, move-in assistance/orientation), and a supervisor.

The Housing Retention Team is modeled to closely resemble an Assertive Community Treatment ("ACT") team. As such, the services meet the following characteristics:

1. A wrap-around, multi-disciplinary team that provides service directly to the program participant.
2. Services are provided to either proactively address housing retention issues or offered when alerted by the housing provider of activities that jeopardize housing.
3. The team meets regularly with the client during any crisis situation, mostly in the program participant's home, and meets with each other to discuss a coordinated approach. This also includes a strong connection with the program participant's peer support or other entities with whom the program participation has trust, as applicable.
4. Housing Retention Team services are informed by client choice and a recovery orientation. The team does not dictate the types of services provided or the elements of case management plans. Participation with services is always contingent on program participant choice.

Services to a particular program participant are offered on a time-unlimited basis (within the first two years of program participation), with planned transfer to lower intensity services for stable clients.

This is a relatively new program, with services beginning in mid-2023.

## Associated Homelessness Strategy

Expand pathways to permanent housing and retention

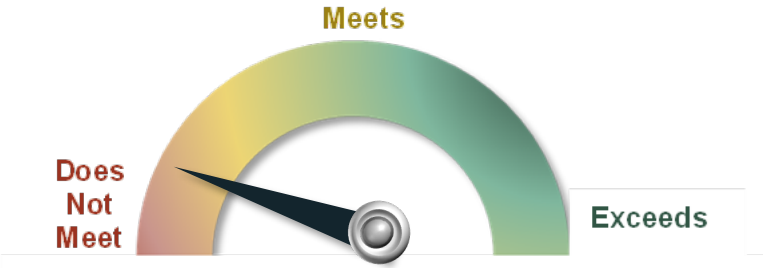
| Sustainability, Equity, and Resilience Framework Alignment | |
|---|---|
| **Goal:** | Livable |
| **Objective:** | Supports community members who are unhoused or underhoused to navigate systems, programs, and services to achieve housing security. |

| Strategic Plan Alignment | |
|---|---|
| **Strategy:** | Support and provide holistic and accessible programs and services to enable diverse individuals and families to live in Boulder. |
| **Priority Action:** | Collaboratively implement and fund local and regional strategies to increase affordable housing stock and other potential innovative strategies that could provide increased housing options for the unsheltered community. |

| HHS Logic Model | |
|---|---|
| **Alignment:** | Housing |
| **Outcome:** | Reduced returns to homelessness. |

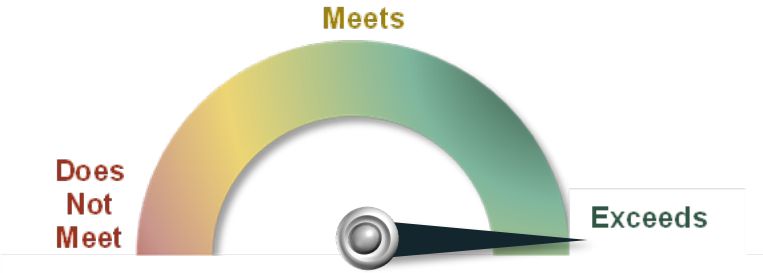
## Measures and Performance

**Measure:**
**Number of Clients Successfully Transitioned to Low Intensity/Outpatient Care**
**Target:** 4 People per Quarter
**Actual:** Q1: 1
Q2: 4
Q3: 1
Q4: 0




**Notes and Insight:**
While this measure was not met, this is not necessarily a bad result. If program participants are relatively stable, they may not be in need of low intensity or outpatient care.

**Measure:**
**Number of Unique Clients Served**
**Target:** 12 People per Quarter
**Actual:** Q1: 38
Q2: 12
Q3: 85
Q4: 102




**Notes and Insight:**
The Housing Retention Team has by far exceeded its quarterly goal, and this target is being reviewed for 2025. This team has been able to effectively intervene in situations where a program participant has been decompensating or has made decisions which jeopardizes their housing.

# High Utilizers

Not covered directly in this report, a significant amount of staff time has been dedicated toward the development and implementation of a set of programs tailored to reduce the community impact of the unhoused highest utilizers of the criminal justice system. People who are experiencing unsheltered homelessness are highly correlated with high usage of community services, including emergency room visits, mental health services, interactions with jails and the legal system, and use of police resources and ambulance services. Boulder initiated a collaborative effort in 2022, leading a multi-organizational team to address homelessness for high utilizers. The primary goals are to share data, coordinate services, and address housing gaps for this population. All successes for this work are embedded in other categories of service.

The Interagency Taskforce has developed a proposal that is focused on connecting high utilizers with non-traditional supportive housing and offering comprehensive services including peer support, case management, and treatment. This proposal marks the initial step in an ongoing process to transition individuals out of homelessness.

# System Gaps

While Boulder has a robust and holistic response to homelessness, gaps and challenges still exist. Across the board, there is a need for targeted mental and behavioral health services, particularly those with residential components, that address the unique needs of people experiencing homelessness.

Boulder's housing gap is in two forms: structure (type) and amount. Because Boulder is heavily dependent on site-based vouchers for PSH, Boulder is highly dependent on landlords. The collaborative efforts of Boulder and its partners have led to success in housing many people through traditional methods. As the system moves toward housing more challenging people, there are more people who have qualified for vouchers but who cannot qualify for leases in scattered sites. Moreover, Boulder does not have the available funds, land or unit availability to do some of the activities done in other cities such as purchasing hotels that have passed their useful life to repurpose as single room occupancy units or creating large and spread-out villages. Boulder also does not have a wide portfolio of single-family homes that could be used for people who need a setting more like a group home.

While Boulder has done an outsized job in creating affordable housing, especially compared to other cities Boulder's size, the community still lacks enough units that can be used as PSH, particularly for those who have more and more challenges. The recent opening of the Bluebird and Zinnia properties was so important because it allowed for 95 program-based, or centralized, PSH units (40 in Bluebird, 55 in Zinnia). Not only do these types of developments bring housing to 95 of the community's hardest to house, but they also mitigate impacts to other community residents.

In a constrained financial environment, staff believe that future funds should be prioritized for interventions that have the most ability to impact identified service gaps. Staff also recommend programming that will end a person's homelessness and help the individual maintain their housing.

Programs such as Building Home fill one of the largest gaps in the continuum of services provided to unhoused people in Boulder. Often, people who have significant mental health issues and/or who have lived unhoused for long periods of time face crushing feelings of isolation. This can lead to self-limiting decisions such as moving others from the street into their apartments, worsening of addictive behaviors, hoarding and anti-social behavior, or the need for expensive drug remediation in units; leading to eviction or unit abandonment. When these very challenged individuals return to homelessness, it can require an outsized intervention to stabilize them, often at a much higher cost. By providing peer support and a dedicated team of professionals to identify and assist individuals before they are evicted, the program helps to not only de-escalate issues the individual faces, but also to mitigate disruptive behavior in apartment communities.

Staff recommend housing, in various forms including projects such as the High Utilizer program, to reduce the likelihood of people who have qualified for vouchers remaining on the street. A project-based development such as Bluebird provided 40 additional units at a one-time city investment of $3 million. This city investment is then matched with state and federal funding to subsidize rent and case management services. Additionally, several of the people moving into Bluebird are participants in the Building Home program.

As the amount and toxicity of drugs in encampments continues to grow, the need for additional detox and treatment beds is critical. As mental and behavioral health are most aligned with Boulder County Public Health, and Clinica Family Health & Wellness, staff recommend that city involvement would be in the acquisition of housing and/or support of the residential components of any such programs.

# Conclusions and Next Steps

Overall, 2024 was a successful year and was an eventful year, with the implementation of key priority initiatives. The DSC has proven to provide expected and unexpected benefits in the continuum of service delivery.

The evaluation of the HSBC system was completed in late 2024 and will provide foundational support for a renewal of the city's Homelessness Strategy in 2025. To that end, the city has contracted with Clutch Consultant, an industry leader, to develop and implement the new strategy.

Public Policy Associates

# Findings from the System Evaluation of Homeless Solutions for Boulder County

January 2025

**Public Policy Associates** is a public policy research, development, and evaluation firm headquartered in Lansing, Michigan. We serve clients in the public, private, and nonprofit sectors at the national, state, and local levels by conducting research, analysis, and evaluation that supports informed strategic decision-making.

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# Table of Contents

**BACKGROUND** ..... **1**
Context ..... 1
Process ..... 2

**KEY FINDINGS AND RECOMMENDATIONS** ..... **4**
Optimize Data Systems ..... 5
Prioritize Equity and Address Disparities ..... 5
Increase Community Understanding and Support ..... 7
Housing and Support Recommendations ..... 8
Crisis Response Recommendations ..... 11
Collaboration Strengths and Challenges ..... 14
Conclusion: A Collective Effort for Lasting Impact ..... 16

**APPENDIX A. FINDINGS FROM QUANTITATIVE AND FUNDING ANALYSES** ..... **17**
Homelessness in Boulder County ..... 17
Data systems ..... 17
CommunityConnects ..... 18
HMIS ..... 23
Additional Data Sources ..... 26
Funding Analysis ..... 26
Recommendations ..... 29

**APPENDIX B: FINDINGS FROM THE QUALITATIVE ANALYSIS** ..... **31**
Introduction ..... 31
Methodology ..... 31
Strengths and Challenges of HSBC System and Collaboration ..... 34
Services Most Important for Outcomes ..... 38
Service Capacity Needs or Gaps ..... 38
Barriers to System Engagement and Proposed Solutions ..... 44
Recommendations ..... 46

**APPENDIX C. LITERATURE REVIEW SUMMARY** ..... **49**
Key Insights and Recommendations ..... 49
Findings by Topic ..... 50

**REFERENCES** ..... **72**

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# Background

In 2024 Public Policy Associates (PPA) was contracted by Homeless Solutions for Boulder County (HSBC) to conduct a comprehensive evaluation of the HSBC service system. The goal of the evaluation was to gain a holistic understanding of the system's assets and challenges. This evaluation used a mixed methods approach to achieve a rich understanding of both the snapshot of quantitative homelessness data, as well as the qualitative and contextual reality of people experiencing homelessness in Boulder County and the organizations that serve them. This document summarizes the findings of that evaluation and offers recommendations for strengthening HSBC and homeless services in the county.

HSBC is an innovative approach to homelessness that involves multiple government entities (including Boulder County, the City of Boulder, the City of Longmont), the nonprofits working to impact homelessness, and other external partners. The system employs a Housing First approach to ensure that efforts are low barrier and housing is accessed quickly. HSBC efforts are coordinated by two primary governing bodies: (1) an *Executive Board* consisting of government officials whose organizations invest in the homeless services system; and (2) a *Policy Implementation Group* that is comprised of government leaders responsible for ongoing administration of the larger effort. In addition, a set of workgroups collaborate on focused work and include service providers and other stakeholders to further support broad-based collaboration. Finally, an internally-managed evaluation with ongoing data collection and public facing dashboard help support data-driven decision making.

## CONTEXT

The 2022 United States Interagency Council on Homelessness (USICH) *All In* plan (Interagency Council, 2022) provided a helpful framing for this evaluation. The plan is built around six pillars: three foundations (equity, data and evidence, and collaboration) and three solutions (housing and support, crisis response, and prevention). The foundations are reflected in the set of research questions (Table 1) pursued in this evaluation through both the qualitative and quantitative analyses, and the solutions shaped which HSBC programs and services to include in the evaluation.

**TABLE 1. EVALUATION RESEARCH QUESTIONS**

| | |
|---|---|
| 1. | What are key outcome findings related to service efforts? Which services appear to be most important for producing outcomes? |
| 2. | What are strengths and challenges of the structure and approach of the HSBC service system and collaborative management? |
| 3. | What are characteristics of an effective systems approach that mitigates the risk that partners will make resource and programming decisions not aligned with system priorities? |
| 4. | What service capacity needs or gaps are identified and how might these be addressed? |

| | |
|---|---|
| 5. | What barriers prevent or decrease the likelihood that individuals experiencing homelessness will engage in system services. What are effective solutions that have been used to remove such barriers or increase the likelihood of engagement? |
| 6. | What are recommendations for strengthening the overall effort to improve outcomes including the addition of other best practices? |

Through collaboration with representatives of HSBC, it was determined that this evaluation should focus primarily on housing and support, and crisis response. Prevention efforts go well beyond the scope of the homeless service system but are a critical to actually addressing homelessness. In addition, HSBC is tasked with supporting only single adults in moving out of homelessness and into housing in the most efficient ways possible. Therefore, this evaluation will be focused on programs for single adults only, but where relevant we will consider the ways that this focus may create barriers to reducing homelessness overall or the functioning of the broader homeless service system.

HSBC is also unique in that it was created to support coordination at a more granular level than the Metro Denver Homelessness Initiative continuum of care (CoC) within which Boulder County sits. As a regional service system that functions at a sub-CoC level, it is nimbler and more adaptable to local needs. However, the approach has limitations given that CoCs are the unit of governance and focus at the Federal level. First, the Homeless Management Information System (HMIS) used in the county is managed at the CoC level. HSBC has little control over the data collected, data quality, or how data collection partners are trained. Hence, a patchwork of data systems with limited interoperability are used throughout the HSBC service system. Second, HSBC is not subject to the federal statutory requirements for its governance structure in the same way as a CoC. This can provide flexibility and adaptability but also severely limits its pool of potential peers.

## PROCESS

This evaluation included the following three key activities: (1) quantitative analysis of at least two years of homelessness data, including an analysis of funding data from those years; (2) gathering qualitative data from key stakeholders and analyzing it for themes and insights; and (3) literature review to identify best practices, evaluate evidence for proposed interventions, and attempt to compare HSBC to like entities.

The quantitative analysis included data from 2022 and 2023 drawn from the patchwork of data systems within Boulder County, including CommunityConnects, BTHERE, diversion tracking data, and HMIS findings. These analyses not only provided a snapshot of the population experiencing homelessness but also provided insights into the gaps and limitations of HSBC's current data systems. A detailed summary of the quantitative findings can be found in Appendix A.

Qualitative data was gathered using three different modes of collection from three key stakeholder groups: (1) interviews with governing bodies; (2) roundtables with system partners and service

providers; and (3) focus groups with people experiencing homelessness. The governing body interviews provided insights into the dynamics of the HSBC collaborative at a systems level. The roundtables informed evaluators' understanding of the dynamics of HSBC's collaborative efforts with regard to service provision and system function. Finally, the focus groups gathered perspectives and insights from people with lived experience of homelessness in Boulder County. A detailed summary of the qualitative findings can be found in Appendix B.

Finally, the evaluation consulted the existing literature to identify relevant best practices and evaluate the evidence for a range of potential interventions. These findings are particularly informative for the recommendations provided. The research team also sought like organizations or peers to use in providing context, benchmarks, or relevant comparisons to better evaluate HSBC. Unfortunately, given that HSBC functions at the sub-CoC level, the evaluation was unable to identify any true peers to inform this evaluation or inspire recommendations. In addition, existing roadmaps and best practices are focused at the CoC level as is the research in this field. A summary of the literature that was originally provided as an interim report to HSBC during the course of this evaluation and has been finalized for this report can be found in Appendix C.

# Key Findings and Recommendations

The findings of this evaluation affirm HSBC's approach, specifically the housing first orientation, collaboration focus, commitment to data-driven decision making, and appreciation for the importance of addressing equity barriers. All of these were endorsed by feedback received during qualitative data collection and confirmed by best-practices in the literature. However, despite this finding and the evident commitment by the HSBC collaborative to end homelessness in the county, the quantitative analysis revealed that it remains a critical issue.

From 2022-2023 homelessness increased more rapidly at the state, CoC, and Boulder County levels than nationwide.[1] The significant growth in homelessness observed across Point-In-Time (PIT), HMIS, and Connects data indicates an urgent need to expand support services for people at risk of homelessness, as well as to increase permanent housing solutions. Inflows into homelessness highlight broader systemic challenges, including unaffordable housing, job market volatility, and regional migration patterns. Understanding these inflows is critical for designing preventive strategies and ensuring that local services can adequately respond to the growing demand.

The rising number of people experiencing homelessness in Boulder County is fueled by two primary factors, the significant growth in first-time homelessness and the continued influx of individuals from outside the county. The large proportion of people accessing Connects who are experiencing homelessness for the first time highlights the need for targeted prevention efforts, including early intervention and support services. Specific subpopulations, such as older adults, have seen growth, suggesting the need for interventions tailored to their specific needs. In addition, BIPOC (Black, Indigenous, and People of Color) people are overrepresented in the population of people experiencing homelessness, raising questions about potential gaps in service access or unmet needs.

HSBC's crisis services—including emergency shelter, coordinated entry, and the BTHERE outreach program—appear to have been able to adapt and serve the growing population. However, the growth in permanent housing did not keep pace with the rapid increase in people experiencing homelessness between 2022 and 2023. This is corroborated by the findings from the funding analysis, which saw an overall increase of 22% in funding from 2022-2023, but the increase was greater for crisis response than housing and support (27% and 17% respectively). The rest of this document focuses on those recommendations identified by this evaluation for HSBC to consider as it sets its strategy for the future.

[1] Publicly released Point-In-Time data from 2024 indicate this may have changed, at least for Boulder County. However, because the PIT is only a snapshot of homelessness on a single night with numerous variables that could result in an inaccurate count, and this evaluation only had access to complete data for the years 2022-2023 that cannot be explored further in this report.

## OPTIMIZE DATA SYSTEMS

**Recommendation**: Establish interoperability between HMIS and Connects data systems, while ensuring that the quality of data in both systems is reliable.

HSBC's commitment to data-driven decision-making is a cornerstone of its approach, setting it apart as a leader in the region. However, while HSBC's data collection efforts have evolved to meet system needs through a focus on the Connects data system, this system does not currently connect with the larger HMIS data system that is managed through the Metro Denver Homeless Initiative (MDHI), the CoC within which HSBC sits. The reason for this disconnect appears to be two-fold. First, when HSBC was created in 2017 there was a desire to be able to tailor its data collection efforts to include fields most locally relevant. Second, the quality and cleanliness of the data coming from the Connects and HMIS systems are not the same.

Regardless of the cause, the disconnect between data systems makes tracking an individual's experience with homelessness over time and across geographic shifts nearly impossible. The ability to follow a client's trajectory and service utilization is critical to inform efforts to prevent first-time homelessness and address chronic homelessness. For instance, data on the length of time individuals spend in various stages of homelessness, the types of services they access, and the factors contributing to their housing instability can provide valuable insights for program development and resource allocation. This is especially relevant in Boulder County, where a significant proportion of homeless in the county is driven by inflows from other geographic regions. Effective data integration would enable HSBC to:

- Track a client's progress over time and across geographical boundaries and identify patterns of service utilization.
- Identify and address gaps in service provision emerging trends in homelessness.
- Measure the effectiveness of different interventions and tailor programs to specific needs.
- Allocate resources more strategically based on data-driven insights.

Without the connection to high quality HMIS data, HSBC is limited in its ability to identify, or (even better) predict, inflows, and outflows to the unhoused population. Improving data sharing between the Connects and HMIS systems is also essential for developing a comprehensive view of individual needs and service utilization. A comprehensive data system that connects these crucial data points will enable HSBC to more effectively target interventions, evaluate program effectiveness and nimbly allocate resources where they are most impactful.

## PRIORITIZE EQUITY AND ADDRESS DISPARITIES

**Recommendation:** Conduct a racial disparity analysis on a quarterly basis to inform strategies.

**Recommendation:** Meaningfully engage people with lived experience of homelessness in decision-making processes.

**Recommendation:** Review current data systems with an equity lens to incorporate more inclusive demographic options.

**Recommendation:** Consider how overlapping populations (e.g., transition-aged youth, parents who lose or regain custody, domestic violence survivors without children, etc.) could best be served in the currently siloed system.

The research consistently highlights the overrepresentation of marginalized communities, specifically BIPOC individuals, within the homeless population, emphasizing the need for targeted interventions and culturally competent services. This disparity reflects the systemic inequities and discriminatory practices that disproportionately impact these communities, contributing to their vulnerability to homelessness. Roundtable participants, focus groups, and federal guidance all stress the need to develop programs tailored to the unique needs of diverse communities. This includes:

- Culturally relevant services that respect and respond to the specific cultural values and beliefs of different communities. For example, providing services in multiple languages, incorporating traditional healing practices, or collaborating with community leaders to ensure that programs are accessible and appropriate for diverse cultural groups.
- Trauma-informed care that recognizes the prevalence of trauma among individuals experiencing homelessness, particularly those from marginalized communities. This approach emphasizes creating a safe and supportive environment that minimizes re-traumatization and promotes healing.
- Addressing the specific barriers and needs of subpopulations within marginalized communities, such as lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) identified people; youth; individuals with disabilities; or veterans. Recognizing that intersectionality plays a significant role in shaping experiences of homelessness and tailoring services accordingly is essential.
- Ensuring equitable distribution of resources to address disparities in service provision.

There was a general sense from all the groups included in the qualitative analysis (governing bodies, service providers and people experiencing or with lived experience of homelessness) that services are provided equitably. However, they struggled to point to actual evidence of equity. This suggests that an added focus on measuring for equity specifically would be beneficial. Regular racial disparity analyses would help ensure that inequities linked to changing trends in system-wide performance are quickly addressed. These could include a comparison of the demographic composition of people experiencing homelessness with the county's population overall, an analysis of disparities in accessing services, and an analysis of homeless system outcomes across demographic groups. It may also be helpful to collect and monitor data on the demographics of homeless service staff including lived experience of homelessness. Meaningful engagement of people with lived experience of homelessness in decision-making processes is critical for ensuring that services are tailored to community needs. This involves:

- Including individuals with lived experience on HSBC's board of directors, advisory committees, and workgroups.
- Creating opportunities for individuals experiencing homelessness to provide feedback on services and programs.
- Supporting the development of peer-led initiatives.

