



# 2016 Homeless Services Assessment Final Report & Recommendations

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interSector Partners, L<sup>3</sup>C  
What's *your* bottom line?

## Acknowledgements

The 2016 Longmont Homeless Services Assessment was a true community effort. With nearly 100 stakeholders interviewed in-person, behind the scenes coordination, data and information sharing, and extended strategy meetings, we feel confident that the assessment findings and recommendations represent a comprehensive snapshot of the current initiatives and activities underway, as well as outlining the opportunities to enhance service delivery going forward.

Our gratitude goes out to everyone who participated in the process—each is listed in Appendix B—for their time, perspectives and vision. We greatly appreciate the time and effort of our homeless service providers, faith community representatives and city staff that provided additional expertise to the process during interviews, countless email and phone inquiries, and two service provider summits where we developed a community philosophy and refined the assessment recommendations.

Longmont community members experiencing homelessness provided a personal perspective on the challenges they face, as well as sharing their ideas for how to improve our current services. To a person, they expressed appreciation for what Longmont does offer and for the chance to share their opinions. The assessment and recommendations would not have been as thoughtful, bold or complete without their input.

Guiding the Homeless Services Assessment was a dedicated Project Team that helped to develop the project criteria, stakeholder input processes and provided guidance and support throughout the process. Their time and contributions were critical to the success of this work. Thank you to:

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We look forward to sharing the assessment and recommendations with the community and to beginning the important work of building an integrated service delivery system to support people who are chronically homeless in Longmont.



Karen Roney  
City of Longmont Community Services Director

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## Executive Summary

### Project Overview

In the summer of 2016, the City of Longmont engaged in a process to assess the homeless service delivery system in Longmont, Colorado.

Guided by a Project Team representing city staff and Housing and Human Services Advisory Board members, and managed by the consulting team from Longmont-based interSector Partners, L3C, the project set out to:

- Identify the **prevalence of people who are chronically homeless** in Longmont including the contributing factors and circumstances
- Understand and explore the **barriers to access and gaps in service provision**
- Identify opportunities for **service alignment, collaboration and enhancements**
- **Suggest approaches** that could optimally serve Longmont's chronically homeless adults

### Prevalence of People Who Are Chronically Homeless in Longmont

When identifying the prevalence of adults who are chronically homeless, the Assessment Project Team developed a definition of “chronically homeless” for Longmont that is broader than that of Housing and Urban Development’s definition typically utilized: *adults residing in Longmont (those who are residents of Longmont or moved here with an intention to stay and become part of the community) who are experiencing homelessness for an extended period of time, including those who are living on the street or in locations otherwise not meant for long-term human habitation.*

Utilizing a methodology that examined several documented counts and estimates of people who are homeless in Longmont and considering this broader, more inclusive definition, **the fall 2016 estimate of chronically homeless adults in Longmont is at least 80 and as many as 100 people.**

### Contributing Factors, Circumstances and Demographics

Contributing factors and circumstances leading one to become homeless in Longmont are fairly well-aligned with those experienced by people experiencing homelessness in Boulder County and across the region. Job loss was the number one contributing factor to becoming homeless followed by a change in family situation, health issues and/or physical disabilities, substance abuse, domestic violence and having moved here and been unable to find work. Lack of affordable places to live / inability to pay housing costs was an overlay to each of these contributing factors, but was not named as the main reason that someone became homeless.

Utilizing data from in-person interviews and counts from the Evening Drop-in Center (EDIC) through late August 2016, the gender breakdown of people experiencing homelessness is approximately one third female and two thirds male. EDIC numbers show age ranges from 18-24 at 6%, 25-24 at 14%, 35-44 at 19%, 45-54 at 28% and 55+ at 28%. Longmont appears to have a slightly younger and slightly more female population than the rest of the region based on findings from the 2016 Metro Denver Homeless Initiative 2016 Point-in-Time study.

## **Key Assessment Findings**

**The Current Situation.** Longmont's current approach to serving people experiencing homelessness is based on individual organizations with separate missions, funding streams, programs, degrees of sophistication and effectiveness that are each working to provide a part of the solution. The service providers that make up the ecosystem in Longmont include: Agape Family Services, Boulder Shelter for the Homeless, Emergency Family Assistance Association, HOPE, The Inn Between, Longmont Housing Authority, Mental Health Partners, the OUR Center and Safe Shelter of St. Vrain Valley. Three faith communities and a number of supporting agencies and committees support and contribute to the ecosystem.

### **Current Situation Key Findings.**

- ✓ Longmont has a number of strong service providers working in a relatively siloed manner; coordination occurs, but it can be piecemeal
- ✓ The community lacks a coordinated or shared homeless service philosophy
- ✓ Longmont has not fully leveraged county-wide initiatives to its advantage
- ✓ A resource-constrained environment requires providers to make service choices
- ✓ Gaps in services are many, some gaps are partially met/filled
- ✓ The City of Longmont's grantmaking process does not have a system-wide approach
- ✓ Challenges continue to mount across the community

**Implications.** Implications of the current situation are many and prompted the need for an assessment and recommendations for how to address gaps and barriers to accessing services while continuing to support what is working.

### **Implications Key Findings.**

- ✓ The lack of affordable housing options in Longmont is problematic for people who are homeless
- ✓ Limited Permanent Supportive Housing options exist in the city of Longmont
- ✓ The community and city agencies are negatively impacted by disruptive and/or illegal behavior of a subset of the homeless population
- ✓ Service providers are stretched; confusion is rampant about who does what and where to go for which services
- ✓ Barriers to accessing services are not being adequately addressed
- ✓ The system as it stands today is having an overall low impact

**Opportunities.** Fortunately, the current situation and its implications are not lost on the Longmont community seeking to impact the lives of people who are homeless. **Service providers and the city of Longmont express clear understanding of the need to coordinate and prioritize services in a time of limited resources.** Additionally, service providers across the community expressed, on numerous occasions, **a sincere desire to work together** to address gaps and reduce barriers to accessing services through coordinated and collaborative efforts.

## **An Integrated System**

Considering the current situation, opportunities and implications, service providers, the faith community and the City of Longmont became energized about additional opportunities that a coordinated system could offer, including:

- The potential strength of an integrated service delivery system
- The opportunity to leverage and engage in elements of an integrated system which are in place and developing across Boulder County
- The ability to address the most pressing community needs
- The opportunity to prioritize serving members of the Longmont community who desire to stay in and be part of the community and to serve them through deep and impactful programs such as Housing First/Permanent Supportive Housing
- The potential to leverage and/or increase funding by taking a systems (or collective impact) approach
- The opportunity to leverage regional efforts already in place

## **Recommended Service Delivery Model**

As a result of the assessment process and active engagement by Longmont’s service providers, an **integrated service delivery model** was developed that includes the following key components:

**Common Philosophy:** Members of the Longmont community without stable housing have their basic/emergency needs met. A coordinated, integrated service delivery system works toward household stability. Resources are prioritized for those who are ready and committed to remaining or becoming a part of and ensuring a safe and healthy community.

### **Guiding Principles:**

- Our systems approach utilizes coordinated, integrated service delivery
- Stable housing and necessary supports for success are our end goal
- We give priority to Longmont residents and next to those who wish to join our community
- Our services are client-driven and strengths-based
- We integrate with other county and regional programs and plans where possible

### **Service Population Focus for the Integrated System:**

*Chronically Homeless Longmont Residents.* Longmont community members living on the streets who desire to stay in Longmont and have life challenges that prevent them from stabilizing their lives and accessing permanent housing

*Temporarily Homeless Longmont Residents.* Longmont community members living on the streets due to circumstances such as loss of a job, loss of housing, market forces, victims of domestic violence, aging out of the foster care system, etc.

**Recommendations to Develop the Integrated System (*full assessment text includes more detail on the recommendations as well as associated stakeholder input supporting each*):**

- I. A single point (or process) of entry for people who are homeless to enter the system
- II. A shared database across all agencies creating the ability to access real-time client data, case plans, referral histories
- III. Case management coordination and standardization
- IV. System governance via task force or committee to oversee the service delivery system, integrate with county and regional efforts and evaluate the system's progress
- V. Shifting to a traditional model of street outreach focused on providing limited emergency supports, assessing risk, making referrals and conducting warm hand-offs
- VI. Expand existing day services to a day shelter-type program, mobile options or services dispersed throughout the community
- VII. Enhance winter warming center services to create a consistent, dependable solution
- VIII. Partner with community mental health initiatives to ensure that the walk-in, crisis needs of Longmont's chronically homeless population are included in future plans
- IX. Develop or partner for emergency substance use services and treatment programs for chronically homeless community members; work to enhance community enforcement of disruptive substance use behavior

**Longmont City Government Role in Creating and Sustaining the Integrated Service Delivery System**

The City of Longmont will play an important role in creating and sustaining the integrated service delivery system. While the system is created, the role of convener will be critical. This may include scheduling coordination, use of space, development of early agendas and agreements, facilitation and/or documentation.