A key recommendation arising from the qualitative analysis is the need to review and enhance HSBC's data systems to incorporate more inclusive demographic options. This improvement will enable a deeper understanding of the diverse needs within the homeless population and support more targeted and equitable resource allocation. For example, collecting data on sexual orientation, gender identity, disability status, and language proficiency can provide valuable insights into the needs of specific groups and inform the development of tailored services.

Finally, many focus group participants felt the system's processes for prioritization within the unhoused population was biased. This appears to at least in part be driven by arbitrary silos between the populations served by HSBC versus those served by another system. Reassessment of the vulnerability criteria and prioritization processes used by HSBC could uncover potential biases that may disadvantage certain populations and increase equitable access to services. It is also worth revisiting whether the homeless service system would be more effective if all of the populations, including single adults, could be served by one holistic system.

## INCREASE COMMUNITY UNDERSTANDING AND SUPPORT

**Recommendation:** Work to shift the currently hostile community climate to people experiencing homelessness through public education.

Public education campaigns are essential to combating the stigma surrounding homelessness and promoting broader community support for effective solutions. Negative perceptions and stereotypes about individuals experiencing homelessness can create barriers to accessing services and housing. The existing literature and findings from this evaluation research emphasize the need to:

- **Dispel myths about homelessness**. This involves educating the public about the complex factors contributing to homelessness, challenging stereotypes about laziness or personal failings, and highlighting the systemic issues that contribute to housing instability.
- **Foster empathy and understanding**. Sharing the stories of individuals experiencing homelessness can humanize the issue and foster greater understanding and compassion. Providing opportunities for community members to interact with and learn from individuals with lived experience can help break down barriers and promote a more inclusive and supportive community.
- **Highlight the human stories behind the statistics**. Homelessness is not just a statistic; it represents real individuals with unique stories and challenges. By sharing these stories, HSBC can connect with the community on a human level, fostering empathy and understanding.

Providing platforms for individuals experiencing homelessness to share their stories and advocate for their needs at public forums can raise awareness, humanize the issue, and empower those with lived experience to shape solutions. This may involve:

- Hosting community forums where individuals experiencing homelessness can share their stories and perspectives.
- Supporting the development of storytelling projects, such as documentaries or photo exhibitions, that showcase the realities of homelessness.
- Encouraging individuals with lived experience to speak at city council meetings, community events, and other public forums.

## HOUSING AND SUPPORT RECOMMENDATIONS

### Expand Housing Options: A Multi-Pronged Approach

**Recommendation:** Continue to prioritize affordable housing in service of the housing first approach.

**Recommendation:** Ensure funding for permanent supportive housing is sustainable and seek out opportunities to leverage the collaborative to operate efficiently.

**Recommendation:** HSBC should be cautious when considering non-traditional alternatives, which frequently have significant drawbacks.

Increasing the supply of affordable housing is fundamental to mitigating the homelessness crisis in Boulder County. The current housing market, characterized by high costs and low vacancy rates, exacerbates the challenges of addressing homelessness. For many the best chance at exiting homelessness long term includes long-lasting support services. Permanent supportive housing (PSH) is an effective model for addressing homelessness, but its success relies heavily on sufficient and sustained funding. Securing these funds can be challenging due to the complex and fragmented nature of the housing finance system. Sustained investments in the daily operating costs of PSH and the provision of high-quality supportive services are crucial for the long-term success of these programs. Without adequate funding, PSH programs face negative consequences such as increased rent arrears, move-outs, and a higher risk of residents returning to homelessness.

The cost of operating a PSH program can vary depending on several factors, including location and the specific populations served. Properties situated in urban areas and those accommodating diverse homeless populations, such as transitional age youth, veterans, and domestic violence survivors, typically incur higher costs compared to those in suburban areas or those serving a more homogenous population. This disparity underscores the fact that the level of care provided is a major determinant of overall program cost. However, even with these variations, larger PSH buildings have the potential to achieve cost efficiencies, while setting aside units within a property for specific populations can lead to increased expenses.

Ensuring that residents are placed in housing that meets their needs is paramount, but the reliance on coordinated entry systems can present significant challenges. When units remain vacant for extended periods because of difficulties in matching residents to suitable housing, valuable resources are wasted. Furthermore, results from the qualitative portion of this evaluation indicate that residents are more inclined to engage with support services when they are housed in buildings with a greater presence of on-site staff and readily available resources. This finding emphasizes the importance of investing in both adequate staffing and physical resources to optimize the effectiveness of PSH programs.

Focus group participants recommended utilizing unused land around Boulder and Longmont to develop affordable housing and highlighted the opportunity for innovative solutions. Respondents suggested a range of non-traditional housing models to expand access to safe, stable, and affordable housing options. The research team reviewed existing evidence in the literature to evaluate the viability of two commonly cited non-traditional solutions to expanding affordable housing stock: conversion of existing structures and tiny home villages. Boulder County has a number of vacant buildings—including former schools, hospitals, and office spaces—that could be repurposed into affordable housing units. Adaptive reuse projects can revitalize underutilized properties while creating much-needed housing. The majority of existing literature on repurposing strategies is focused on hotel/motel conversions.

Hotel or motel conversions involve developing former guest rooms into small, private apartments. These apartments offer tenants a place to safely keep their belongings and more permanence than a shelter or encampment. Of the approaches reviewed, the viability of hotel/motel conversions is the most context dependent. It relies heavily on the number of vacant structures in the community and the ability to fund conversions, cited by the National Association of Realtors Research group as costing between $25,000-$50,000 per converted room at a full-service hotel (Realtors, 2021). During the height of the COVID-19 pandemic, this strategy was seen as incredibly effective in the city at reducing shelter intensity and providing a safe, clean space for residents. Albuquerque approached the topic by first developing “efficiency apartments” for single people and childless couples (Albuquerque, 2024). It is recommended that HSBC review the individual case studies cited throughout this literature before pursuing this approach. The stock of viable properties in the county is also an important factor when weighing the potential cost-effectiveness of this type of program and therefore it may not be suitable for HSBC due to an already tight property market and property destruction due to wildfire.

In recent years the concept of tiny homes as a solution to homelessness has gained popularity, especially in areas with limited affordable housing. However, it is important to approach this idea with caution and ensure that it aligns with the ultimate goal of ending homelessness through permanent, stable housing and appropriate support (Interagency Council, 2016). Tiny home villages are clusters of small (400 or fewer square feet) dwellings intended to provide those experiencing homelessness temporary shelter in a place that provides privacy and storage. Local units of government may choose to establish tiny home villages in partnership with local nonprofits or other service organizations. While tiny homes may seem like a quick fix, they should not be considered a replacement for permanent housing solutions.

Communities exploring tiny homes should prioritize creating environments that allow individuals to establish long-term connections and thrive, rather than simply providing temporary shelter. USICH recommends embedding studies of the appropriateness of tiny home villages within a broader community plan and approaching the solution with caution (Interagency Council, 2016). The limited published information on tiny home villages suggested that they offer a housing solution that is generally well received by the people living there as well as their neighbors, with one study finding reports of neighborhood concerns reducing over time. This careful planning is especially warranted in more diverse communities, as the Portland-based peer-reviewed study suggested racial disparities in the success of the intervention regarding both participation and reported feelings of belonging (Ferry, 2022).

The literature reviewed also emphasizes the importance of incentivizing landlord participation in housing voucher programs through strategies like tax breaks, direct compensation, or streamlined application processes. Landlord engagement is crucial for expanding access to housing for individuals using vouchers. Current challenges, such as lengthy background checks, low reimbursement rates, and concerns about property damage, often deter landlords from participating in these programs. By addressing these barriers and providing incentives, HSBC can encourage more landlords to accept vouchers, increasing housing options for individuals experiencing homelessness (Sacramento, 2022) . The funding analysis indicates that HSBC does invest in this work, though the total investment fell between 2022 and 2023, indicating the need for renewed attention to this work.

## Ensure Long-Term Stability Through Effective Retention

**Recommendation:** Continue to fund evidence-based housing retention services and regularly evaluate them for efficacy and to adapt them to changing local needs.

The goal is not simply to move people into housing but to provide the support an individual needs to maintain housing stability and prevent a return to homelessness. The funding analysis found that HSBC increased its focus on retention and peer supports between 2022 and 2023. This is a trend worth continuing as rental and utility assistance, counseling, and wraparound services are essential to prevent evictions and support long-term housing success.

Retention efforts focused on financial assistance include providing short-term rental subsidies, utility assistance, or security deposit assistance that can help individuals overcome financial barriers to housing stability. These may also include life skills training in areas such as budgeting, cooking, and household management to equip individuals with the skills they need to successfully manage their housing (Substance Abuse, 2010). Peer support programs, such as Tenant Councils, have also demonstrated effectiveness in supporting individuals who have exited homelessness. Tenant Councils are resident-led groups that provide a forum for residents of affordable housing to voice their concerns, share information, and advocate for their needs. Tenant Councils can empower residents, improve communication with management, and promote a sense of community. These programs offer peer-to-

peer support and advocacy, fostering a sense of community and belonging while reducing reliance on paid staff (Arnold, n.d.).

The literature also provided evidence-based examples of enhanced case management and mental health management approaches, such as Critical Time Intervention (CTI) and Assertive Community Treatment (ACT), in supporting individuals exiting homelessness. These approaches provide intensive, individualized support to address complex needs and facilitate successful transitions to permanent housing.

- CTI is a time-limited, evidence-based model that provides intensive case management support to individuals during periods of transition, such as moving out of homelessness into housing. CTI helps individuals build social support networks, connect to resources, and develop skills for independent living.
- ACT is an evidence-based model that provides comprehensive, community-based mental health services to individuals with serious mental illness. ACT teams, composed of mental health professionals, provide a range of services, including medication management, therapy, and support with daily living activities (Ponka, 2020).

## CRISIS RESPONSE RECOMMENDATIONS

### Alternate Sheltering Arrangements

**Recommendation:** Consider alternate shelter options cautiously to ensure they are the most appropriate option available and do not draw focus or resources away from long-term solutions.

Input from the qualitative data gathering expressed an interest in exploring alternate options, such as sanctioned camping communities and safe parking lots, to provide temporary shelter while reducing the risks associated with unsheltered homelessness. Sanctioned encampments provide designated areas where individuals can camp legally and safely, often with access to basic services, such as restrooms, showers, and trash disposal. Safe parking programs provide individuals living in their vehicles with a safe and legal place to park overnight, often with access to restrooms and other amenities. These initiatives may serve as a bridge to more permanent housing while addressing basic safety and hygiene needs. However, the evidence found in the literature raises questions as to whether they are viable options or distractions from HSBC's Housing First principles.

The safe outdoor spaces model aims to eliminate pop-up or organically formed communities of unhoused people by establishing government-sanctioned spaces. The literature suggests that while this method may be effective in providing immediate or temporary shelter, it should not be seen as a solution to homelessness. Even in communities committed to Housing First principles, resource limitations might lead cities to consider "sanctioning encampments" or "tacitly accepting encampments" as temporary solutions. It is important to recognize the factors that make shelters an

unsuitable option for many individuals and consider the implications for policies regarding encampments (DeCarmine, 2023).

Creating and operating such settings often requires significant funding, staff time, and energy. It is crucial to consider if these resources could be better used for permanent housing and services that could more effectively reduce homelessness. The priority should be improving existing emergency shelter programs and creating more effective indoor shelter options, if needed. Communities should focus on providing access to stable, affordable housing with the appropriate support services, as this is what ultimately ends homelessness. The criminalization of homelessness, often seen in the clearing of encampments, is ineffective and can exacerbate public health concerns. Dispersing individuals without providing alternative housing or services fails to address the root causes of homelessness and can disrupt social connections established within encampments, hindering their transition to permanent housing. Further, localities should carefully consider where spaces are sanctioned and whether existing indoor spaces or potential shelters have been adequately utilized before considering this option (Interagency Council, 2018).

If localities within HSBC choose to pursue this model, broad collaboration—including local nonprofits, faith-based organizations, public health offices, and local universities—is essential in developing a comprehensive, compassionate, and effective approach to serving individuals living in encampments. Examples such as the ″Compassionate Communities″ and ″Cabin Communities″ programs in Oakland, California, and ″Camp Hope″ in Las Cruces, New Mexico, demonstrate that positive outcomes can be achieved by treating individuals with dignity, providing autonomy, and partnering with local stakeholders. These programs continue to emphasize a ″housing first″ approach to effectively address and end homelessness. Factors that support participants who use these spaces to exit homelessness include: the availability of onsite services and case management, partnerships with local networks, a governance structure that includes resident input, and potential strategic locations of the encampment (League of Cities, 2022).

Safe parking programs offer people—particularly those sheltering in a vehicle—a place to park their car overnight without fear of ticketing or towing. These established spaces may also provide security or other supportive services. The research indicates that safe parking programs may be an effective pathway to rehousing people, particularly when paired with additional supports such as housing and employment services. The Price School report offers six best practices echoed in other reports:

- **“Intentional Design.** Programs should plan, operate, and structure their organizations intentionally to meet local needs and align with local resources.
- **Strategic Locations.** Safe parking programs should organize lots and services according to geography, population needs, and local social services.
- **Fostering Trust.** Safe parking programs should focus on fostering trust with and among parkers. Trust can help build community and dignity for parkers and increase their ability to engage with social services.

- **Focused Social Services.** Case management services are essential for rehousing, but programs do not need to fund case management independently; programs can integrate with third-party social services.
- **Engaging Stakeholders.** Safe parking programs should anticipate initial opposition to safe parking. Opposition can be prevented or overcome by engagement and planning efforts.
- **Implementing Benchmarks.** Programs should develop benchmarks for rehousing rates, lengths of stay, and service engagement with internal and external stakeholders." (McElwain, 2021)

However, it's essential to recognize that safe parking (like sanctioned encampments) is a temporary solution and should not be seen as a replacement for permanent housing. Research suggests that safe parking programs can be effective in helping individuals transition into housing. A study of the Jewish Family Service of San Diego Safe Parking Program found a 40% positive exit rate, with younger clients, women, veterans, and families more likely to exit into housing. This rate is significantly higher than the 9% positive exit rate observed in some of San Diego's larger shelters. However, the success of safe parking programs is heavily reliant on their integration with a robust social support system (Lewis, 2024).

While safe parking can be a valuable step towards exiting homelessness, it is not an end in itself. Before committing resources, HSBC should carefully evaluate the specific safe parking program they are considering supporting. HSBC should also assess the long-term sustainability of the safe parking program. This includes considering the availability of funding, the program's capacity to meet the needs of its participants, and the potential for growth and expansion. Ultimately, HSBC should approach supporting safe parking programs with the same careful consideration given to any other homelessness intervention. It is a complex issue with no easy solutions. Prioritizing programs that provide pathways to permanent housing, while offering support and resources to meet the immediate needs of individuals experiencing homelessness, will contribute to a more comprehensive and effective approach to addressing this challenge.

## Maintain and Strengthen Crisis Services

**Recommendation**: Focus crisis response services on those most important to those experiencing homelessness.

Beyond housing, strengthening support services is essential to addressing the diverse needs of individuals experiencing homelessness. Findings from the literature and input from focus groups with people with lived experience with homelessness in Boulder County highlight the need for intensified case management services, expanded outreach and engagement efforts, and increased availability of essential service to meet basic needs.

Case management is a critical component of effective homelessness interventions. By increasing the intensity of case management services, HSBC can provide more individualized support, connect individuals to resources, and help them navigate the complex system of services. This may involve

reducing caseloads, increasing the frequency of contact, and providing more comprehensive support in areas such as housing search, employment, healthcare, and mental health.

Many individuals experiencing homelessness are disconnected from the system of services, particularly those living unsheltered. Expanding outreach efforts, particularly in areas with high concentrations of unsheltered homelessness, can help connect these individuals to resources and support. This may involve:

- **Street outreach**. Sending trained outreach workers to engage with individuals living on the streets, in encampments, or in other public spaces.
- **Mobile services**. Providing mobile services, such as medical care, mental health counseling, or benefit enrollment assistance, directly to individuals where they are.
- **Peer outreach**. Utilizing individuals with lived experience of homelessness to connect with and support others.

Access to basic necessities is essential for individuals experiencing homelessness, promoting hygiene, health, and overall well-being. HSBC should expand the availability of these services including accessible restrooms, showers, laundry facilities, and secure storage options, and work to ensure they are accessible, safe, and welcoming.

## COLLABORATION STRENGTHS AND CHALLENGES

HSBC's collaborative model, which brings together government entities, nonprofits, and other partners, is a significant strength. This model embodies the USICH All In plan's emphasis on collaboration at all levels, recognizing that effectively addressing homelessness requires a collective effort. Participants in the qualitative data gathering activities highlighted that the HSBC collaborative management structure brings regional service providers and officials together, enabling them to:

- **Collaborate around service provision and funding opportunities.** This collaborative approach allows HSBC to leverage the diverse expertise and resources of its partners, maximizing its reach and impact. For example, partnerships with organizations specializing in mental health, substance use treatment, or legal aid can enhance HSBC's ability to provide comprehensive support to individuals experiencing homelessness.
- **Ensure programs do not conflict or duplicate services.** By coordinating efforts and sharing information, HSBC can avoid redundancies and ensure that resources are used efficiently to meet the most pressing needs in the community. This coordinated approach is essential for preventing service gaps and ensuring that individuals can access the support they need without navigating a fragmented system.
- **Overcome silos and address regional problems.** Homelessness is a complex issue that transcends municipal boundaries. By working collaboratively across city and county lines, HSBC can develop regionwide solutions that address the systemic factors contributing to homelessness and provide a more comprehensive and coordinated response.

Despite these strengths, navigating the diverse priorities of various stakeholders is a persistent challenge. The qualitative data suggests that conflicting priorities in policies, funding allocation, and programmatic approaches across geographic areas and partner organizations hinder effective collaboration. This misalignment can lead to inefficiencies, service gaps, and inconsistent support for individuals experiencing homelessness. For instance, differences in eligibility criteria, program models, or funding priorities between municipalities can create barriers for individuals seeking assistance.

It can also limit the effectiveness of the overall HSBC system. One of the most frequently noted challenges to the collaborative approach taken by HSBC is the lack of cohesion across the elected officials and policymakers within Boulder County and the City of Boulder and the City of Longmont. This directly affects how each entity makes funding decisions, sets priorities and chooses programmatic approaches, which in turn complicates collaboration and hinders effective service provision. As a result, it can be challenging for HSBC to maintain common collaborative goals and ensure that programmatic decisions and resource allocations are aligned with systemwide priorities. A more formalized and clearly articulated region-wide purpose is necessary to foster a unified approach and maximize HSBC's potential impact.

## Ensure Transparency in Governance to Enhance Collaboration

**Recommendation:** Revisit the collective impact (CI) model that was adopted at HSBC's founding to identify areas that need to be updated based on more recent research and to ensure shared understanding of the HSBC governance structure.

- Review the roles, responsibilities and expectations of the steering committee, work groups and work group co-chairs, and the backbone organization. Recruit for any roles not currently filled.
- Document the HSBC governance structure so it is clear to all members of the collaborative and can be operationalized.
- Create and circulate a framework for collaboration and collective decision making among all HSBC partners that includes processes for resolving differences in priorities and other potential conflicts among HSBC members.

**Recommendation:** Prioritize creation of a shared vision for HSBC that is shared with all HSBC partners so it can be used to guide efforts throughout the system.

Findings from the service provider roundtables and governing body interviews indicate that there is significant confusion about the governance structure of HSBC, which was initially formed around the CI model. Confusion seems to have grown since the HSBC system and governance structure was revised in 2021. While a brief description of HSBC's governance and system structure's teams is available through the website, there is not sufficient detail to make it an effective governing document. The body of research on the CI model and its limitations has also matured since 2017 and should be reviewed in the process of revisiting HSBC's governance structure (Uribe, 2017).

To achieve a shared governance structure, a revisiting is recommended of the CI model across all levels of the HSBC collaborative to identify areas that need further refinement and ensure all members have shared understanding. This includes:

- Reviewing and updating the Boulder County Homeless Systems Collaborative Executive Board Responsibilities to ensure they aligns with best-practices.
- Educating all partners on what the policy implementation group does and does not do as the backbone organization (Samari, 2024).
- Ensuring all working groups have designated co-chairs to guide their work with support from backbone staff to facilitate.

With input from collaborative members, HSBC should create written documentation of the roles and responsibilities for the executive boards, policy implementation group and working group members and co-chairs. This document should also clearly define how decisions are made and a process for navigating differing priorities among member organizations and transparent conflict resolution.

Once the governance structure has been revisited and documented, the HSBC policy implementation group should work with the executive board to set a strategic vision for HSBC that outlines:

- A set of shared overarching goals and objectives.
- Strategies for achieving these goals.
- Mechanisms for accountability and evaluation.

The vision should also include plans to regularly revisit goals, objectives and strategies to measure progress. It should also be time-limited with the goal of conducting an updated visioning process in a three to five years to ensure it remains up to date with local needs.

## CONCLUSION: A COLLECTIVE EFFORT FOR LASTING IMPACT

**Recommendation:** Though largely outside the scope of the activities evaluated here, a continued focus on addressing the root-causes and prevention are the long-term solutions to homelessness and should not be neglected.

While immediate interventions are critical, addressing the underlying issues that contribute to homelessness is crucial for achieving long-term and sustainable solutions. Homelessness is a complex issue with multiple contributing factors, including poverty, lack of affordable housing, lack of affordable healthcare, mental health challenges, substance use disorders, and domestic violence. A comprehensive approach to ending homelessness requires addressing these root causes. By working together, pooling resources, and sharing expertise, HSBC is building a strong foundation for mitigating the homelessness crisis and creating a community where everyone has access to safe, stable, and affordable housing.

# Appendix A. Findings from Quantitative and Funding Analyses

This appendix details the findings from PPA's analyses of HSBC's Connects, HMIS, Coordinated Entry (CE) Exit/Diversion Tracking, and BTHERE Outreach data for 2022 and 2023. The analysis aims to identify key trends, disparities, and areas for improvement within the County's homeless service system.

## HOMELESSNESS IN BOULDER COUNTY

Between 2022 and 2023, there was a significant increase in homelessness in Boulder County, reflecting a growing demand for services amid challenging economic and housing conditions. During this time, the annual point-in-time (PIT) count for Boulder County, which measures the number of people experiencing homelessness on a single night in January, rose by 84%, from 457 in 2022 (Metro Denver, 2022) to 839 in 2023 (Metro Denver, 2023). The national Point-in-Time (PIT) count recorded an 11% increase during this period, while Boulder County saw a 33% increase, illustrating the severity of the housing crisis in the region. Similarly, Colorado experienced a 39% increase in homelessness statewide. Of the 51 states and territories (including the District of Columbia), only seven reported decreases in homelessness during this period (De Sousa et al, 2023).

According to the 2023 Annual Homelessness Assessment Report to congress, the State of Colorado also experienced the fourth largest total increase in homelessness from 2022 to 2023 (behind New York, California and Florida) despite only being the 21$^{st}$ most populous state (Colorado Coalition, 2023). Drilling further down to the local level, the Metropolitan Denver Continuum of Care reported 6,884 individuals experiencing homelessness in 2022. This figure jumped by 46% in 2023, with 10,054 individuals counted. Across the 386 Continuums of Care nationwide, only 112 reported decreases in homelessness from 2022 to 2023 (De Sousa et al, 2023). Finally, organizations within the HSBC Connect system, which include Boulder Shelter for the Homeless and HOPE (Homeless Outreach Providing Encouragement), also saw an increase in the number of people reached, rising from 1,097 in 2022 to 1,212 in 2023.

## DATA SYSTEMS

HSBC is tasked with supporting single adults in moving out of homelessness and into housing in the most efficient ways possible. This appendix, therefore, presents characteristics of only single adults experiencing homelessness through Boulder County's different data systems. HSBC has consistently invested in data systems and in August 2022, HSBC became the first sub-region in the Denver Metropolitan area to be certified by a third-party entity, Community Solutions for Quality Data, a process in which a third party validates data collection and data integrity. HSBC's data collection efforts

and related systems have evolved to meet system evaluation and planning needs with much of the focus on the Connects data system, which was designed by and for HSBC. Connects offers coordinated entry, outreach, and housing-focused shelter, in addition to connecting people experiencing homelessness to needed resources and support services

The tradeoff to this approach is that it does not natively connect to the CoC HMIS data system, meaning that it is essentially impossible to track individuals' experiences with homelessness effectively across time and geographical shifts. Being able to follow an individual's trajectory and service utilization can better inform efforts to prevent first-time homelessness and address chronic homelessness. Though HSBC is actively in the process of creating a data interface with the Metro Denver Homeless Initiative's Homeless Management System that connection did not exist for the data analyzed here, thus researchers will examine each system separately.

## COMMUNITYCONNECTS

PPA received combined, unduplicated Connects data for 2022 and 2023, totaling 2,309 records. Of these, approximately 1,097 assessments were completed in 2022, and 1,212 were completed in 2023. Due to differences in system identifiers, individuals in Connects cannot be matched with individuals in HMIS, as both systems use distinct Unique Identifiers or identification numbers. However, the separate Connects dataset provided to researchers recorded 33 deduplicated exits in 2022 and 52 deduplicated exits in 2023.

### Inflows to Homelessness

The rising number of people experiencing homelessness in Boulder County is not only a result of local economic pressures but is also fueled by two primary factors: the significant growth in first-time homelessness and the continued influx of individuals from outside the county. These inflows into homelessness highlight the broader systemic challenges, including unaffordable housing, job market volatility, and regional migration patterns. Understanding these inflows is critical for designing preventive strategies and ensuring that local services can adequately respond to the growing demand.

#### People Experiencing First-Time Homelessness

Over half of the people served by Connects reported that this was their first time being unhoused, with the number growing by 23% between 2022 and 2023. In 2022, 598 people (or 55%) were experiencing homelessness for the first time, which increased to 733 people (or 60%) in 2023. Given the large share of people in this group, the demographic profile of individuals experiencing first-time homelessness largely mirrored that of all people served by Connects. People from historically marginalized groups experiencing first-time homelessness seemed to be most affected by changes between the two years, with significant growth in the number of American Indian, Alaska Native, or Indigenous individuals (from 22 in 2022 to 38 in 2023), Black individuals (from 61 in 2022 to 94 in 2023), and Hispanic/Latina/e/o individuals (from 100 in 2022 to 149 in 2023).

### Inflows from Other Geographic Areas

Boulder continues to draw people from outside the county. In 2023, 30% of people experiencing homelessness had lived in Boulder County for two years or more, up from 27% in 2022. However, the majority had been in the area for less than a month. The share of individuals experiencing homelessness that had been in Boulder less than one month rose to 50% in 2023, compared to 48% in 2022.

These patterns are consistent with migration trends seen in other high-cost areas such as San Francisco and Seattle, where individuals move in search of better economic prospects or family support networks but often end up homeless due to unaffordable housing markets and a lack of job opportunities. The influx of individuals into Boulder seeking opportunities mirrors the broader regional trends of migration to cities with perceived economic potential, despite the ongoing housing shortages in these areas.

### Implications

The increasing proportion of first-time homeless individuals and the ongoing inflows from outside Boulder point to broader systemic issues related to housing affordability, employment opportunities, and regional migration. The rise in first-time homelessness underscores the vulnerability of more people to housing loss, even those who have never experienced homelessness before. This trend suggests that preventive measures, such as rental assistance and eviction prevention programs, will be crucial to curbing future inflows.

Similarly, the continuous inflow of people from outside the county, often with unrealistic expectations of the local housing market, calls for better coordination between regional and local service providers. Expanding affordable housing options and ensuring that individuals arriving in Boulder have access to services upon arrival will be critical in addressing these inflows.

## Demographic Shifts

### Gender

As is true in communities across the country, the majority of people experiencing homelessness in HSBC's Connects system are male (70% in 2022 and 67% in 2023). However, there was a slight increase in the share of women, from 25% in 2022 to 30% in 2023. The proportion of people who identify as gender non-conforming or transgender remained steady.

### Age

People served by Connects span every age group, although they tend to be younger than the overall population of Boulder County. This dynamic is shifting, however, with the share of older adults, particularly those over the age of 55, growing between 2022 and 2023. The number of adults aged 45 to 54 increased by 19%, from 232 in 2022 to 277 in 2023, and the number of adults aged 55+ grew by 25%, from 215 in 2022 to 269 in 2023. Consequently, the proportion of individuals over the age of 55 increased from 20% in 2022 to 22% in 2023.

### Older Adults (55+)

Although adults over the age of 55 comprise just 22% of the population served by Connects in 2023, this group was the fastest-growing subpopulation among those analyzed. In 2022 191 people served by Connects fell into this age group and that number grew to 252 in 2023, representing a 32% growth in people over 55 in the system. Compared to other subpopulations, women comprised a larger proportion of those over age 55, and this group was more likely to be non-Hispanic white.

### Race and Ethnicity

Despite changes in gender and age, the racial composition of people served by HSBC's Connects system remained relatively stable, with the share of Black, Indigenous, and people of color (BIPOC individuals) increasing slightly from 38% in 2022 to 39% in 2023, primarily due to slight increases in the number of Black, Indigenous and Latinx people accessing the system. Even with these changes, the majority of people served by Connects were non-Hispanic white (62% in 2022 and 61% in 2023), which is consistent with trends seen in the Boulder County PIT and HMIS annual count data.

### BIPOC Individuals

The estimated number of BIPOC individuals who accessed Connects increased from 510 or 38% in 2022 to 590 or 39% in 2023, representing a 16% growth. The gender and age composition for BIPOC individuals mirrored that of the total population served by Connects, with a slightly larger share of women and a slightly higher proportion of people under 45.

### Veterans

Between 2022 and 2023, the estimated number of veterans accessing Connects fell by 38% from 2022 to 2023. Between these years, although the majority of Veterans were male (93% in 2022 and 76% in 2023), the share of Veterans who were female increased from 4% to 30%. It is important to note that the total number of female Veterans is quite small, meaning that an increase by a handful of individuals results in a significant proportional increase. Finally, Veterans accessing the system tend to be older and were more likely to be non-Hispanic white.

### DV Survivors

Between 2022 and 2023, the number of DV Survivors accessing Connects fell slightly from 166 to 165. As a result, the share of DV survivors fell from 15% in 2022 to 14% in 2023. Between 2022 and 2023, the share of DV survivors who were women increased from 51% to 53%. During this same time period, while the share of older DV survivors fell (37% were over age 45 in 2022, falling to 30% in 2023), the share of DV survivors under age 35 grew from 37% in 2022 to 41% in 2023.

### Insights

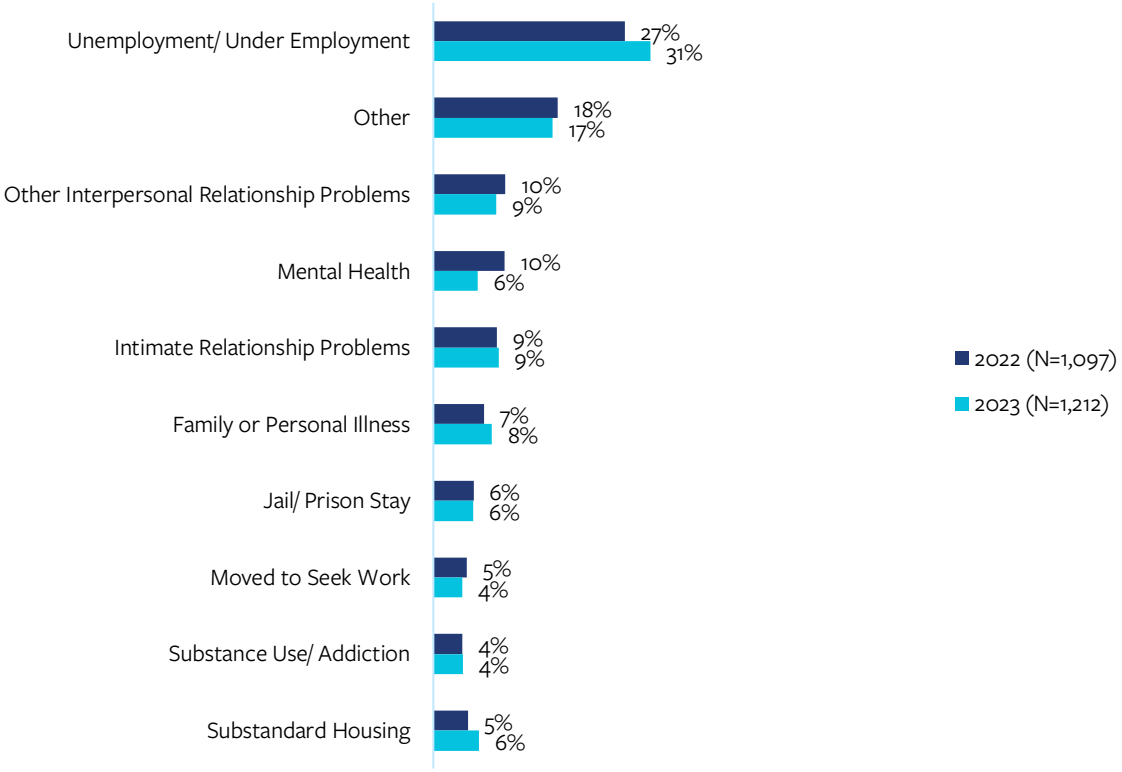
- The significant growth in homelessness observed across the PIT, HMIS, and Connects data indicates an urgent need to expand support services for people at risk of homelessness, as well as to increase permanent housing solutions.
- The large proportion of people accessing Connects who are experiencing homelessness for the first time highlights the need for targeted prevention efforts, including early intervention and support services.
- While some subpopulations, such as older adults and BIPOC individuals, have seen growth, the representation of these groups raises questions about potential gaps in service access or unmet needs.
- The decrease in the number of veterans accessing services could indicate barriers to access, which should be explored further to ensure veterans receive adequate support.

## Other Data Fields of Interest

Connects collects information on employment status and access to identification documents and vehicles. The percentage of individuals with a license or state ID increased from 67% in 2022 to 71% in 2023. Additionally, possession of a Social Security card rose from 47% to 53%, and possession of a birth certificate increased from 33% to 37%. The percentage of individuals who owned any type of vehicle decreased from 23% in 2022 to 20% in 2023. The type of vehicle owned was overwhelmingly cars across both years (96%) with a very small percent of individuals owning RVs and campers.

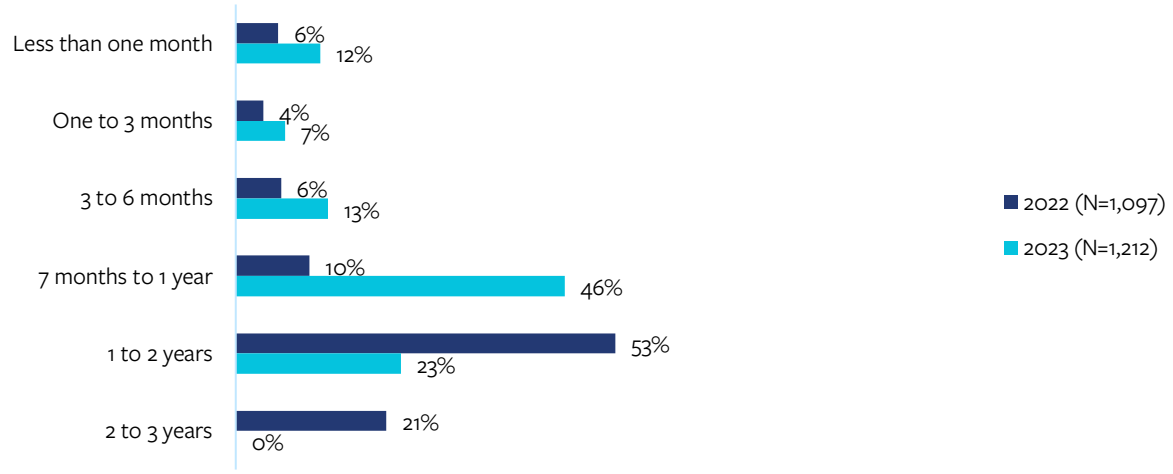
The Connects data system also collects data on self-reported causes of homelessness (Figure 1). The percentage of individuals reporting unemployment or underemployment as a key issue rose from 27% in 2022 to 31% in 2023. Mental health as a reported issue dropped from 10% in 2022 to 6% in 2023. Additionally, homelessness causes, such as intimate relationship problems (9%), jail/prison stay (6%), and substance use/addiction (4%) remained stable across both years.

**FIGURE 1. HOMELESSNESS CAUSES REPORTED BY INDIVIDUALS**




Looking at the time between individuals last screening and last touchpoint date, the proportion of individuals with less than one month between their last screening and touchpoint date doubled, increasing from 6% in 2022 to 12% in 2023 (Figure 2). Additionally, the proportion with three to six months between their last screening and touchpoint also more than doubled, rising from 6% in 2022 to 13% in 2023. The most notable shift was among individuals with a gap of 7 months to 1 year, which increased dramatically from 10% in 2022 to 46% in 2023. While the proportion of individuals with a gap of 1 to 2 years dropped sharply, from 53% in 2022 to 23% in 2023.

**FIGURE 2. DISTRIBUTION OF TIME BETWEEN LAST SCREENING AND LAST TOUCHPOINT AMONG INDIVIDUALS IN CONNECTS**




## HMIS

PPA received two snapshots of HMIS data from Boulder for 2022 and 2023, representing a total of 17,357 records (2022: 7,579 and 2023: 9,778). After merging the datasets and retaining only individuals with unique identifiers, ages, gender, race and ethnicity, and project start date responses, the dataset was reduced to 6,240 observations. Many individuals in the 2022 dataset had project start dates prior to 2022. Researchers retained these individuals in the dataset because they either lacked project exit dates or had exit dates in 2022 or 2023. See Table 2 for a detailed breakdown by year.

**TABLE 2. COUNT OF RECORDS BY PROJECT START YEAR (N=6,240)**

| Year Ranges | Duplicated County |
|---|---|
| 2004 to 2010 | 6 |
| 2011 to 2021 | 2362 |
| 2022 | 2017 |
| 2023 | 1855 |
| **TOTAL** | **6240** |

Even after filtering for unique characteristics, duplicate records persisted due to individuals experiencing multiple periods of homelessness, having multiple project start dates, completing more than one assessment, or changes in other fields such as survivor of domestic violence status. Approximately 20% (n=967) of individuals had multiple records in HMIS. The unduplicated count across both years was 4,816. Of these, 2,670 individuals were only present in the 2022 dataset, 1,186 were only present in the 2023 dataset, and 960 were present in both years.

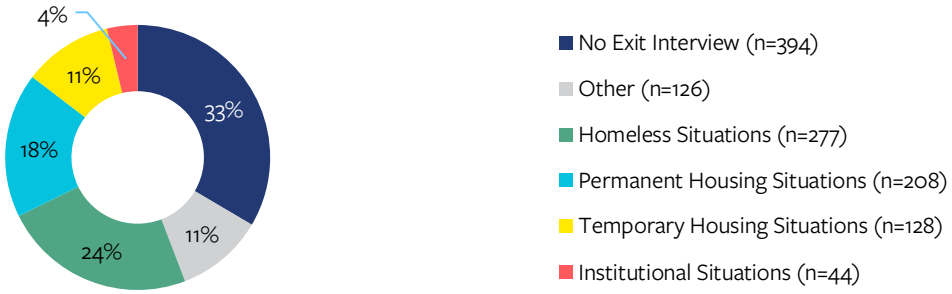
## Inflows/Outflows

It is challenging to identify individuals experiencing homelessness for the first time because answers were given across multiple questions. PPA used the following three fields to identify individuals: chronically homeless, times homeless in the past three years and if it is their first time experiencing homelessness. However, responses were often conflicting; for example, individuals responding to not being chronically homeless yet had experienced multiple times of homelessness in the past three years. Similarly, individuals reporting that it was their first time experiencing homeless yet, reported multiple periods homelessness in the past three years.

As stated earlier many individuals have multiple records, looking at their most recent Project Start Date, most individuals (85%) have been in HMIS for over a year, with 31% in 1 to 2 years, 24% in 2 to 3 years, and 30% in more than 3 years. This does not mean that individuals may be experiencing homelessness through their entire duration in the HMIS system, it simply means that their records have not been updated with a Project Exit Date.

Looking only at individuals with Project Exit Dates, 33% of individuals never received an exit interview, highlighting inconsistent data collection within HMIS. The "Other" category represents 11% of exits, which includes cases where the client did not know or did not provide an answer, that data was not collected for another reason, or the individual was deceased (Figure 3). Nearly a quarter of participants (24%) exited to homeless situations, emphasizing ongoing housing instability for a significant portion of the population. Only 18% of participants exited to permanent housing situations, suggesting a need for more resources or interventions to support long-term housing stability.

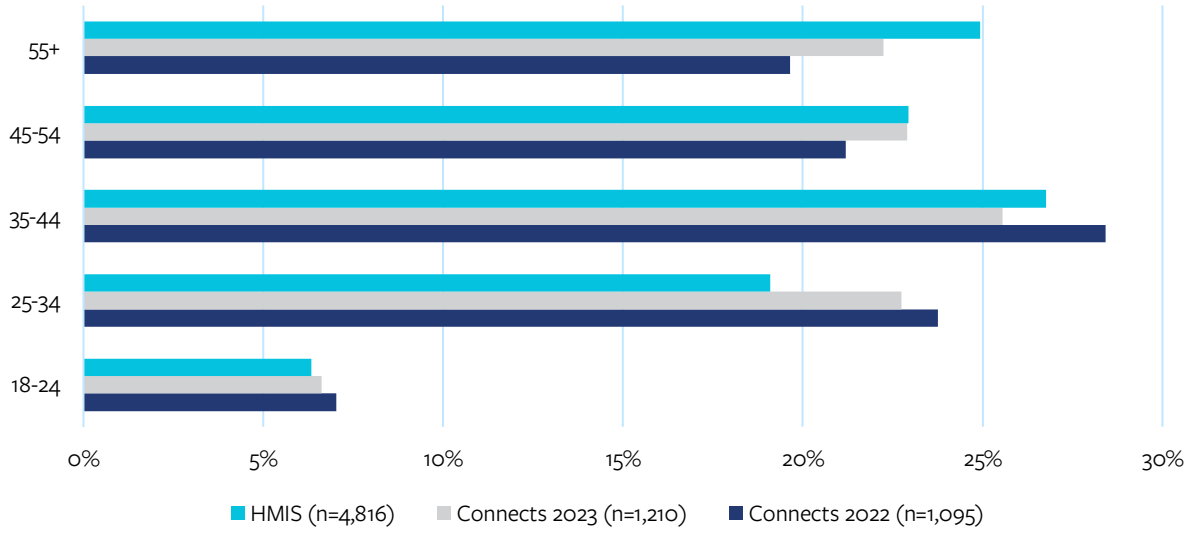
**FIGURE 3. DISTRIBUTION OF EXIT DESTINATION AMONG HMIS PARTICIPANTS (N=1,177)**




## Comparing Demographics Observed in HMIS and Connects

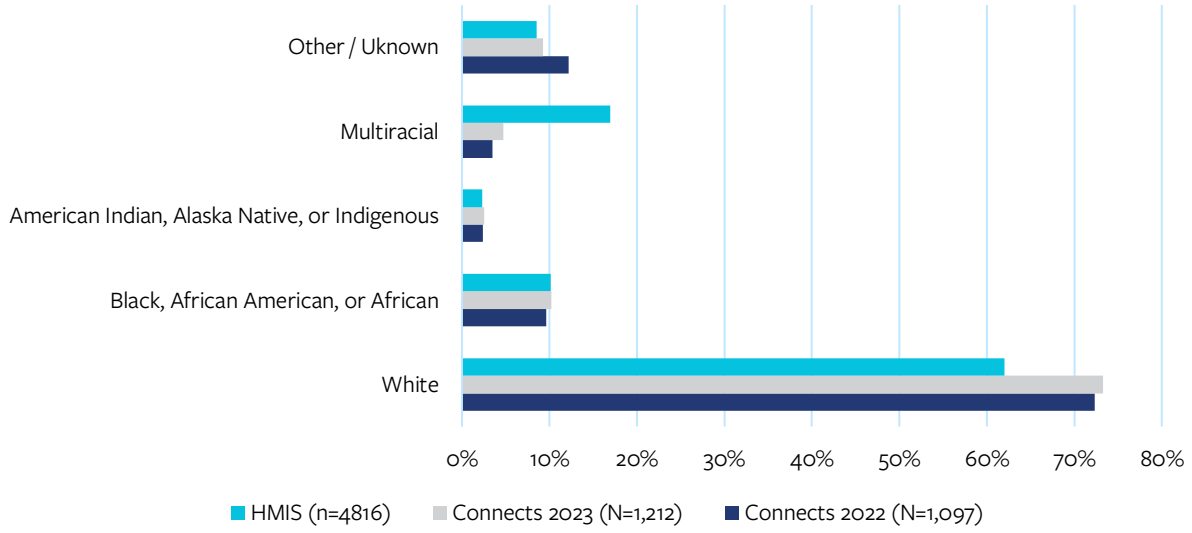
While the data sets cannot be analyzed together it is helpful to confirm consistency between the two and ensure there are no major inconsistencies across data systems. In fact, there is significant similarity between the demographics of people experiencing homelessness in Boulder County. In both data systems, the largest group of individuals were aged 35–44 and identified as male, though HMIS data skewed slightly older and male.