From a sustaining perspective, the city's role will encompass compliance, accountability and enforcement, developing and implementing community policies to address dynamics that contribute to homelessness, and providing funding support to the system. With an integrated service delivery system, there is significant opportunity for the Housing and Human Services Advisory Board to move toward more directed grantmaking in support of the system and its intended outcomes.

**Proposed Integrated Service Delivery System Roll-Out**

The Homeless Services Assessment and Recommendations includes a 15-month draft roll-out plan to develop and get the integrated service delivery system up and running.

### **Connections to the Strategic Decision-Making Criteria and Other Regional Efforts**

To guide the development of the assessment and implementation of the recommendations, the Homeless Services Assessment Project Team developed decision-making criteria that were utilized throughout the process. Criteria categories included: 1. concern for people experiencing homelessness, 2. stakeholder input, 3. service provision, and 4. a Longmont-focus with a regional perspective. Each criteria and its tie to the assessment and recommendations is outlined in the document.

To further support the criteria related to current area initiatives, the assessment also outlines the connections between Longmont recommendations and Envision Longmont (the city's Comprehensive Plan), the Boulder County Ten-Year Plan to Address Homelessness and the regionally-focused IBM Smarter Cities Report.

### **Summary**

The following document contains detail related to each of the above sections, as well as attachments to provide background on the process utilized to conduct the assessment and arrive at the recommendations.

As outlined in the assessment, an integrated service delivery model will leverage the best that the community has to offer toward a collective approach that allows Longmont to prioritize services, leverage and attract new funding and achieve greater community impact—significantly reducing the number of people who are chronically homeless in Longmont.

## Assessment Overview and Process Summary

In the summer of 2016, the City of Longmont engaged in a process to assess the homeless service delivery system in Longmont, Colorado. The process was intended “to provide data leading to the creation of a more responsive and effective service delivery system for people who are chronically homeless and are surviving on Longmont ‘streets’ (public infrastructure, facilities and other public places and/or in temporary shelters).” Information from the assessment would inform City officials about their role in planning, coordinating and/or serving people who are homeless in the Longmont community. The data would also be used “to determine how to best support agencies to work collaboratively in offering a seamless set of services to help stabilize people who are homeless.”

Guided by a Project Team representing city staff and Housing and Human Services Advisory Board members, and managed by the consulting team from Longmont-based interSector Partners, L3C, the project set out to:

- Identify the **prevalence of people who are chronically homeless** in Longmont including the contributing factors and circumstances
- Understand and explore the **barriers to access and gaps in service provision**
- Identify opportunities for **service alignment, collaboration and enhancements**
- **Suggest approaches** that could optimally serve Longmont’s chronically homeless adults

The project was outlined in three phases with key process points shared below:

### **Phase I: Information gathering/discovery, data interpretation and stakeholder input**

- Met with the Project Team to confirm desired outcomes, establish timelines, develop [decision-making criteria](#), and create preliminary stakeholder input lists and process
- Conducted [document and information review](#)
- Conducted [stakeholder input process](#) with 80+ representatives of service providers, municipal government individuals and committees, the faith community, business representatives, neighborhood representatives and people experiencing homelessness
- Met with Project Team to present Phase I findings re: service delivery system strengths, challenges, gaps and barriers to accessing services

### **Phase II: Identifying existing and new opportunities and vetting feasibility of ideas**

- Continued stakeholder input process meeting with people experiencing homelessness
- Attended community meetings and visited shelters and programs serving people experiencing homelessness
- Facilitated a [Service Provider Summit](#) to share process findings to-date and develop a preliminary community philosophy for serving people who are chronically homeless in Longmont
- Conducted research into service delivery models, as well as best and promising practices for programs serving people experiencing homelessness
- Drafted a community philosophy, guiding principles and homeless services delivery model
- Facilitated a second [Service Provider Summit](#) to review, discuss and recommend revisions to the philosophy, guiding principles and proposed service delivery model

### Phase III: Interpretation of findings, developing recommendations, preparing and presenting the final report

- Revised the draft integrated service delivery model
- Attended community meetings, and visited shelters and programs serving people experiencing homelessness
- Drafted the Homeless Services Assessment Report and Recommendations
- Presented report and recommendations to the Assessment Project Team

## Identifying the Prevalence of People Who Are Chronically Homeless

A deliverable for the Longmont Homeless Services Assessment is to **determine the prevalence of people who are chronically homeless** in Longmont including the contributing factors and circumstances surrounding their homelessness. The Assessment Project Team developed a definition of “chronically homeless” for Longmont. This definition broadens the Housing and Urban Development definition and makes it more inclusive to better meet the needs of the Longmont community:

*Chronically Homeless: Adults residing in Longmont (those who are residents of Longmont or moved here with an intention to stay and become part of the community) who are experiencing homelessness for an extended period of time, including those who are living on the street or in locations otherwise not meant for long-term human habitation.*

As many studies, assessments and reports prior to this have indicated, understanding the exact number of people who are chronically homeless (by traditional HUD or any other definition) in a given community is incredibly challenging. Absent a system-wide database to track individual people, their circumstances and their situations, numbers can only be estimated utilizing existing and new data. Some of these data points include:

- *Point in Time (PIT) report:* An annual survey of every community in the nation to provide a snapshot of individuals and families identified as homeless
- *Boulder County Permanent Supportive Housing Study:* An assessment of the need for permanent supportive housing throughout Boulder County focused on chronically homeless individuals
- *Boulder County 10-Year Plan to Address Homelessness:* A blueprint for how communities can work together to prevent homelessness
- Statistics, counts of people served and sheltered, estimates provided by service providers
- In-person observations and meetings with people experiencing homelessness

Given these data and associated research, the assessment estimates that:

**The 2016 number of chronically homeless adults in Longmont is at least 80 and as many as 100 people.**

## Methodology

Beginning with known numbers:

- The January 2016 PIT estimate of chronically homeless adults in Boulder County is 136<sup>1</sup>.
- A June 2016 estimate of chronically homeless households in Boulder County is *at least* 225<sup>2</sup>

And extrapolating to the local level:

Longmont's population = 28.8% of the population of Boulder County in 2015<sup>3</sup>, therefore for purposes of the assessment, an assumption can be made that:

- The number of chronically homeless in Longmont is between 39 and 65 people.

Additionally, local service providers (The OUR Center and HOPE) shared that they served 829 and 974 unduplicated homeless adults respectively in 2015. Assuming that approximately 70% of those individuals could be defined as "travelers"<sup>4</sup>, then a maximum of 292 of these homeless adults would be considered "Longmont residents." Next, using the Point-in-Time percentages of all homeless people who are chronically homeless (21.7%), approximately 63 of those served by HOPE and/or Agape would meet [Longmont's definition of chronically homeless](#) further supporting [the range above](#).

However, several factors lead to the conclusion that the number of chronically homeless adults in Longmont is considerably higher including:

1. The Point-in-Time Study and Permanent Supportive Housing Study both use the Housing and Urban Development definition of chronically homeless<sup>5</sup> which is more restrictive than that developed by the Homeless Services Assessment Project Team. [Longmont's broader definition](#) likely increases the number of people in Longmont who qualify as chronically homeless.
2. Estimates from Longmont-based service providers range from 60-110 chronically homeless people in the community. And, 2015 PIT numbers for Longmont estimate 101 chronically homeless people (including children) in Longmont.<sup>6</sup>
3. Current (2016) temporary winter sheltering numbers indicate a growing need among Longmont's homeless community. The vast majority of those seeking shelter would qualify under Longmont's definition of chronically homeless. Two recent data points:
  - November 16, 2016: 23 guests at Agape and 19 at HOPE/Journey for a total of 42 shelter guests; An additional 92 people accessed street outreach
  - November 29, 2016: 21 guests at Agape and 41 at HOPE/Journey (17 turned away due to space limitations); An additional 84 people accessed street outreach

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<sup>1</sup> 2016 Point-In-Time Report, Seven County Denver Metro Region; Metro Denver Homeless Initiative, 2016

<sup>2</sup> Boulder County Permanent Supportive Housing Study, Community Strategies Institute, June 2016

<sup>3</sup> Quick Facts, Boulder County, United States Census, 2015, retrieved from: <http://www.census.gov/quickfacts/table/PST045215/08013>

<sup>4</sup> Estimates from Longmont Police Department and Senior Services (averaged).

<sup>5</sup> Defining Chronically Homeless Final Rule Webinar, HUD Exchange, January 2016, retrieved from:

<https://www.hudexchange.info/trainings/courses/defining-chronically-homeless-final-rule-webinar/>

<sup>6</sup> Longmont Homeless Population, 2015 Point-in-Time Community-Level Report, Metro Denver Homeless Initiative, 2015

4. In in-person interviews of people experiencing homelessness in Longmont, approximately 80% would qualify as chronically homeless under the Longmont definition
5. Anecdotal insights from service providers, people experiencing homelessness and municipal government employees as to the increasing numbers of homeless people relocating to Longmont given smoking bans, camping bans and tougher enforcement of illegal activity in surrounding communities.