**FIGURE 4. AGE DISTRIBUTION IN CONNECTS AND HMIS**




Additionally, the majority in both systems identified as White. However, HMIS showed a slightly more diverse racial composition.

**FIGURE 5. RACIAL DISTRIBUTION IN CONNECTS AND HMIS**




In the combined 2022 and 2023 HMIS datasets, 13% (n=636) of individuals reported being survivors of intimate partner violence. Additionally, 6% (n=292) reported being veterans. This confirms that the proportion of survivors of intimate partner violence and veterans was similar across the two data systems. Other differences stem from the type of data collected in the two data systems, from the types of data collected in the two systems. Connects offers insights into the causes of homelessness, individuals' employment status, and their access to identification documents. Additionally, it tracks the types of assistance individuals are needing.

## ADDITIONAL DATA SOURCES

Boulder County also utilizes two additional data systems: BTHERE and Diversion Tracking. BTHERE, a dashboard managed by the City of Boulder's Housing and Human Services Department, provides detailed information on individuals' entry into Boulder's Coordinated Entry system, shelter and service utilization, housing outcomes, and performance metrics. Diversion Tracking, managed by HSBC, captures data on individuals exiting Connects and being diverted to locations better suited to serve them or reunified with family and friends outside Boulder County.

### BTHERE Data

In 2022, there were 653 Coordinated Entry Screenings, with an average of 147 regular shelter beds used per night and 9 beds remaining unused. Outreach efforts resulted in an average of 78 unique individual interactions per month in the field, totaling 971 interactions. Additionally, there were 24 exits from homelessness, with most individuals successfully housed.

In 2023, the number of Coordinated Entry Screenings increased to 815, with an average of 153 regular shelter beds used per night and 8 beds remaining unused. Field outreach remained steady, with an average of 78 unique individual interactions per month, but total interactions rose significantly to 1,759. There were 25 exits from homelessness, again with most individuals successfully housed.

### Diversion

Turning to the Diversion data system, the percentage of cases resolved through diversion increased from 77% in 2022 to 86% in 2023, while the percentage of cases resulting in reunification decreased from 23% in 2022 to 14% in 2023.

## FUNDING ANALYSIS

As with the quantitative analysis of people experiencing homelessness, this analysis will include two years of data from 2022 and 2023. The programs and services included in this analysis were informed by the three solutions pillars of the 2022 United States Interagency Council on Homelessness (USICH) *All In* plan: crisis response, housing and support, prevention. Through collaboration with representatives of HSBC, the City of Boulder and the City of Longmont it was determined that funding data would only be included for services in the housing and support, and crisis response categories. Prevention efforts, though vital to actually ending homelessness, go beyond the scope of the HSBC service system.

During this two-year period overall funding for homeless services increased by 22% overall, as you can see in Table 3, below.

**TABLE 3. FUNDING ALLOCATED TO EVALUATED SOLUTION PILLARS**

| | 2022 | 2023 | Difference | % Change[2] |
|---|---|---|---|---|
| Crisis Response | $3,136,184 | $3,987,985 | $851,801 | 27% |
| Housing and Support | $3,186,876 | $3,729,253 | $542,377 | 17% |
| **Total** | **$6,323,060** | **$7,717,238** | **$1,394,178** | **22%** |

Growth in crisis response funding outpaced that of housing and supports, growing from 50% of the total in 2022 to 52% in 2023. Much of this difference is likely explained by the addition in 2023 of a respite shelter designed for people transitioning out of a medical setting (Table 4).

**TABLE 4. FUNDING DETAILS FOR CRISIS RESPONSE AND HOUSING AND SUPPORT**

| | 2022 | 2023 |
|---|---|---|
| **Crisis Response** | **$3,136,184** | **$3,987,985** |
| CE, Street Outreach & Diversion | $723,931 | $632,562 |
| Shelter | $1,267,467 | $1,741,642 |
| Shelter (severe weather) | $770,000 | $584,081 |
| Shelter (special population) | $134,786 | $789,700 |
| Transitional Housing | $240,000 | $240,000 |
| **Housing and Support** | **$3,186,876** | **$3,729,253** |
| Rental Subsidy / Voucher | $1,122,875 | $1,122,875 |
| Case Management | $1,263,217 | $1,230,150 |
| Health Support | $295,973 | $84,560 |
| Landlord Services | $205,886 | $155,000 |
| Other Support | $228,925 | $600,425 |
| Retention | $50,000 | $344,713 |
| Peer Support | $20,000 | $191,530 |
| **Total** | **$6,323,060** | **$7,717,238** |

Also of note, HSBC received expanded grant funding for peer-support and retention services in 2023, which is promising in light of the qualitative analysis finding that these remain important to facilitating outcomes and in high demand.

HSBC was also interested in understanding whether there were any obvious shifts due to changing priorities among local elected officials. To evaluate this PPA took a deeper look at local funding alone for the two years (Table 5, below). The findings indicate close alignment with overall funding decisions, suggesting that this is not a significant issue at least in these two years of data.

[2] This is a measure of relative change over time that is calculated by dividing the absolute change (the difference column, which equals the 2023 value minus the 2022 value) by the reference value, which is 2022.

TABLE 5. LOCAL FUNDING ONLY ACROSS SOLUTIONS PILLARS

| | 2022 | 2023 | Difference | % Change |
|---|---|---|---|---|
| **Crisis Response** | **$2,725,184.00** | **$3,521,716.00** | **$796,532.00** | **29%** |
| Shelter | $1,267,467.00 | $1,741,642.00 | $474,175.00 | 37% |
| Transitional Housing | $240,000.00 | $240,000.00 | $0.00 | 0% |
| Shelter (severe weather) | $510,000.00 | $148,812.00 | -$361,188.00 | -71% |
| Shelter (special population) | $134,786.00 | $789,700.00 | $654,914.00 | 486% |
| CE, Street Outreach & Diversion | $572,931.00 | $601,562.00 | $28,631.00 | 5% |
| **Housing and Support** | **$1,894,348.00** | **$2,253,136.00** | **$358,788.00** | **19%** |
| Case Management | $479,221.00 | $485,276.00 | $6,055.00 | 1% |
| Health Support | $63,327.00 | $64,560.00 | $1,233.00 | 2% |
| Other Support | $228,925.00 | $580,425.00 | $351,500.00 | 154% |
| Rental Subsidy / Voucher | $1,122,875.00 | $1,122,875.00 | $0.00 | 0% |
| **Total** | **$4,619,532.00** | **$5,774,852.00** | **$1,155,320.00** | **25%** |

This analysis also explored the source of HSBC funding with the goal of exploring diversity and sustainability of funding streams. Individual funding lines were organized into three categories: local, state and federal pass-throughs, and one-time funding (Table 6). Significant recovery funding was available during these years as a result of the COVID-19 pandemic and while those are federal funds they are included in the one-time category to make it easier to tease out sustainability.

TABLE 6. FUNDING BY SOURCE

| | 2022 | 2023 | Total |
|---|---|---|---|
| **Local** | **$4,619,532** | **$5,774,852** | **$10,394,384** |
| General Funds | $3,553,486 | $4,704,492 | $8,257,978 |
| Human Services Funds | $764,946 | $737,760 | $1,502,706 |
| Health Equity Funds | $101,100 | $132,600 | $233,700 |
| Affordable Housing Funds | $200,000 | $200,000 | $400,000 |
| **Pass through** | **$1,253,528** | **$920,874** | **$2,174,402** |
| Federal | $1,102,528 | $889,874 | $1,992,402 |
| State | $151,000 | $31,000 | $182,000 |
| **One Time Grant** | **$450,000** | **$1,021,512** | **$1,471,512** |
| ARPA | $450,000 | $971,512 | $1,421,512 |
| McArthur Foundation | | $50,000 | $50,000 |
| **Total** | **$6,323,060** | **$7,717,238** | **$14,040,298** |

To explore shifts in the proportion of total funding coming from a given source Table 7 (below) shows the proportion of total funding coming from each source as well as the percent change for each source from 2022 to 2023. The largest shift during this period was a significant increase in non-recurring grant funding. The majority of this change was due to increases in ARPA funds, which were equal to 37% of the total funding increase from 2022 to 2023, though it is laudable that during that time HSBC also

secured external grant funding from the McArthur Foundation. The second largest change was in state pass-through funding, which was temporarily reduced due to a lost grant that was restored in future years. Federal pass-through dollars also fell between 2022 and 2023.

**TABLE 7. PROPORTION OF TOTAL FUNDING BY SOURCE**

| | % of total in 2022 | % of total in 2023 | % Change |
|---|---|---|---|
| **Local** | **73.1%** | **74.8%** | **2.4%** |
| General Funds | 56.2% | 61.0% | 8.5% |
| Human Services Funds | 12.1% | 9.6% | -21.0% |
| Health Equity Funds | 1.6% | 1.7% | 7.5% |
| Affordable Housing Funds | 3.2% | 2.6% | -18.1% |
| **Pass through** | **19.8%** | **11.9%** | **-39.8%** |
| Federal | 17.4% | 11.5% | -33.9% |
| State | 2.4% | 0.4% | -83.2% |
| **One Time Grant** | **7.1%** | **13.2%** | **86.0%** |
| ARPA | 7.1% | 12.6% | 76.9% |
| McArthur Foundation | 0.0% | 0.6% | - |

On balance it appears that as a system HSBC was successful in adapting to demand and increasing funding in keeping with increasing levels of homelessness in 2022 and 2023. There were no drastic shifts in funding priorities, though a subtle shift towards crisis services was observed.

## RECOMMENDATIONS

- Create integration between HMIS and Connects to enable a more comprehensive understanding of individuals' homelessness experiences and service utilization.
- Specific to the Connects analysis:
  - More understanding of the reasons behind the increase in the time gap between last screening and last touchpoint, particularly the shift in individuals experiencing 7 months to 1 year without a follow-up.
  - More integration between Connects exit data and the rest of the Connects dataset to better understand the characteristics of individuals exiting the program compared to those who remain.
  - More understanding of chronic homelessness. While the proportion reporting multiple experiences of homelessness decreased in 2023, it still remains high
- Specific to the HMIS analysis:
  - More complete and accurate data needs to be collected. Efforts should be made to collect more complete and accurate data. As noted, many individuals are missing project exit dates, and several fields have data that is either not collected, missing, or inconsistent.

  - More follow up with individuals. Increased follow-up is necessary to understand individuals' post-program destinations. A significant number of individuals have no recorded destination category, limiting insights into their outcomes.
  - More understanding of why so many people remain in the HMIS system. Further exploration is needed to determine why so many individuals remain in the HMIS system for extended periods. This could be due to delays in updating records or may reflect a more systemic issue that warrants attention.
- Develop targeted prevention initiatives aimed at individuals at risk of first-time homelessness, focusing on outreach, early intervention, and support services to prevent homelessness before it occurs.
- Expand age-specific services, particularly for older adults, to address their unique healthcare and support needs, and ensure that they can transition to stable housing effectively.
- Boulder must prioritize the development of affordable housing units and work closely with housing developers to increase supply.
- PSH programs are proven to be effective for people with disabilities and chronic homelessness. Expanding these options will help address the needs of the most vulnerable.
- Boulder should foster partnerships with the private sector to increase housing availability and create more opportunities for people transitioning out of homelessness.
- Ensuring individuals who exit homelessness can remain stably housed is essential. Expanding rental assistance programs and providing case management services will reduce the likelihood of people returning to homelessness.

# Appendix B: Findings from the Qualitative Analysis

## INTRODUCTION

The qualitative phase of the evaluation included three different modes of data collection to gather input from three different stakeholder groups: (1) interviews with governing bodies, (2) roundtables with service providers, and (3) focus groups with people experiencing homelessness. Where appropriate data is synthesized across sources, but in several places the responses from the focus groups are described separately because of their distinct perspective.

### The Lived Experience of Homelessness in Boulder County

Across all focus group types, participants described an overall, sometimes overwhelming, sense of hopelessness that they have experienced while being unhoused.

- "Yeah, there's times that I'd like to just give up. I've done time before… it might be easier to go back, you know? I don't want to really do that, but I've been thinking about it."
- "Worthless, hopeless, overlooked…"
- "It's hard to live, you know? Because I have to not forget what I want. Every moment."
- "Can you relate to your bosses that the hopelessness that people feel is real?"

While participants noted serious gaps in and suggested improvements for services in Boulder County, **across most focus groups, particularly those with City of Boulder residents, participants described the services that were available and that they received as notably better** than what they had experienced in other cities and states across the country.

## METHODOLOGY

### Roundtables

The service provider/system partner roundtables were designed to gain insights on the dynamics of HSBC's collaborative efforts with regard to service provision and system function. The goal of the roundtable was to inform recommendations for enhancing system and program effectiveness, ultimately benefiting those served by HSBC. The participant body consisted of HSBC service providers and system partners whose systems of care interacted with homeless services in Boulder County. All four roundtables were conducted virtually via Zoom and lasted roughly 1.5 hours each. They were designed to coincide with regular meetings of the following four HSBC work groups:

- Outreach collaborative (a large group consisting mostly of frontline staff)
- Systems meeting (leadership-level personnel, including Boulder shelter and HOPE but not MHP)

- Housing exits
- Housing navigation and retention

The roundtables were facilitated by PPA research staff. To drive the discussion, PPA created a roundtable discussion guide that sought to gather information on the following:

- Identify local factors that impact inflows to homelessness, exits to permanent housing, and the effectiveness of existing interventions in the greater Boulder area.
- Identify and gather feedback on ways to address any unmet service needs, barriers to access, and service capacity.
- Identify the strengths and challenges of the HSBC collaborative management structure and approach.
- Gather ideas on how to improve service outcomes and collaboration with HSBC, homeless service providers, and systems of care that touch homeless services.

The roundtables were recorded to facilitate accurate transcription. Participants were informed that the roundtables would be recorded, and their consent was obtained prior to recording. The roundtable transcripts were analyzed by PPA research staff using Dedoose qualitative data analysis software. The coding scheme for analysis followed pre-constructed and emergent themes based on the topics outlined above and the research questions that the topics were designed to address.

## Interviews

The purpose of the governing bodies interviews was to gain insights into the dynamics of the HSBC collaborative at a systems level and identify areas needing improvement. Five small-group interviews were conducted with members of the governing bodies within the HSBC system of care, including the Executive Board and Policy Implementation Group. Interviewees were identified by HSBC and included representatives of each of the following entities:

- Boulder County
- City of Builder
- City of Longmont
- HSBC Policy Team
- Metro Denver Homeless Initiative

The interviews were conducted virtually via Zoom and lasted approximately one hour each. The interviews were conducted by a PPA facilitator using an interview guide drafted by PPA and vetted by HSBC. Interview questions were designed to gather information and insights on the following:

- Strengths and challenges of the HSBC service system and collaborative management structure
- Service capacity needs
- Barriers to service access in the community

- Opportunities for innovation
- Effective alignment of investments with system priorities
- Insights on how to improve service outcomes and the collaborative structure of HSBC

The interviews were recorded to facilitate accurate transcription. Participants were informed that the interviews would be recorded, and their consent was obtained prior to recording. The interview transcripts were analyzed by PPA research staff using Dedoose qualitative data analysis software. The coding scheme for analysis followed pre-constructed and emergent themes based on the topics outlined above and the research questions that the topics were designed to address.

## Focus Groups

The purpose of the focus groups was to gather perspectives and stories from people with lived experience of homelessness in Boulder County. Six focus groups were conducted in person at six different locations in Boulder and Longmont. To maximize accessibility for participants, all focus groups were hosted by agencies that provide services to the target populations. The focus groups represented the following categories of single adults with lived experience of homelessness (i.e., currently or formerly unhoused):

- Unsheltered individuals (two groups)
- Individuals in temporary shelter (two groups)
- Individuals in permanent housing (two groups)

Participants were selected via convenience sample. Focus groups were timed to coincide with or work around activities for which the target audience was likely to already be present (e.g., meal distributions). Service providers distributed print flyers before the focus groups. At the start time, service providers directly reminded individuals to encourage their participation. As a result of these efforts, the focus groups were well attended, with a total of 48 individuals, averaging eight per group. Each focus group lasted roughly 1.5 hours. Light refreshments were provided. On completing the focus group, each participant received a $40 Visa gift card.

Focus groups were facilitated by a PPA researcher. A second PPA researcher was present to assist with logistics, recording, and incentive distribution. The facilitator used a discussion guide that was drafted by PPA and reviewed by HSBC. The discussion guide was designed to address the following research questions:

- Which services appear to be most important for producing outcomes?
- What service capacity needs or gaps are identified and how might these be addressed?
- What barriers prevent or decrease the likelihood that individuals experiencing homelessness will engage in system services?
- What are effective solutions that have been used to remove such barriers or increase the likelihood of engagement?

- What are recommendations for strengthening the overall effort to improve outcomes including the addition of other best practices?

The focus groups were recorded to facilitate accurate transcription. Participants were informed that the focus groups would be recorded, and their consent was obtained prior to recording. The focus group transcripts were analyzed by PPA research staff using Dedoose qualitative data analysis software. The coding scheme for analysis followed pre-constructed and emergent themes based on the topics outlined above and the research questions that the topics were designed to address.

The following sections summarize the findings from all of the qualitative data collection and analysis efforts organized by research question.

## STRENGTHS AND CHALLENGES OF HSBC SYSTEM AND COLLABORATION

"What are strengths and challenges of the HSBC service system and collaborative management structures and approaches?"[3]

Responses to questions about strengths and challenges of the HSBC service system and collaborative management structure were frequently in direct conflict across participants and data collection efforts (i.e., roundtables and interviews), suggesting experiences, perspectives, and perceptions may vary widely among and between HSBC providers and governing bodies. These conflicts are discussed below before turning to the strengths and challenges that surfaced.[4]

Across roundtables and interviews, one of the most frequently noted strengths of the HSBC is the ability to collaborate effectively across multiple agencies in a geographic service area. Participants described how HSBC helps partners collaborate around service provision and funding opportunities, ensures programs do not operate at odds with or duplicate one another, and overcomes silos and parochial mindsets to address problems that the region has in common.

However, one of the most frequently noted challenges to the HSBC system is the lack of cohesion across the elected officials and policymakers that represent Boulder County, the City of Boulder and the City of Longmont. This directly affects how each entity makes funding decisions, sets priorities and chooses programmatic approaches, which in turn complicates collaboration and hinders effective service provision. As a result, it can be challenging for HSBC to maintain common collaborative goals and ensure that programmatic decisions and resource allocations are aligned with systemwide priorities.

[3] This summary is based on responses from both the governing body interviews and the service provider roundtables.

[4] For both the interviews and roundtables, individuals/sessions as well as across data collection types had conflicting views about what were strengths vs challenges.

## Strengths

The knowledge that HSBC partners bring and share with the collaborative is a notable strength of the collaborative management structure. The collaborative structure allows partners to build relationships and a shared knowledge base so that they know each other and the services they provide better, are better equipped to make referrals, and can utilize ideas others have had success with.

Participants also noted that HSBC and its service providers are able to observe changing needs and service gaps in communities and take action to try to address them. Some interview participants credit this to perceived efficient communication between direct service providers and leadership and the ability to get both perspectives.

The large array of services that the HSBC service system provides and that partner agencies have access to when they come together to support common clients is a strength, per both groups. One roundtable participant specifically identified "recovery circles" providing peer support to help people become or stay housed as one of the impactful services the HSBC system provides.

HSBC service provision and collaboration benefit when partners have connections to additional external partners. For example, HSBC service providers' connections with non-HSBC organizations are a strength, as they help to fill service gaps the HSBC currently cannot (e.g., Spanish-speaking providers). HSBC leadership's efforts to connect partners to external entities at the state and larger local level (e.g., chamber of commerce, business community) are also a strength. At the same time, interview participants value HSBC partners' autonomy to pursue funding individually and their ability to build relationships and coordinate without governing bodies' guidance.

## Challenges

Rules, restrictions, and obstructions at the programmatic, local, state, and federal levels often create barriers to getting and keeping people housed and are a significant challenge to service provision. For example, programs and landlords often have conditions and restrictions around eligibility and sobriety, sometimes governed by state- or federal-level rules. Further, even when individuals meet requirements for service provision, they are not always able to access services due to the geographic separation of services in Boulder County.[5] For example, multiple interview participants pointed to shelters and services being located in separate communities, making some clients reluctant to leave their community to shelter.

Further, participants shared that local agencies are constrained by rules and policies (often imposed at the federal level) that make it difficult to take actions that benefit the region, even if the partners involved have a regional mindset. Additionally, both groups pointed to strains on collaboration due to

[5] This finding was shared by focus group participants as well.

conflicts between HSBC partners (especially those representing different geographic areas) regarding how funding resources are or should be allocated, with some feeling that allocations are inequitable. Perhaps reflective of this, roundtable and interview participants repeatedly explained that the limited resources and funding available for homelessness services is a crucial barrier to effective service provision in Boulder County.

Challenges around data/information sharing were repeatedly noted, with participants pointing to partners' different data systems which do not always collect standardized information, different interpretations of policies governing release of personal identifying information, and inconsistent and inefficient access to client data through partners. Additionally, there is confusion stemming from a notable lack of defined policies and procedures around the HSBC's leadership roles and structure (e.g., bylaws). Also, there are not standardized expectations for partners' reporting on how allocated funding is being used to support HSBC priorities.

A small number of interview participants expressed frustration, feeling that funders, elected officials, and programs are not focused enough on the larger, nationwide context of the systemic and complex issues that drive homelessness. Similarly, some interview participants described frustration that although HSBC partners are ambitious and driven, they may not have large enough players at the table or the resources to make the desired level of impact. Some providers also expressed frustration around the HSBC's focus, feeling that too much time and effort is spent on administrative activities such as training, and not enough on providing (or seeking additional resources for) supportive services.

Finally, the local context itself is a major challenge to HSBC. Community opposition and prejudice against unhoused people is a significant challenge hindering effective service provision, per roundtable and interview participants. Local community members are opposed to low-income housing, the "not in my backyard" (NIMBY) mentality is prevalent, there is political opposition to supporting unhoused people, and community members' perceptions of the homelessness issue led them to distrust any positive data around the impacts of programmatic efforts. Also at the systemic level, the lack of affordable housing in Boulder County is a significant issue leading to increased homelessness, including after people become newly housed, and making it very difficult to exit people from homelessness.

## Ensuring Alignment in Resource and Programmatic Decision Making

"What are characteristics of an effective systems approach that mitigates the risk that partners will make resource and programming decisions not aligned with system priorities?"[6]

Maintaining alignment is critical to an effective systems approach. However, this is challenging when resource allocations or programmatic decisions are impacted by the political environment with

[6] This question was only asked in the governing body interviews. Thus, all findings in the following section reflect interview participant perspectives.

frequent risk of turnover in political positions. This can mean that support of HSBC priorities is undermined when those in power have other priorities or have conflicting requirements or expectations. Further, because funding opportunities are finite, partners/entities may pursue opportunities that appear or are less aligned with the broader HSBC system priorities.

Sometimes even when efforts are largely aligned with system priorities, HSBC partners/entities face challenges implementing them with fidelity, including when funding is insufficient, or other policies prevent aligned decision making. For example, the current coordinated entry requires clients to provide vital documents even though doing so is not aligned with the HSBC's housing first approach. Participants provided input on what opportunities they see to make sure that future resource allocations and program decisions are aligned with HSBC system priorities and recommended the following:

1. Remaining data-driven
2. Avoiding duplicative and/or conflicting work
3. Being transparent about partners' priorities and agendas
4. Increasing transparency around funding use
5. Seeking executive approval
6. Balancing alignment and responsivity
7. Focusing on alignment with the HSBC rather than funders

To expand, participants felt that consistently using data and evaluation to guide programmatic decision making and resource allocation is important to ensuring alignment with the HSBC system's priorities. Several recommendations emphasized the importance of HSBC partners being communicative and on the same page. For example, ensuring that individual partners' priorities, policy directions, and programming decisions do not conflict with or unnecessarily duplicate the work of other partners; something that could be supported by a strong strategic plan. Relatedly, participants described the importance of acknowledging that all partners also have their own agendas and ensuring that there is an expectation and environment for transparent communication regarding partners' agendas and any concerns around them. Having increased transparency around HSBC partners' investments in programs and the outcomes related to those investments may also support aligned resource allocation. Multiple participants also identified the need to bring more significant programmatic and resource use decisions for HSBC executive board or leadership level approval.

In addition to maintaining alignment among HSBC partners and their respective priorities, it is important for HSBC to be mindful of how external factors may impact the system's and partners' priorities, per participants. For example, it is important that partners be able to intentionally discuss how to navigate maintaining program fidelity and alignment with HSBC priorities while also being responsive to changing situations and service provision needs on the ground. At the same time, participants suggested that the HSBC and its partners should work to ensure that funding opportunities or priorities set by funders do not influence resource allocation or programmatic decision making in ways that meaningfully conflict with or undermine HSBC's priorities.

## SERVICES MOST IMPORTANT FOR OUTCOMES

"Which services appear to be most important for producing outcomes?"[7]

Case managers/workers are crucial in connecting unhoused people to a wide range of services, resources, and information and assisting people in applying for housing or getting on lists. Focus group participants also discussed the positive impact of case workers conducting street outreach, advocating for them, helping them secure vital documents, and being able to have one-on-one time and daily contact with them to keep moving efforts forward. Currently housed participants also described the importance of continued case management, expressing deep appreciation for their genuine effort and desire to help as well as being able to work with the same case manager.

State and federal assistance programs were the most helpful supports for people experiencing homelessness (e.g., Medicaid, SNAP, SSI, Social Security, Aid to the Needy Disabled). Two participants who are currently housed described how eligibility expansion several years ago allowed them to receive SSI benefits, which they credited as the reason they were able to secure housing. Unfortunately, this policy is no longer in place. Rental assistance, capped affordable rent, continued food and other basic needs supports, and mental health services were described as key factors in housing retention. Additional factors that contributed to well-being included peer support/peer communities, transportation assistance, entertainment opportunities (e.g., music, YouTube, television), and allowing pets.

Services that meet basic needs were identified in all focus groups as being among the most helpful while unhoused (e.g., services providing or connecting people with food, showers/hygiene products, shelter/a place to sleep, clothing, mental and physical health care, and laundry). Reliable mail access through service providers is important for unhoused individuals who do not have personal addresses. Participants described how this service allows them to receive the communications and vital documents needed to secure housing and benefits as well as keep up with things like medical appointments. Lockers and other secured storage spaces are highly valued, as they reduce the amount that needs to be carried and protect against theft. However, participants noted that these lockers are quite small and that there is typically a long wait to get one due to limited supply. Transportation assistance (e.g., bus tickets and gas cards) helps people maintain employment and engage in system services. Comments regarding youth services in Boulder were positive; however, further research, targeted toward youth, is needed to provide a clear impression.

## SERVICE CAPACITY NEEDS OR GAPS

"What service capacity needs or gaps are identified and how might these be addressed?"

[7] This question was asked of focus group participants.

Table 2 provides a description of each service capacity gap identified during the governing body interviews and service provider roundtables. The columns indicate the number of interviews and roundtables in which each gap was mentioned by at least one participant, and whether each gap was also identified in at least one of the focus groups with individuals with lived experience of homelessness.

**TABLE 8. SERVICE CAPACITY GAPS**

| SERVICE GAP | # INTERVIEWS MENTIONED | # ROUND TABLES MENTIONED | MENTIONED IN FOCUS GROUPS |
|---|---|---|---|
| **Housing retention:** Lack of services and supports to help people remain housed. | 3 | 5 | Yes |
| **Families:** Lack of services or facilities targeted to families, including emergency shelter. | 4 | 4 | Yes* |
| **Affordable housing/units:** Lack of affordable housing and units, including for transitional and bridge housing, permanent supportive housing, and rapid rehousing. | 4 | 2 | Yes |
| **Services by geography:** Lack of some services in certain communities, forcing people to seek services in unfamiliar communities. | 3 | 3 | Yes |
| **Case management:** Lack of funding, providers for case management. Lack of types or intensities of case management for certain needs. | 4 | 1 | Yes |
| **Seniors:** Gaps in housing and related services for seniors (e.g., fixed incomes, physical/mental health, dementia, etc.) | 1 | 2 | No |
| **Domestic violence:** Lack of domestic violence shelters and space in those shelters. | 2 | 1 | Yes |
| **Pets:** Few or no accommodations for animal companions of unhoused people. | 1 | 1 | Yes |
| **Mental/behavioral health:** Lack of mental health supports, housing/sheltering opportunities; and lack of funding for services. | 3 | 0 | Yes |
| **Substance use:** Lack of sufficient services and housing opportunities for people struggling with substance use. | 3 | 0 | Yes |
| **Seasonal sheltering:** Lack of resources, space to shelter volume of people inside during inclement weather/winter across HSBC service area. | 2 | 0 | Yes |
| **Insufficient shelter space:** Overall, shelter space is insufficient to meet current needs. | 2 | 0 | Yes |

| SERVICE GAP | # INTERVIEWS MENTIONED | # ROUND TABLES MENTIONED | MENTIONED IN FOCUS GROUPS |
|---|---|---|---|
| **Transportation:** Lack of available options or funding for transportation people can readily use to access services. | 1 | 0 | Yes |
| **Living in cars:** Lack of safe lot programs or other resources (e.g., vehicle repairs, gas cards) for people living in their vehicles. | 0 | 2 | Yes |
| **Street medicine:** Lack of medical and mental health services provided where unhoused people are located. | 0 | 1 | Yes |
| **Employment services:** Insufficient services to help prepare for or obtain employment. | 0 | 1 | Yes |

*Though participants in one focus group described instances of families not receiving sufficient services, several focus groups also suggested that families had exclusive or more access to some services.

## Basic Needs and Support Services for the Unsheltered

Basic needs services were identified as a key service capacity gap in Boulder County. Participants from both Boulder and Longmont described a severe lack of functional, free public restrooms they could access and few affordable options for showering, with Longmont participants noting places they had previously been able to use the restroom or shower for free are no longer accessible to them due to changes in policy.

Local and state-level policies are making it difficult for unhoused people to exist in public spaces in Boulder County. The laws and enforcement related to camping bans, social engineering, and arrests and issuances of trespassing tickets for sitting or having belongings in public spaces are causing significant challenges for participants and the unhoused people they know. There are pervasive issues of prejudice against unhoused people, "Not In My Backyard" (NIMBY) sentiment, and a lack of empathy for unhoused people in Boulder County. This has led to participants' harassment by the public in the form of frequently calling the police when they are peacefully existing in public spaces, swearing and rude gesturing, and even throwing objects at them. Participants described a clear sense of dehumanization, and that unhoused people were unwanted by the housed community and business owners in Boulder County.

Insufficient shelter space and hours also pose challenges, especially during inclement weather, as many are unable to get in or must leave on weekends when other indoor spaces may be closed. Further, it appears motel vouchers are no longer offered regularly when shelters reach capacity. Participants in Longmont explained there are fewer locations that provide food and clothing now than in the past. Unsheltered participants also cited challenges in accessing medical care, noting that hospitals often attempt to turn them away. Finally, one participant noted that services in Longmont are not currently

centralized, forcing people to spend large amounts of time traveling to different locations to receive different basic needs supports. Access to affordable laundry is also very limited.

As previously noted, participants described direct street outreach by case workers and outreach teams as key opportunities for service system engagement and receiving support. However, participants observed a need for more street outreach and direct case management to be conducted, some pointing to an observed reduction in the amount of these services being conducted as well as the type of services offered during outreach, especially in Longmont. Turnover was also noted. In Boulder participants described a sense that even when outreach is conducted, caseworkers/staff sometimes prioritize individuals who have someone to vouch for them, their sobriety, and lack of criminal record, leaving others without that support and opportunity.

Suggestions to address some of these gaps included providing more locations and opportunities for unhoused people to access services to meet their needs for food, showers, bathrooms, and laundry at little or no cost; continuing to assist people in signing up for food, medical, and other assistance through government programs; and attempting to provide multiple basic needs services at locations to reduce clients' travel time and distance.-To help address these gaps and increase system engagement, participants suggested increasing the number of case managers/workers and increasing their boots on the ground outreach efforts.

## Housing Affordability, Accessibility and Retention

The lack of affordable housing in Boulder County was consistently identified as one of the most significant barriers to becoming housed and maintaining housing across all focus groups. Participants pointed to incredibly high, out of reach housing costs compared to the income of a working person, even for a one-bedroom apartment; gentrification; companies buying up housing; landlords expecting the first and last month's rent up front; and observations that while new housing is being built, much of it is luxury apartments. Regardless of price, housing units are generally full, and while some appreciated that new affordable housing is being built, they recognized it will not be sufficient to meet Boulder County's needs.

The high cost of living in Boulder County makes it difficult for unhoused people to save money, even if they are working; and to maintain housing if they become housed. Participants described seeing other homeless people being housed in apartments only to once again lose their housing because they are unable to pay rent, despite being employed. Participants described a larger issue around reduced/insufficient government assistance and eligibility issues, noting the lengthy application process, restrictive eligibility, and issues securing owed assistance.

There was a sense of frustration among some sheltered and unsheltered participants based on their experience that sometimes individuals with the highest needs or most disruptive behaviors seem to be given the most attention by service providers and are prioritized in getting housing, which does not feel fair to those who do not have addictions and are working very hard to get back on their feet. To help

address this, participants asked for more transparency and accountability from service providers around how services are provided, to whom, and why any changes in services occur.

Suggestions for addressing some of these concerns included taking the length of time people have been waiting on lists to receive housing into account when awarding vouchers, providing greater transparency regarding how people are selected for the housing lottery, and increasing accountability for notifying people of their responsibilities when awarded a voucher and if there are changes to their position in the lottery, particularly if they can no longer expect housing.

The governing bodies interview, service provider roundtable, and focus group participants all highlighted the issue of insufficient housing retention services and supports in Boulder County. Focus group participants noted insufficiencies including housing vouchers only covering a portion of rent for one year for individuals who are not disabled, a lack of rental/utility assistance for single adults facing evictions, and the extent of assistance for some being $500 towards a security deposit. To help address this issue, focus group participants suggested providing more housing retention services overall, rental/utility assistance to single adults facing eviction, rental assistance for a longer duration, to create a safety net and incentivizing landlords to be more flexible with late payments. Provide more housing retention services/supports.

## Mental Health, Employment and Legal Supports

There are not enough mental health workers and supports to meet the different levels of need people have in the shelters and HSBC apartments. Focus group participants described individuals in these settings whose needs are at a higher level than can be met in those settings with current supports as well as turnover of mental health professionals. To help address this issue, efforts should be made to attract and retain additional mental health professionals.[8]

One participant suggested that there is a gap in the employment services currently provided, noting that many unhoused people are highly educated or skilled and thus many of the current courses are not helpful to them. The competitive job market in Boulder County and the young and highly educated workforce were described as challenges, with some citing ageism as a barrier to securing employment that could support becoming housed. To help address this gap, the service system could expand the employment services to include support for securing higher-skill opportunities. One participant suggested supporting unhoused people waiting for vouchers by paying or housing them temporarily as they train and work as peer mentors.

Multiple participants pointed to the need for legal representation and consultation services for unhoused people in Boulder County to help them contest tickets, secure due benefits, and fight illegal evictions. Providing more of these services, including through individuals with expertise in specialized

[8] This was also a recommendation from the service provider roundtables.

areas such as disability law, senior law, and eviction law could help address this gap and help people keep their benefits and housing.

Finally, while advocacy by providers is appreciated, unhoused participants in both Boulder and Longmont described generally feeling unheard, that they are being given "lip service," that promises made to them are empty, and a sense that no action will be taken based on their voiced needs.

## Equity

Service providers and governing bodies felt that the HSBC provides services equitably, overall; however, participants acknowledge gaps in services and underrepresentation in the service system for vulnerable populations. Multiple interview and roundtable participants described HSBC services as being provided equitably overall but noted that services may be constrained by other factors that are beyond service providers' control (e.g., the limited availability of housing or supportive services). Focus group participants had mixed views on whether they were treated with fairness, dignity, and respect by service providers. They felt that case managers tend to treat participants with more empathy and respect than the public, the authorities, and shelter staff. Some service provider staff, particularly shelter staff, have not received proper support or training on organizational policies/procedures or how to engage with diverse clients, including those with complex needs and histories, in a trauma-informed, respectful, professional, fair, and safe manner. Participants felt this has contributed to instances of unnecessary escalation, favoritism, disrespect, infantilization, bullying, and outbursts by some shelter staff.

To address this gap, participants suggested developing a standardized training program for staff across all shelters to define standards for treating clients with dignity and respect, ensure all staff are aware of policies and procedures, as well as equip staff to work effectively with individuals who have trauma, mental health, addiction, and violence histories. Other suggestions included regularly administering surveys of shelter residents and staff through an external company and acting upon the findings and creating more opportunities for staff to seek support from their employers or peers, such as through a helpline.

Families face a lack of shelter and service options, and many services are geared towards single adults (though this finding is in conflict with the findings from some of the focus groups). People with criminal records are overrepresented in the unhoused population and there is a lack of the services, supports, and accepting landlords needed to get them housed. LGBTQIA+[9] people are underserved by the system and face a lack inclusive demographic options (e.g., for gender and sexual orientation) captured by the system and tailored services. BIPOC people are overrepresented in the unhoused population and underrepresented among those served by the system. Latinx clients face equity issues

[9] LGBTQIA+ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The "+" represents all other identities that are not included in the acronym. It is an umbrella term that is often used to refer to the entire LGBTQIA+ community.

related to language barriers and immigration obstacles. Older adults/seniors are a growing and vulnerable subpopulation among homeless adults and there is a lack of tailored services to meet their needs. Youth, especially young women, are vulnerable to trafficking and other exploitation, and the HSBC service system has struggled to engage this population in a systematic way.

Additionally, both interview and roundtable participants noted equity concerns around how individuals are prioritized to receive services, including based on severity of disability. The severe lack of affordable housing in the HSBC service area has resulted in housing services being prioritized for individuals with the most vulnerabilities, leaving many without access (including those with vulnerabilities). One participant pointed to the need to revisit the system's vulnerability index to ensure that services are prioritized for those who need them most, suggesting that the current index may not be prioritizing services equitably and reinforcing the bottom-line need for additional affordable housing and housing resources to meet the community's needs.

Participants suggested establishing a dedicated shelter in Longmont. They also see opportunities to increase and improve housing and shelter services for vulnerable populations including unhoused families (though as mentioned above the input from focus groups calls into question whether this is a need), older adults, and people with physical disabilities, as well as to work collaboratively to explore how to focus in on meeting the needs of specific populations such as young women, people who are Indigenous, and people who are undocumented. Similarly, participants felt that the HSBC has an opportunity to increase outreach and relationship-building efforts to unhoused youth, especially youth of color and youth in the LGBTQIA+ community.

Finally, participants once again identified the need to intentionally evaluate and discuss the equity of HSBC programs and services. One interview participant suggested that ongoing and increasing use of program data could help the system understand equity in outcomes as well as guide efforts to address equity gaps in real-time.

## BARRIERS TO SYSTEM ENGAGEMENT AND PROPOSED SOLUTIONS

What barriers prevent or decrease the likelihood that individuals experiencing homelessness will engage in system services. What are effective solutions that have been used to remove such barriers or increase the likelihood of engagement?

Unhoused individuals in Boulder County face numerous barriers to accessing and engaging with homelessness services, stemming from systemic, environmental, and personal challenges. One major issue is the difficulty housing providers face in securing liability insurance for individuals perceived as "high risk." Insurance companies often deny coverage or charge exorbitant premiums due to risks like meth remediation, which forces providers to prioritize housing individuals deemed "lower risk." This creates significant barriers for the most vulnerable individuals, particularly those with histories of substance use or higher needs.

Rigid sobriety policies further exclude individuals with addiction issues from the system. Many providers enforce zero-tolerance policies, meaning even a single relapse can result in losing housing. These strict requirements deter individuals from seeking help or services, particularly if they fear judgment or eviction after a relapse. Similarly, bureaucratic hurdles, such as tight timelines for completing paperwork, repetitive background checks, and navigating the coordinated entry process, discourage engagement with services. Background checks are especially problematic for individuals with felony records, who are often disqualified from affordable housing or program units without further consideration.

Service accessibility is another significant barrier. Many services are unavailable outside traditional business hours, leaving individuals without critical support during emergencies. Transportation challenges further limit access, as public transit often fails to connect unhoused individuals to service locations. Additionally, unreliable access to phones, the internet, and mailing addresses makes it difficult for individuals to communicate with service providers, follow up on housing opportunities, and navigate the system effectively.

The physical environment and policies of shelters also deter many individuals from using these facilities. Participants described poor shelter conditions, including cleanliness issues, theft, and disruptive behaviors, which make staying there unappealing. Strict rules, such as mandatory check-ins and counseling appointments, add to the difficulty, as missing a single requirement can result in losing shelter access. For those in subsidized housing, restrictive visitation policies, limited personal freedoms, and inadequate mental health support negatively affect their experience, with some residents feeling re-traumatized by the behaviors of neighbors dealing with mental health challenges.

Interactions with law enforcement present another significant challenge. Many unhoused individuals reported harassment, including raids, confiscation of belongings, and conflicting information about where they are allowed to be. These experiences disrupt their efforts to stabilize and secure housing, though some participants noted positive interactions with empathetic officers and outreach teams.

Health and personal challenges also play a role in disengagement. Physical disabilities, mental health conditions, trauma, and societal stigma prevent some individuals from seeking services. Young people and individuals with anxiety or pride, particularly men who may fear appearing weak, often struggle to ask for help or engage with providers. Meanwhile, the theft of personal belongings, including vital documents, creates recurring barriers to accessing benefits, housing, and employment.

To address these barriers, participants proposed a range of solutions. Improving communication and outreach is crucial. Suggestions included posting physical signs and flyers in public areas frequented by unhoused individuals, distributing updated resource pamphlets, and expanding direct street outreach. Reforming sobriety policies to adopt harm reduction approaches would make services more accessible to individuals with addiction issues, while simplifying service eligibility requirements, such as removing proof of residency mandates, could open the system to more people in need.

Participants emphasized the importance of improving shelter and housing conditions. Proposed changes included hiring additional sanitation staff, instituting quiet hours, creating sober dorms, and enhancing ventilation in shelters. In subsidized housing, residents would benefit from more relaxed visitation policies, improved accessibility for individuals with disabilities, and expanded mental health and psychiatric support tailored to their needs.

Expanding access to services also requires reducing systemic barriers. Participants recommended providing 24/7 service availability, particularly for mental health support, and offering transportation assistance to connect individuals to providers. Secure storage options, such as lockers for personal belongings, would help prevent theft and the resulting disruptions. Addressing gaps in technology access by providing phones, internet, and mailing addresses would further enable unhoused individuals to navigate the system effectively.

Finally, participants called for police reform and increased empathy from law enforcement when engaging with unhoused individuals. By reducing punitive measures like ticketing and raids and fostering more compassionate interactions, law enforcement could help build trust and support individuals' efforts to access services and secure housing.

Overall, these recommendations highlight the need for a more inclusive and flexible system that addresses both the systemic and personal challenges faced by unhoused individuals in Boulder County. By implementing these changes, service providers, policymakers, and community stakeholders can create a more supportive and effective path toward stability and housing.

## RECOMMENDATIONS

What are recommendations for strengthening the overall effort to improve outcomes including the addition of other best practices?

Participants across data gathering approaches provided numerous recommendations to strengthen the overall impact of the HSBC system and improve collaboration among its partners. Central to these suggestions was the importance of educating the housed community, politicians, and local leaders about the realities of homelessness. To promote community empathy and engagement, participants suggested raising awareness about the lived experiences of unhoused individuals. This could include encouraging public donations to meet basic needs and challenging misconceptions that such support enables substance use. Providing opportunities for unhoused individuals to be heard at city council meetings or other official platforms was also recommended.

By building empathy and goodwill, HSBC could combat NIMBY attitudes, which often create barriers to service provision. Efforts to shift public opinion could include expanding data collection and dissemination to highlight progress and program outcomes, as well as fostering community champions in influential leadership and funding positions. For example, participants praised HSBC's recently

launched public dashboard for enhancing transparency and suggested similar efforts to guide real-time decision-making.

Improving data sharing practices was another major recommendation. Participants called for standardized agreements and universal expectations for sharing client information among partner agencies, which could enhance coordinated service provision. For instance, better data sharing could enable timely alerts about clients who pose risks to others and improve the accuracy of by-name lists. Additionally, participants suggested exploring joint funding opportunities, such as shared grants and braided funding, to foster collaboration and transparency among organizations.

Participants also recommended that the HSBC engage in policy advocacy at multiple levels—federal, state, local, and programmatic—to improve service delivery and address barriers. Policies informed by harm reduction and a deeper understanding of addiction were particularly emphasized, with calls for alternatives to evictions for individuals who relapse, such as counseling or referrals. Broader advocacy efforts should address root causes of homelessness, including the affordable housing crisis and cost-of-living disparities.

Service improvements were another key focus. Participants stressed the need for expanded housing retention supports, such as counseling and wraparound services, as well as increasing shelter capacity to meet immediate needs. Creative housing solutions, like container housing for individuals who are difficult to house or barred from traditional housing, were also suggested. Additionally, participants highlighted the importance of rental support programs, including renter insurance, additional vouchers, landlord compensation, and meth remediation funding.

Collaboration with additional partners was seen as critical to the HSBC's success. Participants recommended involving individuals with lived experience of homelessness in decision-making processes to ensure programs are responsive and aligned with community needs. Expanding partnerships with external organizations and municipalities was also suggested to enhance the system's reach and expertise. To improve equity, clarity, and effectiveness within the HSBC, participants proposed structural adjustments, such as leadership term limits, role rotation, and greater inclusion of smaller provider partners in leadership roles. They also emphasized the need for clear policies, procedures, and unified goals across the collaborative.

Streamlining services and reducing barriers to access were also common themes. While consolidating services geographically into one-stop locations can improve efficiency, participants noted that this approach should consider accessibility for clients outside central service areas, potentially requiring additional locations in Boulder and Longmont. To foster a more collaborative environment, participants recommended creating space during meetings for open dialogue and conflict resolution and ensuring that all voices, including smaller providers, are heard in decision-making processes.

Participants made several additional recommendations to address immediate needs and systemic gaps. For example, they advocated for sanctioned camping communities and safe parking lots to provide stability without fear of harassment or arrest, while recognizing housing as the ultimate goal. Expanding shelter space for vulnerable populations, such as older adults, and opening additional warming and cooling centers were seen as essential. Some participants also suggested offering survival skills information or classes for individuals who cannot or will not use shelters during inclement weather.

Finally, participants highlighted the importance of manageable caseloads for case managers to ensure consistent, high-quality support. Structuring case management to allow for daily contact with clients and smaller caseloads—ideally five to ten clients per worker—was seen as a way to provide more intensive services and better follow-through. Together, these recommendations reflect a comprehensive approach to strengthening the HSBC's impact and improving outcomes for individuals experiencing homelessness in Boulder County.

# Appendix C. Literature Review Summary

Two of the research questions for this project were "What barriers prevent or decrease the likelihood that individuals experiencing homelessness will engage in system services?" and "What are effective solutions that have been used to remove such barriers or increase the likelihood of engagement?" To start to address these questions, PPA conducted a review of select reports and literature on emerging practices in the following categories:

- Hotel/motel conversions
- Enhanced case management
- Peer-support programs
- Safe outdoor spaces
- Safe parking programs
- Tiny home villages
- Progressive engagement
- Equity-focused approaches

This appendix summarizes the findings from the literature review and offers insights and recommendations for future work. PPA has also compiled tables with additional detail for use as a reference, including descriptions and key lessons from each document included in the review. The results shared should not be seen as a comprehensive assessment of best practices for reducing homelessness, but rather a small sampling of key research literature and government publications that offer relevant and potentially useful insights on the topic.

## KEY INSIGHTS AND RECOMMENDATIONS

Homelessness is a problem with many drivers, including social determinants of health such as economic stability and the social and community contexts in which it occurs. As such, there is no one best strategy when it comes to reducing homelessness. However, the 30 reviewed documents provide insights into best practices within and across individual strategies, with individual program findings discussed below. Some broad factors to keep in mind include:

- Homelessness prevention does not happen in a vacuum. Regardless of the approach selected, effective program design includes bringing in supportive services and community partners including public safety, employment, and health care.
- Homelessness programming is costly. Many of the most effective programs require significant investments into locations, staff, and wraparound services.

- Individuals should have agency in service provision. Some of the most successful programs include strong supportive services that recognize the recipient's independent value and let them drive service provision.
- Some programs are designed to address the negative impacts of homelessness, such as safe outdoor spaces. These may be seen as easy first steps to undertake, but the costs of funding staff and services to effectively implement them may be similar to programs designed to place residents in permanent housing. Communities should carefully evaluate the costs and benefits of any approach before deciding on the most effective low-barrier programming for their area.

Beyond this, context plays a heavy role in the success or failure of homelessness-reduction programs. The summary tables that follow each discussion include suggestions for reviewing individual case studies found in several of the reviewed documents, which provide in-depth analyses of the outcomes of these methods at individual locations. While these case studies are not generalizable, they may provide interesting insights into best practices or key contextual factors for success.

Although several programs and services have been around for decades, many states' homelessness responses and supports ramped up during the COVID-19 pandemic. As such, there may be new data yet unpublished by states and communities regarding their programming outcomes. The authors recommend regular, ongoing searches for new research and grey literature on the topic to keep up to date on emerging findings.

## FINDINGS BY TOPIC

Summaries of findings are included below by topic area of interest. Following each summary paragraph is a reference table with the key insights from each resource used to inform that summary.

### Hotel/Motel Conversions

Hotel or motel conversions involve developing former guest rooms into small, private apartments. These apartments offer tenants a place to safely keep their belongings and more permanence than a shelter or encampment.

Of the approaches reviewed, the viability of hotel/motel conversions is the most context dependent. It relies heavily on the number of vacant structures in the community and the ability to fund conversions, cited by the National Association of Realtors Research group as costing between $25,000-$50,000 per converted room at a full-service hotel. This topic had the most diverse available literature. The four sources reviewed included the paper referenced, a report from the Terner Center at UC Berkeley, a peer-reviewed paper, and an FAQ from the City of Albuquerque (Albuquerque, 2024) which is currently undertaking conversion projects. During the height of the COVID-19 pandemic, this strategy was seen as incredibly effective at reducing shelter intensity and providing a safe, clean space for residents. Albuquerque is approaching the topic by first developing "efficiency apartments" for single people and childless couples. It is recommended that HSBC review the individual case studies cited throughout this

literature when weighing the potential cost-effectiveness of this type of program for Boulder. Table 2 below includes the content abstracted from each resource that informed this summary of findings.

**TABLE 9. HOTEL / MOTEL CONVERSIONS**

| Reid, C., Manji, S., & Rosenberg, H. (2021). *Addressing Homelessness Through Hotel Conversions*. The University of California Berkeley Terner Center for Housing Innovation. |
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| Describes the results of 13 hotel/motel acquisitions across the country, including one in Denver, CO, that were designed to address homelessness. Notes that significant challenges with these conversions include a lack of sufficient funding, fragmented housing and health systems, and community opposition to new projects. |
| • Acquisition and conversion projects can progress more quickly and cost less money than new builds; however, these conversions still cost a significant amount of money that may not be available without increased, ongoing state and federal appropriations.<br>• There is a current lack of technical and site selection expertise, combined with zoning challenges, community opposition, fragmented service provision, and insufficient personnel that contribute to the difficulties of scaling up these types of projects.<br>• In addition to addressing these challenges through federal and state policy interventions and private technical assistance, Continuums of Care are critical partners in conversion work to better integrate these new options into comprehensive homelessness response strategies. (p. 3) |
| National Association of REALTORS® Research Group. Copyright ©2021. "Case Studies on Repurposing Hotels/Motels into Multifamily Housing." *National Association of REALTORS®*. All rights reserved. |
| This report describes the location, frequency, and type of hotel/motel conversions that occurred in the U.S. prior to 2020. Situated in the middle of the COVID-19 Pandemic, this information is intended to be used for those considering a purchase of a hotel for conversion into multi-family housing or other residential supports. |
| • This report describes the increasing popularity of AirBnBs as travel lodging, leading to a slow decline of the hotel industry. As hotels consider closures and selling to those who would repurpose them for housing, financing will play a major role in the feasibility of their use for housing.<br>• Key considerations and data from this report include:<br>  ○ "53% of hotel/motel conversions were converted into multifamily housing at a cost of less than $25,000 per room. Most limited-service hotels were converted into multifamily housing at less than $25,000 per room, while most full-service hotels were converted into multifamily housing at $25,000 to $50,000 per room." (p. 17)<br>  ○ "55% of hotel/motel conversions required rezoning, which can be a challenge for developers and constituent communities." (p. 17)<br>  ○ Exploring all private/equity, Lending, LIHTC, Tax Abatement, and other tax incentives can help create innovative funding structures for conversions. (p. 20)<br>• It may be beneficial to review the individual case studies at the end of this report when considering how to finance hotel conversions. |
| City of Albuquerque. (2024). *Converting Hotels/Motels to Housing: Information about the City of Albuquerque's plan to covert hotel and motels to permanent housing.* |
| This brief from the City of Albuquerque describes the city's plan to convert motels and hotels into permanent housing. It responds to frequently asked questions about the program including zoning and building requirements, residents and affordability, supportive services, amenities, transparency and accountability, and program next steps. Work began on conversions in 2023. |
| • The city's principles for this program include:<br>  ○ Apartments will be basic but safe, with efficiency apartments for single people and childless couples being the first stage of development. These apartments would be designed to have safe food storage and |

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| cleaning amenities but may rely on things like hot plates or microwaves for food preparation rather than full ranges or ovens.<br>o Apartments must be professionally managed by a property management company.<br>o Mixed-income communities will be developed to provide for both at- and below-market-rate housing.<br>o Conversions will be located in geographically diverse areas rather than clustered downtown.<br>o Public-private partnerships will be key to the program's success. Conversion projects funded by the city will include onsite services coordinators to assess the needs of tenants and connect them to the proper, relevant resources. The coordinators will additionally be responsible for other supportive efforts including things like food boxes, vaccine clinics, financial literacy workshops, and other community-based activities, along with leading conversations to build trust with tenants and address problems on the front end.<br>• Note: the city does not intend for these conversions to be considered permanent supportive housing, here defined as rental assistance plus intensive case management. |
| **Colburn, G. et al. (2022). Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. *Housing Policy Debate, 32*(6), 853–875.** |
| The study highlights a new approach to shelter delivery that not only responded to the public health imperatives of COVID-19 but also indicated positive health and social outcomes compared to traditional congregate settings. |
| • This intervention was seen as extremely successful and well-supported by residents and local leaders, leading to its extension from a brief three-month pilot to a program lasting over a year and a half. De-intensifying the shelter system through group hotels was successful in reducing the spread of COVID-19. However, this study does not provide a cost-benefit analysis to the intervention.<br>• Program highlights for participants include stable spaces to sleep, wash, and leave belongings; increased opportunities for high-quality engagement with staff; improved health and well-being; reduced interpersonal conflict; and a greater focus on future goals.<br>• Researchers additionally described features of the hoteling program that contributed significantly to its success: designated personal space for residents, personal safety, secure storage for personal belongings, unrestricted access (entry and exit times), and predictable access to food. |

## Enhanced Case Management

Enhanced case management expands on traditional services to those at risk of or experiencing homelessness through additional supports around other social determinants of health, such as transportation, health care, or employment services.

Six documents, ranging from government toolkits to peer-reviewed studies, were included in this review. Taken together, these findings show that not all case management is created equal. The most thorough report, a meta-analysis spanning 43 randomized controlled trials, found that high-intensity case management was unlikely to reduce the possibility of a person becoming homeless. However, it likely does lead to fewer days experiencing homelessness. With a caveat that program success relies heavily on context, the review finds that non-abstinence-contingent housing, particularly the Housing First model, is likely to reduce homelessness. It also suggests that housing vouchers supplemented with case management, along with residential treatment paired with case management, likely produce better outcomes than vouchers or residential treatment alone.

Other papers found enhanced case management, which may also include support around other basic necessities in addition to housing, more effective than general case management. Further, the literature notes the high expense of this intervention due to the intensity of services provided. If a community is going to undertake this approach, it should ensure there is an adequate source of long-term funding and enough community-centered providers to successfully implement the program. Table 10 below includes the content abstracted from each resource that informed this summary of findings.

**TABLE 10. ENHANCED CASE MANAGEMENT**

| Munthe-Kaas, H. M., Berg, R. C., & Blaasvær, N. (2018). Effectiveness of interventions to reduce homelessness: A systematic review and meta-analysis. *Campbell Systematic Reviews, 14*(1), 1–281. |
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| Meta-analysis of 43 randomized controlled trials including ~10,570 participants. Findings suggest that case management and housing programs are consistently more effective than usual services in reducing homelessness and increasing the amount of time spent in stable housing. It is difficult to conclude whether interventions that combine housing with case management are more effective than case management only since only one study included that comparison, and this evidence was assessed as having very low certainty. |
| • High-intensity case management is not likely to decrease the possibility of a person becoming homeless, but overall, typically leads to fewer days total experiencing homelessness relative to traditional, lower intensity supports. This study is careful to note the differences in context across geographic areas that may impact outcomes, along with differences in outcome by local definitions of homelessness.<br>• Abstinence-contingent housing has uncertain effects on housing stability with case management.<br>  ○ Non-abstinence-contingent housing, particularly Housing First approaches, probably reduces homelessness and may as much as double the number of participants placed in permanent housing within two years. Other non-abstinence-contingent models may be less effective, but evidence is uncertain.<br>  ○ Housing Vouchers combined with case management are probably more effective in reducing homelessness and improving stable housing than usual services or case management alone.<br>  ○ Residential treatment with case management may be more effective for adults with mental health or substance use concerns at reducing time spent homeless after leaving treatment (p. 85-88) |
| Substance Abuse and Mental Health Services Administration. (2010). *Permanent Supportive Housing – Training Frontline Staff* (No. HHS Pub. No. SMA-10-4509). Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. |
| This workbook is for staff who deliver permanent supportive housing and contains program outlines, elements of PSH, and theories behind PSH. It highlights the importance of the role of case managers and offers insights into best practices (p. 5). |
| • Successful programs meet tenants' needs by doing the following:<br>  1. Employing evidence-based practices;<br>  2. Tailoring services toward recovery, improved functioning, and life satisfaction rather than symptom reduction; and<br>  3. Providing services in natural settings, such as at tenants' homes or workplaces, rather than at an office to which they must travel.<br>  4. Actively engage people;<br>  5. Develop a positive helping relationship;<br>  6. Create an alliance between case managers and program participants to support their success; and<br>  7. Uphold tenants' legal rights and consumer housing preferences<br>• Case managers in permanent supportive housing programs should consider using this document as a reference when building and implementing their permanent supportive housing programs. |

| Bethany Dominik Consulting LLC. (2023). *Marin County Proposition 47 Services Cohort 2 Final Local Evaluation Report*. Prepared for the Marin County Behavioral Health & Recovery Services. |
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| This report is the summary of the second cohort of the Marin County Proposition 47 grant aimed to serve residents who had histories of arrests, charges, or detention by the criminal justice system and a history of repeat, low-level offenses due to homelessness, substance use disorders, and mental health issues. Within this population of focus, Cohort 2 aimed to engage transitional aged youth, Spanish speakers, and unhoused individuals. Two bilingual (English/Spanish) case managers were hired to assist this population in enrollment, transportation, system navigation, and housing. (p. 3) |
| • Participants in this program responded well to housing supports, supporting the idea that stable housing has to happen before people are able to fully engage in mental health and substance use treatment. (p. 4)<br>• As part of this cohort, case managers provided substantial assistance for housing, shelter, and other basic necessities, which helped to meet immediate needs and pave the way for many clients to substantially improve their housing situation, engage in substance use recovery, and reduce criminal justice involvement.<br>• These low-barrier services have been adopted by Marin County Recovery Coaches and the Probation Department and will continue in a similar form even though Cohort 2 funding has ended.<br>• "Additionally, through Prop 47 Cohort 3 Marin County will be expanding access to transitional housing for individuals involved in Marin's collaborative courts. By continuing to provide low-barrier services to clients experiencing homelessness and through expanding transitional housing resources, Marin aims to support individuals' substance use recovery and successful exit from the criminal justice system and provide steppingstones to a healthier future." (p. 4) |
| Reid, C. (2023). *Permanent Supportive Housing as a Solution to Homelessness: The Critical Role of Long-Term Operating Subsidies*. The University of California Berkeley Terner Center for Housing Innovation. |
| This report highlights the costs of permanent supportive housing and the relative value they provide to program outcomes. |
| • "Sustained investments in the day-to-day costs of operating PSH and providing high-quality supportive services are critical to the long-term success of the PSH model.... A lack of sustainable funds raises concerns over the viability of developing and financing PSH programs, and future considerations should include assisting developers in accessing health care funding for support services." (p. 2)<br>• "Properties located in urban areas, as well as those who serve multiple distinct homeless populations (for example, properties that serve transitional age youth, veterans, and survivors of domestic violence at one site), have higher costs than those who are focused on one population, or that are located in more suburban places." Care is a driver of cost. (p. 3)<br>• Failing to adequately fund PSH has negative program outcomes: properties with lower resources have higher rates of rent arrears and moveouts, increasing the risk of returns to homelessness. (p. 4)<br>• Successful PSH programs are effective programs for assisting people in exiting homelessness and staying housed long term. (p. 10)<br>• Larger PSH buildings can derive cost efficiencies, whereas distinct PSH set-aside populations at a given property increases costs. (p. 12-13)<br>• "The reliance on coordinated entry systems to lease up units was identified as a major challenge in successfully placing residents in buildings suited to their needs, and has the effect of lowering resources when units sit vacant for several months." (p. 15)<br>• "The data suggest that residents engage more with services in buildings with more resources and a greater presence of on-site staff." (p. 20)<br>• Overall, there is also the need to reduce fragmentation and complexity in the housing finance system, as well as to boost resources. (p. 23) |
| Ponka, D., Agbata, E., Kendall, C., Stergiopoulos, V., Mendonca, O., Magwood, O., Saad, A., Larson, B., Sun, A. H., Arya, N., Hannigan, T., Thavorn, K., Andermann, A., Tugwell, P., & Pottie, K. (2020). The effectiveness of case |

| management interventions for the homeless, vulnerably housed and persons with lived experience: A systematic review. *PLOS ONE, 15*(4), e0230896. |
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| Meta-analysis of 56 primary studies. Standard case management had both limited and short-term effects on substance use and housing outcomes and showed potential to increase hostility and depression. Intensive case management substantially reduced the number of days spent homeless, as well as substance and alcohol use. Critical time interventions and assertive community treatment were found to have a protective effect in terms of rehospitalizations and a promising effect on housing stability. Assertive community treatment was found to be cost-effective compared to standard case management. |
| • "Case management approaches were found to improve some if not all of the health and social outcomes that were examined in this study. The important factors were likely delivery intensity, the number and type of caseloads, hospital versus community programs and varying levels of participant needs. More research is needed to fully understand how to continue to obtain the increased benefits inherent in intensive case management, even in community settings where feasibility considerations lead to larger caseloads and less-intensive follow-up" (p. 2).<br>• Specifically, intensive case management, critical time interventions, and assertive community treatment were found to be more impactful than standard case management. Case management needs to be continuous, community-based, and intensive so as to maintain and/or increase the gains achieved. |

## Peer Support Programs

Peer support programs offer those who have experienced homelessness or difficulty with housing a chance to work with newer service recipients directly, offering a path to foster trust and service uptake. Peer support can happen through tenant councils or other affinity groups.

Two of the documents in this review discussed peer support programs, one written by U.S. Department of Housing and Urban Development (HUD) and the other by CSH, with authors including tenants of permanent supportive housing. The HUD report describes peer support as a core principle of Housing First, an approach to ending homelessness that centers the idea that the best way to get a person out of homelessness is to give them a home. Peer support programs, such as Tenant Councils, can be effective ways to support ongoing housing for those who have exited homelessness. A key benefit of this strategy is that fellow tenants or community members in a similar situation are providing support. This reduces (but does not eliminate) the need for funding staff and administration while improving tenant independence, health, and overall success. A list of key considerations and resource needs deemed essential for success is included in table 4 below along with the content abstracted from each resource that informed this summary of findings.

**TABLE 11. PEER-SUPPORT PROGRAMS**

| Arnold, L., Patton, T., Oliver, C., Rhoden, A., Sparks, H., & Winter, C. (n.d.). *Creating Tenant Councils in Supportive Housing: A guidebook for tenants and partners*. CSH |
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| Outlines the definition, purpose, and role of a Tenant Council. Provides information for Tenant Council members on how to structure their body and meetings. |
| • Examples of Tenant Council roles include:<br>  ○ Discussing safety concerns and present solutions and recommendations to Property Management and the building owner |

- Creating unity between PSH partners while centering tenants
- Improving sense of community in the building and neighborhood
- Developing relationships with council members, churches, local police and businesses
- Improving access to resources such as SSI, Section 8, Moving On, educational services, social services, legal rights, employment services, senior centers, Boys and Girls Clubs, and health centers
- Social event planning such as game nights, outings, and workshops
- Implementing a welcoming committee to greet new tenants and provide support during move in
- Accompanying a tenant or support a tenant in talking to property management about a concern (p. 11).

- The paper is careful to note that Tenant Councils are not security teams or police, nor are they responsible for property management or landlords, and they are not meant to replace paid service providers. Paid peer mentors are a separate role that should also garner investment. Further, Tenant Councils are not legal aid and should not be expected to argue or threaten partners (p. 12).
- Key considerations and supplies for Tenant Councils include:
  - Elected Tenant Council Leaders (by tenants)
  - Guarantee of no retribution or punishment for airing grievances
  - Safe spaces to meet, with and without property managers
  - Budgets for food, flyers, and leadership stipends
  - Childcare services for meetings
  - Support from property managers, service providers, and the property owner to receive and respond to feedback from tenants with solutions within a specified timeline
  - Agendas for each meeting
  - Group rules
  - Meeting accessibility
  - Voluntary attendance
  - Consistency
  - Interpreters as needed
  - Office supplies, food, and other administrative materials necessary for meetings (pp. 14-16).

United States Department of Housing and Urban Development. (2022). *COVID-19 Homeless System Response: Peer Support*.

Describes Peer Support as one of the Housing First model's core elements, "...based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations" (p. 1). Peer support is also noted as a vital support for recovery-oriented approaches. This report includes links to additional case studies regarding peer supports.

- Benefits of peer supports include:
  - Reduces strain on staff who do not have lived expertise
  - Assists with harm reduction
  - Decreases cultural barriers
  - Builds trust and meaningful relationships
  - Increases participants' sense of hope and control
  - Positively impacts participants' ability to effect changes in their lives
  - Increases participants' self-care awareness
  - Increases participants' sense of belonging in the community
  - Helps to reduce, alleviate, or manage mental health illnesses
  - Helps to produce confidence in capability
  - Helps to reduce hospital admissions and relapses
  - Increases positive and productive coping skills
  - Improves participants' physical health
  - Produces positive outcomes related to homelessness
  - Increases rates of employment and satisfaction with finances

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| • Potential Challenges to the peer support model include:<br>  ○ Adequate compensation<br>  ○ Support for peer workers<br>  ○ Confidentiality<br>  ○ Vulnerability that may lead to relapse for peer supporters<br>  ○ Lack of employee benefits (health benefits and paid leave) for peer supporters<br>  ○ Providing additional ad hoc training to complement lived experience<br>  ○ Peer supporters may have difficulties establishing boundaries between themselves and their clients<br>  ○ Stigmatization of peer supporters (p. 1) |

## Safe Outdoor Spaces

The safe outdoor spaces model aims to eliminate pop-up or organically formed communities of people that are homeless by establishing government-sanctioned spaces. These communities may have caseworkers or other supportive staff onsite.

Three documents were reviewed regarding safe outdoor spaces as a homelessness prevention method, all coming from government or nonprofit sources. Taken together, the findings suggest that while this method may be effective in providing immediate or temporary shelter, it should not be seen as a solution to homelessness. Further, localities should carefully consider where spaces are sanctioned and whether existing indoor spaces or potential shelters have been adequately utilized before considering this option.

Factors that support participants who use these spaces to exit homelessness include: the availability of onsite services and case management, partnerships with local networks, a governance structure that includes resident input, and potential strategic locations of the encampment.

**TABLE 12. SAFE OUTDOOR SPACES**

| Jon DeCarmine & Joseph S. Jackson. (2023). A Tale of Two Tent Cities: The Critical Role of Housing Engagement in Addressing Homeless Encampments. *Georgetown Journal on Poverty Law and Policy, 30*(3), 371–404. |
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| Compared to law enforcement or "out of sight, out of mind" approaches, housing engagement approaches to homeless encampments offer a pro-social, highly regulated path to reducing homelessness in local communities. |
| • Treating housing encampments as "out of sight, out of mind" does not provide any long-term solution for unhoused people, who often have no place to go when encampments are eventually shut down or cleared out.<br>• By contrast, offering the GRACECamp model transitions these villages into effective outdoor, low-barrier emergency shelters.<br>• To utilize this model, camps need the following controls:<br>  ○ A single point of entry and exit<br>  ○ Behavioral expectations for everyone's safety<br>  ○ Appropriate oversight and staffing--including housing-focused case management to assist residents in transitions to permanent housing<br>• Best practices for housing engagement used in this study include:<br>  ○ Utilizing the Continuum of Care's dynamic prioritization model |

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| ○ Providing one-time supports as needed (such as first and last month's rent; security deposit) for those exiting homelessness into more permanent housing like apartments<br>○ Focusing on helping people resolve relationship challenges with friends and family<br>• High collaboration between staff, including weekly reviews of rosters and shifting cases among staff as needed, and working with residents to determine the type of support and housing sought contributed to the success of the program.<br>• This plan was cost-effective for Gainesville, largely due to the existing supportive infrastructure surrounding the low-barrier shelter. |
| National League of Cities. (2022). *An Overview of Homeless Encampments for City Leaders* (Ending Housing Instability and Homelessness). |
| Describes encampments, reasons people live in encampments, community responses to encampments and relevant considerations (including sanctioned encampments), and the impact of these different responses on unhoused people and the issue of homelessness as a whole. Provides two city case studies of successes with sanctioned encampments, and recommendations. |
| • "Sanctioning encampments is not an alternative to providing services and permanent housing, but can ameliorate the conditions of living on the streets" (p. 1).<br>• "By providing individuals experiencing homelessness with connections to services, individuals living in encampments can experience improved access to support services and transitional or permanent housing options. Municipal support and involvement with encampments can also create the opportunity for the relationship and trust-building that is often key to ushering individuals living in encampments into other housing options" (p. 1).<br>• Cities who were able to utilize sanctioned encampment programs from which at least some individuals moved to permanent housing did the following:<br>○ Partnered with service providers, neighboring regions, police, etc.<br>○ Strategically selected location (1 of the 2 cities)<br>○ Provided access on-location to services, case management, sanitation services, etc.<br>○ Governance structure established including input from residents |
| Cohen, R., Yetvin, W., & Khadduri, J. (2019). *Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018*. United States Department of Housing and Urban Development. |
| Describes encampments, reasons people live in encampments, community responses related to encampments and relevant considerations (including sanctioned encampments), what is known about effectiveness of responses, current evidence limitations, and additional research suggestions. |
| • "Sanctioned encampments are best understood as an interim solution to address the immediate conditions of people experiencing unsheltered homelessness. Such encampments are not themselves a solution to homelessness, and cities will need to invest in permanent solutions, such as housing that is affordable to extremely low-income people, permanent supportive housing, mental health services, affordable healthcare, and perhaps also supervised drug consumption sites and low-barrier employment opportunities (Junejo, Skinner, and Rankin, 2016; Loftus-Farren, 2011; Parr, 2018). Currently, very limited evidence suggests that sanctioned encampments help to reduce homelessness; we also do not know whether certain types of sanctioned encampments are more effective than others" (p. 16).<br>• Data on effectiveness of this strategy is not generalizable at this time due to different programmatic, environmental, geographic, and/or demographic contexts; lack of data collection by programs; lack of rigorous studies; and the wide variation in outcomes observed thus far. Additional studies and data collection are needed.<br>• "In a city-sponsored evaluation (City of Seattle, 2017) that attempted to assess the effectiveness of formal sanctioning, Seattle documented a positive response from communities around the new encampments. Data and information about crime levels collected by the Seattle Police Department suggest that crime has not |

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| significantly increased in the areas surrounding the encampments since they were established. Authors of the evaluation view the self-managed governance structure positively, as an opportunity for residents to build confidence and leadership skills. Between September 2015 and May 2017, 759 people stayed in Seattle's six permitted encampments, and 16 percent (121 people) transitioned to permanent housing. It is unclear how generalizable these findings are to other communities" (p. 16).<br>• Suggestions for areas of additional research (specific questions on p. 19):<br>o Understanding the characteristics of people who are living in encampments<br>o Understanding the experience of people experiencing unsheltered homelessness in encampments<br>o Understanding the relative effect of interventions currently in use<br>o Exploring racial/ethnic disparities in access to the homeless services system<br>o Understanding community responses to the presence of encampments |
| United States Interagency Council on Homelessness. (2018). *Caution is Needed When Considering "Sanctioned Encampments" or "Safe Zones."* |
| Describes safe outdoor spaces and provides points for communities to discuss and consider if they are considering safe outdoor spaces. |
| • "Creating these environments may make it look and feel like the community is taking action to end homelessness on the surface—but, by themselves, they have little impact on reducing homelessness. Ultimately, access to stable housing that people can afford, with the right level of services to help them succeed, is what ends homelessness… If there is not adequate planning and resources devoted to help people exit these settings on a path out of homelessness, creating these settings alone does not reduce homelessness in communities" (pp. 1-2).<br>• "Creating these environments can be costly in money, staff time, and effort… It is critically important to discuss the opportunity costs of pursuing these efforts, and whether critical resources would be better focused on other strategic activities—or used directly for permanent housing and services interventions—that could have a greater impact on ending people's homelessness" (p. 2).<br>• "These environments can prove difficult to manage and maintain." (p. 2).<br>• "Although often proposed as "temporary" approaches, these programs prove difficult to close once they open… they can prove difficult to close, especially if there are not adequate plans and resources dedicated to helping people exit these settings and end their homelessness" (p. 2).<br>• Questions to ask for any community that chooses to pursue this approach (pp. 2-3):<br>o "Are we doing all we can within our existing emergency shelter programs, and can we also create more effective indoor shelter or crisis housing options, if needed?<br>o Are we planning and budgeting for how people staying in these settings will be able to exit homelessness and access permanent housing?<br>o Are we aiming as high as we can in providing a high-quality environment within these temporary settings?<br>o Are we assessing the outcomes, impact, and cost-effectiveness of these efforts?" |

## Safe Parking Programs

Safe parking programs offer people—particularly those sheltering in a vehicle—a place to park their car overnight without fear of ticketing or towing. These established spaces may also provide security or other supportive services.

Three documents on safe parking programs were reviewed, including one peer-reviewed study, one report by the Sol Price School of Public Policy at the University of Southern California, and a report by the Homeless Policy Research Institute. The findings indicate that safe parking programs may be an effective pathway to rehousing people, particularly when paired with additional supports such as

housing and employment services. The Price School report offers six best practices echoed in other reports: intentional program design, strategic location, fostering trust, focused social services, engaging stakeholders, and implementing benchmarks.

**TABLE 13. SAFE PARKING PROGRAMS**

| Lewis, L. R., Rabinowitz Bussell, M., & Livingstone, S. (2024). An Analysis of Safe Parking Programs: Identifying Program Features and Outcomes of an Emerging Homelessness Intervention. *Housing Policy Debate*, 1–28. |
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| "This three-year, mixed-methods study analyzed one of the largest safe parking programs in operation: the Jewish Family Service of San Diego Safe Parking Program (JFS SPP). Through analysis of quantitative data and interviews with 349 clients and 15 staff, this study yielded three major findings. First, JFS SPP has a 40% positive exit rate, with younger clients, women, veterans, and families more likely to exit into housing. Second, JFS SPP is preferred over shelters by persons who have used both services. This preference is especially important for older clients and clients with disabilities for whom safe parking is a safety net. Finally, increasing access to lots and services would benefit all clients, including families, seniors, and individuals with nontraditional schedules. Findings support policy recommendations for safe parking programs" (p. 1). |
| • "During our study's time period, [program] placed 40% of its clients into housing. JFS SPP clients vary demographically in important ways that impact their access to resources. JFS SPP specifically helps clients who are able to work or utilize social or communal resources by offering a safe space to build up their savings and more quickly rehouse" (p. 2).<br>  ○ "Safe parking programs bolster upward cycles for those with the capacity to work, draw on social ties, or access housing assistance" (p. 20).<br>• "Second, JFS SPP is highly preferred over emergency shelters by clients who have used both types of services, due to a greater sense of safety and community, and offers clients a greater ease of meeting one's basic needs than would be available through street outreach efforts alone. This is especially important for clients who are not able to work, often due to their older age or chronic health challenges. Preventing downward spirals: safe parking benefits clients with fewer resources and provides an alternative to outreach and shelters" (p. 2). The program offers a safety net.<br>• "Finally, JFS SPP can better serve all clients including seniors, persons with disabilities, families with young children, and individuals with nontraditional work schedules if it provides expanded access to its lots and resources, including expanded hours" (p. 2).<br>  ○ Expanded access to lots, case management, and showers would benefit all clients of safe parking programs" (p. 21).<br>• Policy Recommendations (p. 2):<br>  ○ Argue safe parking programs play important and distinct role in the homelessness services ecosystem and efforts should be made to expand their operations, including their ability to operate 24/7 lots, hire more case managers, and provide ongoing training to staff.<br>  ○ Recommend safe parking programs be officially categorized by HUD as a homelessness intervention to establish proper channels for federal funding and enable standardized evaluation. |
| Homelessness Policy Research Institute (2021). *Safe Parking Programs*. |
| This memo presents best practices from publicly operated safe parking programs of note across the country, specifically their structure, services, and outcomes (most data come from LA County, but full list of programs can |

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| be found in Appendix A of the report). It incorporates and builds on the Long Beach Safe Parking Program Feasibility Study released in June of 2017.[10] |
| • All programs studied reported success placing participants in housing, although the rates vary greatly from 5% to 65%.<br>• Successful Safe Parking programs draw funding from a wide range of sources including:<br>  o County and city program funds<br>  o Faith-based organization funding<br>  o Private funding<br>  o HUD Homeless Prevention funds (p. 1)<br>• Best practices<br>  o On-site services are tailored toward employment and housing placement, rather than mental health or substance abuse services.<br>  o Relationships with local law enforcement are key to the successful operation of Safe Parking programs.<br>  o Access to bathrooms and waste disposal help to address the potential health issues associated with vehicle dwelling.<br>  o In LA County, financial status and employment are key challenges for the population living in their vehicles. (p. 1) |
| **McElwain, L., Schiele, D., & Waheed, L. (2021). *Smart Practices for Safe Parking*. Prepared by University of Southern California Sol Price School of Public Policy for The Center for Homeless Inquiries.** |
| A group of graduate students working on a Capstone team identified and examined safe parking programs nationwide to distill smart practices. The team's research focused on program recruitment, target service population, service provision and program benchmarks. Components of programs studied evolved into smart practice recommendations for safe parking programs. This report provided a larger sample and more in-depth data than prior reports on the safe parking topic and identifies three program models: umbrella organizations, composite programs, and independent operators. Recommendations drawn from cross-case analysis offered smart practices in six themes to inform program design elements and features to best serve community members. "Our findings support the concept of safe parking as a stabilizing force in parkers' lives and benefit to the broader community." (p. 1). "Safe parking programs can provide security and the basics for people to stabilize; however, their success at rehousing people is mainly dependent on the integration with a successful social support system. Measuring the success of safe parking as rehousing is measuring the success of social services that partner organizations often offer" (p. 36). |
| • Recommendations for successful safe parking fall into six themes (more detail in report):<br>  o *Intentional Design*- Programs should plan, operate, and structure their organizations intentionally to meet local needs and align with local resources (p. 33).<br>  o *Strategic Locations*- Safe parking programs should organize lots and services according to geography, population needs, and local social services (p. 34).<br>  o *Fostering Trust*- Safe parking programs should focus on fostering trust with and among parkers. Trust can help build community and dignity for parkers and increase their ability to engage with social services (p. 34).<br>  o *Focused Social Services*- Case management services are essential for rehousing, but programs do not need to fund case management independently; programs can integrate with third-party social services (p, 35). |

[10] Colopy, K. (2017). *Long Beach Safe Parking Program Feasibility Study (Memo)*. City of Long Beach. https://www.longbeach.gov/globalassets/city-manager/media-library/documents/memos-to-the-mayor-tabbed-file-list-folders/2017/june-1--2017---long-beach-safe-parking-program-feasibility-study.

- *Engaging Stakeholders*- Safe parking programs should anticipate initial opposition to safe parking. Opposition can be prevented or overcome by engagement and planning efforts (p. 35).
- *Implementing Benchmarks*- Programs should develop benchmarks for rehousing rates, lengths of stay, and service engagement with internal and external stakeholders (p. 35).

- Smart Practices by Successful Programs Include:
  - Recruiting parkers through channels like 211, government and nonprofit social services, law enforcement officers, word of mouth
  - Planning for diverse populations with robust services including a thorough intake process, large quantity of lot spaces, multiple lots to sort based on demographics or other factors to maintain safety and comfort, and flexibility on a valid license, registration, insurance, background check (p. 25).
  - Including services to connect with housing:
    - Early identification of what the parkers desire from the program (not all want stable housing)
    - Connection to case management through an existing shelter or service hub
    - Financial assistance for deposits/first rent payment
    - Partnering with social service organizations for case management
    - Strong community connections and partners (p. 26).

## Tiny Home Villages

Tiny home villages are clusters of small (400 or fewer square feet) dwellings intended to provide those experiencing homelessness temporary shelter in a place that provides privacy and storage. Local units of government may choose to establish tiny home villages in partnership with local nonprofits or other service organizations.

The limited published information on tiny home villages suggests that they offer a housing solution that is generally well received by the people living there as well as their neighbors, with one study finding reports of neighborhood concerns reducing over time. Of the three documents reviewed, one of which was a thesis, one a peer-reviewed study, and one a news article by the United States Interagency Council on Homelessness (USICH), only one—the USICH report—addresses the viability of the overall strategy rather than describing the characteristics and outcomes of individual villages. USICH recommends embedding studies of the appropriateness of tiny home villages within a broader community plan and approaching the solution with caution. This careful planning is especially warranted in more diverse communities, as the Portland-based peer-reviewed study suggested racial disparities in the success of the intervention regarding both participation and reported feelings of belonging.

**TABLE 14. TINY HOME VILLAGES**

| Ferry, T., Townley, G., & Zapata, M. (2022). *Village Research & How-To Guide*. Portland State University. |
|---|
| A report examining if the village model was working as intended in Portland's Dignity Village, "whom was it serving, and what lessons could be learned to improve future village efforts based on insights from those with personal experience living in, working at, or designing for a village. This document is the outcome of a multi-year research project to answer these questions. There is currently very limited research on villages and much still to be explored, but this effort hopes to make a significant contribution to the understanding of villages by comparing six different |

villages in the Portland Metro region with varying degrees of infrastructure, management or governance structures, operating support, and origins" (p. 6).

- Villagers were largely satisfied or very satisfied with their pod as a place to live (86% expressed being satisfied or very satisfied).
- Most (69%) were satisfied or very satisfied with their village as a place to live.
- Most (79%) were satisfied or very satisfied with their neighborhood as a place to live.
- Food insecurity remains a major problem at villages, with 45% of villagers reporting being food insecure. This suggests that while villages are helping some individuals meet their basic needs for food, there is still a need to ensure that everyone has access to food.
- Villages have disproportionately served White people (particularly White men) and need to institute more mechanisms to support people of color. This disparity is reflected in our research, with only 17% of the villagers we interviewed identifying as BIPOC despite the most recent Point-in-Time count for Multnomah County reporting that 40% of those who were unsheltered were people of color. We also found that BIPOC villagers reported lower levels of belonging and acceptance within their villages compared to White villagers.
- The feeling of having a voice and influence over the social and physical aspects of the village had major impacts on villager satisfaction, but it was not necessarily contingent upon full self-governance. The majority of villagers (69%) said that they should share in decision making at the village, while 26% said that only villagers should determine what happens in the village.
- Concerns about villages among neighbors diminished over time. That is, most neighbors who reported concerns (e.g., decreased property value, increased crime) when they first learned of villages being located in their neighborhood reported no longer having those concerns after living near the village.
- Size, cost, infrastructure, and governance structures vary widely across villages, and there is very limited knowledge sharing between villages.
- The vast majority of stakeholders feel that the ideal number for a village is between 20 and 30 people. This range was offered for a variety of reasons that included community cohesion, impacts on internal work shifts at self-governed villages, staff to villager ratio, and efficiencies and limitations related to the physical infrastructure of a village.
- Key unexplored opportunities include integrating villages into emergency preparedness plans, designing villages to better support parents, creating a city-level village liaison position, designing villages around activities and interests, and leveraging village investment toward the creation of affordable housing (p. 8).

Longworth, M. D. (2019). *Occupy Madison Village: A Case Study of the Lived Experience.* [Unpublished thesis].

"The purpose of the case study was to describe the phenomenon of people with a history of homelessness living in Occupy Madison Village, a tiny house village located in Madison, Wisconsin. Participant narratives were analyzed to identify themes and describe their perceptions of the experience. The advocates for the Occupy Madison Village creatively combined best practices from multiple approaches of housing and community development. The objective was to pull together elements of governance, community-based decision making, and communal living elements. Descriptions of participatory governance, decision making, and design created an environment that encouraged individuals to develop place and community attachment. Themes of place and community attachment emerged from examples of personalization of the space, sense of belonging, length of residency, purpose, and community participation. The integration of community focused principles of cooperative housing and cohousing and place and community attachment encouraged experiences that generated long term residency, self-efficacy, leadership skills, and community engagement" (p. iii).

- Limitations:
  - Does not offer insight into the effectiveness of this program, only describes its characteristics and how it was perceived by villagers.
  - Methods cannot be generalized to all tiny house villages as the sample is small and the phenomenon and analysis were location specific.

- The demographics of the participants, over 50 years old, white, with some college education, cannot be generalized to all long-term homeless individuals (p. 53).
- The majority of the residents reported the rules and regulations create conflict between the board members and the residents, and between residents themselves (p. 66). Residents also reported desiring more private access to bathrooms and kitchens.

- Occupy Madison was a nonprofit with an elected board consisting of community leaders and residents, offered general membership, and encouraged participatory democratic decision making (p. 66). Advocates for the Occupy Madison Village creatively combined best practices from multiple approaches of housing and community development. The objective was to pull together elements of governance, community-focused decision making, and communal living elements (p. iii).
  - The majority of the participants indicated their long-term housing plans were to stay at Occupy Madison Village though the study did not mention rates of transition to permanent housing.
  - As a community focused on cooperative living, the affordable tiny house design developed a sense of belonging and community commitment among the residents" (p. 65).
  - The community focused approaches of governance, decision-making, and communal focused design appeared to provide a robust interdependent community-focused system (p. 84).
  - "A strong sense of community did not eliminate the opportunity for conflict; however, conflict resolution methods allowed for differences to be expressed and provided opportunity for community cohesion (Fromm, 1991)" (p. 85).
  - "Place attachment was fostered and influenced by the interdependent sense of safety and security" (p. 86).
  - "The time and effort invested through participation in community activities while living in a secure space appeared to contribute to a stable environment" (p. 86).

**United States Interagency Council on Homelessness. (2016). *Asking the Right Questions about Tiny Houses.***

This news article by USICH provides guiding questions for communities exploring the viability of Tiny Homes Villages to address homelessness. "Ending homelessness means making sure that people are in a permanent, home-like environment where they have the opportunity to build long-term community connections. Communities that are considering developing tiny homes as part of their systemic solution to homelessness must ensure that they are appropriate for achieving that goal" (para. 1). "Must have a clearly defined plan to decommission and dismantle a tiny home community if built with the intention of offering a time-limited response to a crisis. Otherwise, it may continue to divert resources from more permanent solutions" (para. 13).

- "Exploration of the viability of tiny homes should be embedded in a comprehensive community planning process that includes a broad range of stakeholders, including meaningful participation from people experiencing or exiting homelessness" (para. 2).
- "Questions to guide exploration:
  - Will the tiny homes you are considering provide a home-like environment and meet local and federal housing quality standards?
  - Do tiny homes provide a living environment that a potential resident would choose and that meets their needs for safety, stability, and community?
    - As part of planning process, should consult extensively with the populations the tiny homes would serve to determine if the accommodations meet their needs. Pay particular attention to how residents would be selected and why.
    - Potential residents may decline housing if tiny home community perceived as homelessness development that faces being ostracized and separated from the broader community. Must also consider what other housing resources will have available for people who decide that a tiny home is not for them.
  - What role will tiny homes play within your systemic efforts to end homelessness?
    - An effective community response to homelessness must be built on a coordinated system of temporary and permanent housing opportunities, including emergency shelter, bridge housing, rapid re-housing, and supportive housing, among others.

- Role of tiny homes in this system must be clearly defined, along with measurable performance outcomes related to housing placement and stability. While tiny homes might be appropriate for short-term emergency or bridge housing, they may not be suitable for permanent housing.
- Are tiny home developments the best use of financial and land resources?
  - To get the most from scarce resources, it is important to closely examine the economics of tiny houses, particularly the square-footage costs and the total number of housing opportunities created, as compared to affordable multi-unit apartments or supportive housing developments.
  - Resources should be invested in the range of options that will most effectively decrease and end homelessness over time.
- How will the tiny homes be appropriately integrated into the community?
  - Should reflect home and community-based living standards laid out by the Centers for Medicare and Medicaid Services.
  - Should be integrated in and support full access of individuals to greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community.
  - Should optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact" (para. 3-12).

## Progressive Engagement

Progressive engagement is a strategy for working with people at risk of or experiencing homelessness that lets the individual drive the provision of services. It involves beginning with the lowest intensity services and only escalating as service recipients indicate need.

The literature on progressive engagement (PE) is somewhat sparse, as PE efforts are often embedded in other types of programming and support. Of the three documents analyzed, two were government reports—one stemming from Veterans Affairs (VA) and one from Santa Cruz and Marin Counties, California. The third was a two-page fact sheet from the National Alliance to End Homelessness, suggesting the need for further research on the topic.

In general, progressive engagement may be viewed as a strategy embedded into other types of homelessness prevention. It is often the lowest-cost option, as it intentionally allows the service recipient to direct what they need and only escalates as individual cases require. Successfully implementing this approach requires a nimble, low-barrier entry point that is ready to adapt to the need of recipients.

**TABLE 15. PROGRESSIVE ENGAGEMENT**

| Housing for Health Partnership. (2022). *Policy Board Orientation and Training Manual*. County of Santa Cruz. |
|---|
| Santa Cruz County Housing for Health Partnership Policy Board Orientation and Training Manual that notes they use progressive engagement components |
| • Because progressive engagement practices are often embedded in other programs/models, literature on impact of these strategies alone in comparison areas are lacking.<br>• Additionally, "best practices" associated with these areas' use of PE are difficult to ascertain given the unique and sometimes unclear ways in which these principles are used in each area. |

- Further, the term "progressive engagement" appears to be interpreted/used differently in some programs/areas, and adherence to practices vary.
- States that "all ESG or CoC funded programs must use Housing First (and progressive engagement practices), including the following:
  - Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
  - Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
  - Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
  - Allowing participants to choose the services and housing that meets their need, as practical;
  - Connecting participants to services available in the community that foster long-term housing stability;
  - Offering financial assistance and supportive services in a manner that offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis" (p.8).

**National Alliance to End Homelessness. (2022). *Progressive Engagement Fact Sheet* (Alliance Pressure Points Resource Series).**

Describes who progressive engagement serves, when and where it is used, how it works, and why to use it.

- Progressive engagement matches resources with unique level of need, ensuring those with most need can access most intensive resources. Efficient (not one-size-fits all). It is:
  - "An approach to quickly ending homelessness for a household that considers their tenant or housing stabilization barriers, and utilizes the minimal financial and support resources as is necessary. It is considered a person-centered approach, as it is based on tailoring assistance to each household's strengths and needs. Progressive engagement assesses what works best for each household while integrating their specific situation, cultural needs, and goals into solutions. Additional supports are applied on an as-needed basis to achieve housing stabilization" (p. 1).
- PE can be used in any setting with diverse populations of unhoused individuals/families and at any point in their experience being unhoused/securing housing.
- "Key to a successful [PE] approach is to consistently employ problem-solving conversations throughout the household's experience within the homelessness response system. As their circumstances change and their strengths are identified, supports are adjusted throughout their pathway to permanent housing" (p. 2).
- "Effective [PE] requires homelessness response systems and programs to be flexible. It also means taking creative approaches to solve a problem, and trying different approaches as necessary until providers find what works best for a household" (p. 2).
- "The fastest way to end homelessness is to immediately connect each household in the homelessness response system with a permanent address of their own. [PE] recognizes that there are ways to accurately predict how much help someone may need to end their homelessness and avoid a return to the streets or shelter. PE ensures those predictions are informed by dialogue with the household on their strengths, obstacles, needs, and wants, and are not informed by false assumptions about what people need/want" (p. 2).

**Supportive Services for Veteran Families. (2016). *Deeper-Dive Discussion Guide*. United States Department of Veterans Affairs.**

Overviews progressive engagement, rationale for using, and keys to success (with a focus on veterans, but pieces could be applicable to other populations). [Note: while this was produced by a government entity, "keys to success" are not visibly backed up by citations/research]

- "Progressive engagement recognizes that there is no way to accurately predict how much help someone may need to end their homelessness and avoid a return to the streets or shelter" (p. 1). Rationale includes:
  - "Avoids false assumptions: people who are very poor and may be disabled –including those who score high on assessment tools –do not all need or want more intensive or longer-term assistance. People who initially appear to need more may end up needing less – and vis-versa" (p. 1)
  - Individualization

- Efficiency
- "Effectiveness: rapid re-housing programs that use Progressive Engagement show high rates of success serving people with a wide range of needs. Programs take risks, frequently have to make tough decisions, and assume some will fail – meaning the program may need to do something different if they help the same participant again" (p. 1)

- Keys to Success in Targeting:
  - "Err on screening-in: screen-in every homeless Veteran except those able to exit quickly on own or with other assistance
  - Target Veterans across a range of needs, from those only needing "light touch" assistance to those who are eligible and waiting for permanent supportive housing (including VASH) who can be re-housed now with appropriate supports" (p. 1)
- Keys to Success in Baseline Assessment & Initial Housing Plan:
  - "Focus only on barriers directly related to obtaining/maintaining housing
  - Plan should include short-term, actionable goals – accounting for limited ability to take action and make changes
  - Periodically reassess barriers and plan progress and adjust plan, as needed" (p. 1)
- Keys to Success in Individualized, Flexible Assistance:
  - "Offer assistance in small amounts and short increments (e.g., move-in costs, first month rent, and weekly home visits for initial month once housed); increase/extend when needed
  - Ensure the program is capable of providing flexible assistance: providing as little (e.g., housing search assistance, mediation) OR as much support as needed, desired, and allowed by funders to obtain/maintain housing
  - Conduct regular case reviews to ensure housing plan progress, review needs, obtain consent for additional assistance, share lessons and build team competencies, celebrate success" (p. 2)
- Keys to Success in Housing & Service Partnerships:
  - "Build a broad array of landlord and service partners to support participants, increase choice, and limit the amount and duration of program assistance needed
  - Establish clear referral processes and "warm handoffs" to ensure seamless transitions to non-crisis services"
- Keys to Success in Case Closure:
  - "Have clear criteria for when the crisis is resolved and initial housing stabilization goals are met
  - Ensure participants have a "Plan A" to increase stability and access community-based supports and a "Plan B" to avoid future housing crises and a return to homelessness – what to do, resources available, how to access" (p. 2)
- Keys to Success in Program Policies, Procedures, and Quality Improvement:
  - "Ensure policies and procedures support progressive engagement practices
  - Provide staff with the training and support needed to be comfortable, confident and successful
  - Regularly review practices, program outputs and outcomes, and make improvements" (p. 2)

## Equity-Focused Approaches

Rather than working as a standalone approach to homelessness prevention, equity-focused approaches aim to identify and remove system-level barriers that lead to housing insecurity, particularly structural racism and xenophobia.

The final six documents in this review center on equity-focused approaches to prevent and ameliorate homelessness. These reports, all published by government sources, offer case studies in leading with equity. As such, these approaches are heavily context- and community-dependent. In general, the

reports focus on the idea that systemic barriers including racism and discrimination make it more difficult for BIPOC to exit homelessness.

Equity-focused approaches require local units of government to intentionally explore the specific barriers facing minoritized communities within their municipalities. Suggested improvements include working with case managers, landlords, and other housing stakeholders to address implicit bias and discrimination; intentionally investing in and including BIPOC organizations when discussing homelessness solutions; and improving overall regional and community connections to create a more interwoven system of supports. The literature recommends centering principles of equity and working to reduce systemic barriers to housing for any approach selected. Carefully reviewing each document in this category for strategies and policies to reduce racial disparities can complement the success of any other strategy listed in this memo. Table 9 below includes the content abstracted from each resource that informed this summary of findings.

**TABLE 16. EQUITY-FOCUSED APPROACHES**

| Housing for Health Partnership. (2024). *Housing for a Healthy Santa Cruz: A Strategic Framework for Addressing Homelessness is Santa Cruz County*. County of Santa Cruz. |
|---|
| "The vision of Santa Cruz County is to align and develop the array of resources, stakeholders, and collective wisdom across the greater Santa Cruz community to promote public health and make significant impacts on the crisis of homelessness, benefiting all residents, particularly those without homes." Using a person-centered approach, the county seeks to tackle homelessness using a countywide scope, data-driven processes, system-level approach, equity and inclusion lens, and actionable steps encompassing clear responsibilities and accountability. (p. 8) |
| • Goals in the Santa Cruz plan include:<br>  ○ "Reduce the length of time people experience homelessness<br>  ○ Reduce the percentage of people returning to homelessness<br>  ○ Ensure our local data captures information on program outcomes and community needs<br>  ○ Coordinate outreach and access to services across the region" (taken from list on pp. 10-11).<br>• To accomplish these goals, the county committed to the following actions:<br>  ○ "Build a coalition of action-oriented partners from the community and its leadership<br>  ○ Prevent homelessness using targeted prevention and early intervention<br>  ○ Increase Connections to expand and improve "front door" programs and services including outreach, temporary housing, and supportive services<br>  ○ Increase permanent housing affordability through income growth and other housing opportunities" (taken from table on p. 12). |
| Milburn, N. G., Edwards, E., Obermark, D., & Rountree, J. (2021). *Inequity in the Permanent Supportive Housing System in Los Angeles: Scale, Scope and Reasons for Black Residents' Returns to Homelessness*. California Policy Lab. |
| In Los Angeles County, a quarter of Black residents who enroll in PSH will leave their housing and fall back into homelessness, and Black residents are 39% more likely to return to homelessness than White residents. This paper begins to explore these inequities and offers possible policy approaches to address the findings. |
| • Black residents are more likely than white residents to return to homelessness following permanent supportive housing (PSH) measures, in part due to segregation and bureaucratic structures, housing discrimination, variation in PSH programs and resident perceptions thereof. |

- While housed in PSH, Black residents reported a lack of safety and security, case management turnover and inconsistency, lack of opportunities for growth and independence, and pathologizing and racist treatment by system staff.
- Further, Black residents reported a lack of preparation to transition out of PSH, a loss of supports after exiting PSH, and navigating a structurally racist housing market and society (text heavily cited from pp. 5-6).
- Recommendations to address these findings include:
  - Acknowledge and collect information about the broad range of PSH types (location-specific)
  - Plan for a more differentiated PSH system (location-specific)
  - Address implicit bias, prejudice, and discrimination that exists among case managers, property managers, and landlords
  - Fund 24-hour services to enhance safety
  - Reduce case management turnover
  - Develop a peer advocate program
  - Provide sustained services to support transitions to independent housing after exiting PSH" (pp. 8-9).

**Board of Supervisors of Marin County. (2024). *County of Marin 2024 Legislative Platform.***

Marin County put forth a list of state and local policies they plan to support or endorse this year. Critically, the county listed Race Equity, Diversity, Inclusion, and Belonging as its top general principle for consideration.

- Using a lens of racial equity, Marin County endorsed a number of policies on the following topics: housing production, housing preservation, allowances for emergency housing, and affirmatively furthering fair housing.
- The report also contains a full list of policies endorsed under these topics.

**County of Sacramento. (2022). *Local Homeless Action Plan.***

This report explicitly noted that race and ethnicity are additional risk factors of homelessness and formed a Racial Equity Committee in 2020 following data indicating Black and AI/AN communities experiencing homelessness at disparate rates.

- "The Racial Equity Action Plan identified a number of initial steps to begin redressing systemic harm. These include increasing access points in historically under-resourced communities; diversifying language and literacy levels on key documents to improve participants' understanding and consent for services; increase hiring of diverse staff including partners with lived expertise across all organizational levels within the homeless response system; engaging in practices of restorative justice; and replacing the current common assessment tool with a culturally responsive design" (p. 9).
- Guiding principles for the local action plan include:
  - "Strive to make homelessness in Sacramento rare, brief, and non-recurring
  - Implement a person-centered, trauma-informed countywide response system, which provides access to immediate and on-going supportive service needs (i.e., mental health, substance use, housing retention)
  - Promote housing-first policies and practices
  - Address racial disparities across programs and system outcomes
  - Create partnerships that value the experience, voice, and contribution of Partners with Lived Expertise
  - Collect quality data and use to inform decisions on program prioritization and resource allocation
  - Facilitate collaborative planning and decision-making across jurisdictions" (p. 12).
- Using key elements from national best practices in homelessness prevention, Sacramento committed to the following:
  - Building and scaling a countywide coordinated access system
  - Ensuring current and new emergency shelter and interim housing is focused on rehousing
  - Increasing permanent housing opportunities
  - Expanding prevention and diversion resources
  - Investing in community capacity-building and training (p. 5)

**Ostar, J., Rivera, J., Meier, J., & Sawicki, K. (n.d.). *Strategic plan to advance racial equity, diversity and inclusion.* Oregon Metro.**

This strategic plan to advance racial equity, diversity and inclusion was the culmination of Metro's efforts to articulate how the agency intends to advance equity in its crucial work in the Portland metropolitan region. Rationale: "Metro will concentrate on eliminating the disparities that people of color experience, especially in those areas related to Metro's policies, programs, services and destinations. People of color share similar barriers with other historically marginalized groups such as people with low income, people with disabilities, LGBTQ communities, women, older adults and young people. But people of color tend to experience those barriers more deeply due to the pervasive and systemic nature of racism. By addressing the barriers experienced by people of color, we will effectively also identify solutions and remove barriers for other disadvantaged groups" (p.8)

- Portland Metro has a number of equity-focused goals, including convening and supporting regional partners to advance racial equity through supporting the development of affordable housing to meet the urgent need for stable housing choices. They commit to working to break down silos between housing and other supportive services/community needs (p. 19).
  - One example of this goal in action is the convening of regional partners for an Equitable Housing Leadership Summit.
  - Metro commits to meaningfully engaging communities of color to hear community voice in an authentic way and build supports accordingly (p. 25).
  - Metro hires, trains, and promotes a racially diverse workforce, offering all community members a chance to interact with someone who has a similar lived experience to theirs (p. 31).
  - Metro creates safe and welcoming services, programs, and destinations, aiming to break down implicit barriers to access (p. 37).
  - Metro's resource allocation will advance racial equity by developing and applying an equity decision-making tool (p. 45).
- While these goals and supports do not all directly address housing, the fundamentals of equity work must be applied to all Metro services, including housing supports.

Pazolt, M. (2023, June 6). *Washington state investments in affordable housing projects, including permanent supportive housing (Sec. 128(114) of the 2021-23 biennial operating budget*). State of Washington Department of Commerce [Official Correspondence].

There are three key findings in this report: (1) There is insufficient revenue to support the operations and services of the pipeline of new supportive and youth housing funded with state capital funds. Addressing this deficit will require collaboration with partner public funders, maximizing the state's Foundational Community Supports (FCS) program, and a dedicated source of ongoing revenue for housing operations. (2) Commerce should reduce administrative burdens associated with monthly invoice reconciliation and redirect staff time to measuring outcomes of the state's investments in housing and tenancy support services. Measuring housing stability rates and tenant satisfaction, disaggregated by race, will also help to ensure racially equitable outcomes. (3) To meet its goals of reducing chronic homelessness and costly, unnecessary institutionalization, the state should use the same eligibility criteria and tenancy support services definition for all its investments in supportive housing (p. 7).

- Recommendations for funding included:
  - Address challenges related to cost categories by including all industry standards for operating housing, including 24/7 staffing and services provided on behalf of all tenants. Distinguish tenancy-sustaining services, housing stability, and tenant well-being in project budgets.
  - Perform housing operating cost analysis and set funding benchmarks at the state level, rather than by geographic region, to reduce disparities.
  - Benchmark tenancy support services at the state level (taken from table on pp.8-9).
- Program recommendations included:
  - Consistently apply pertinent statutes and programs to all PSH investments.
  - Establish OMS program guidelines.

- Bring the investments in supportive housing from multiple state agencies and programs into alignment to ensure desired outcomes.
- Include and invest in organizations led by and serving primarily Black, Indigenous, and other People of Color.
- Streamline the process of expense reconciliation to shift staff time to tracking outcomes.
- Begin to track basic tenant outcomes of investments.
- Align commerce operating and rental assistance commitments with accountability periods of capital investments (taken from table on pp.13-15).

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