## Contributing Factors, Circumstances and Demographics

Contributing factors and circumstances leading one to become homeless are hard to pin down specifically for Longmont's homeless community—primarily because not everyone was forthcoming with this information during interviews and/or in their reporting to service providers. It is, however, clear that the issues and challenges facing Longmont's chronically homeless population are fairly well aligned with challenges outlined in studies of people experiencing homelessness in Boulder County and across the region.

Of the homeless individuals living in Longmont interviewed for this assessment, job loss was the number one contributing factor to becoming homeless. This was followed closely by a change in family situation (divorce or death of a spouse), health issues and/or physical disabilities, substance abuse, domestic violence (caregiver) and having moved here and been unable to find work. Lack of affordable places to live / inability to pay housing costs was an overlay to each of these contributing factors, but was not named as the main reason that someone became homeless.

When considering the 2009 Boulder County Ten Year Plan to Address Homelessness<sup>7</sup>, factors contributing to a person becoming homeless led with an inability to pay rent or mortgage, followed by:

- ✓ Lost their job
- ✓ Substance abuse problem
- ✓ Breakup of a relationship
- ✓ Mental illness

In short, it appears that contributing factors for people becoming homeless in Longmont are consistent with the larger county situation and these contributing factors appear not to have changed significantly over the last seven years.

Exploring the demographics of people who are chronically homeless in Longmont is also challenging, made so in part by the broader definition of chronic homelessness being utilized for this assessment. However, it is still helpful to compare gender and age demographics across several sources to gain a better understanding of the picture of people experiencing homelessness.

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<sup>7</sup> Boulder County Ten-Year Plan to End Homelessness, Boulder County, 2009, Retrieved from: <http://buildinglivablecommunities.org/HomelessPlan/numbers.html>

Gender	In-Person Interviews 2016	EDIC Counts through Late August <sup>8</sup>	Longmont MDHI Point-in-Time 2015 <sup>9</sup>	Overall MDHI Point-In- Time 2016 <sup>10</sup>
Male	66%	63%	56.9%	69.5%
Female	33%	32%	43.1%	28.3%
Transgender	-	-	-	1.2%
Missing or Unsure	-	5%*	-	1.0%
Age Range	In-Person Interviews 2016~	EDIC Counts through Late August	Longmont MDHI Point-in-Time 2015	MDHI Point-In-Time 2016
0-18	-	1.5%		1.3%
18-24	19%	6%	13.7%	6.2%
25-34	4%	14%	62.7%^	11.7%
35-44	19%	19%		17.3%
45-54	10%	28%		32.5%
55+	19%	28%	21.6%	30.3%
Missing or unsure	28%	1.5%	2%	.7%
Mean Age	40	44	n/a	46.7
Median Age	41	48.5	n/a	48.0

\*Gender neutral names where the person did not specify gender were listed as unsure

~These data are shared because they were collected, but are challenging to utilize as nearly 30% of those interviewed did not share their ages

^Data provided with an age range of 25-54

While each of the above data collection methods represents its own challenges (for instance the in-person interviews yielded a high percentage of missing data for age of the person experiencing homelessness), observations about the data may be helpful:

- It appears that Longmont’s chronically homeless population is slightly younger than that of the region
- Longmont also appears to have a slightly higher population of women experiencing homelessness than that found across the region through the Point-in-Time study

<sup>8</sup> Client Registration Records, Evening Drop-in Center, August 24, 2016

<sup>9</sup> Longmont Homeless Population, 2015 Point-in-Time Community-Level Report, Metro Denver Homeless Initiative, 2015

<sup>10</sup> 2016 Point-In-Time Report, Seven County Denver Metro Region; Metro Denver Homeless Initiative, 2016

## Key Assessment Findings

In order to reach recommendations for an enhanced service delivery system, the Longmont Homeless Services Assessment considered community input about the current services and system, research into and understanding of plans and processes in the region, and national model research into best practices for coordinated systems and specific programs that could address identified gaps and barriers to accessing services.

### The Current Situation

Longmont’s current approach to serving people experiencing homelessness is based on individual organizations with separate missions, funding streams, programs, and degrees of sophistication and effectiveness (despite being well-meaning), each working to provide a part of the solution. Overall, the community (fellow nonprofits, the faith community, local government, business representatives and people experiencing homelessness) speak highly of the work of most nonprofits within the service area and of their strong commitment to serving marginalized members of Longmont. The primary nonprofits and other entities focused on this work all know each other well and are supportive of each other’s work – an important advantage of working within a relatively small network in a relatively small community.

The following are key players delivering services to people experiencing homelessness in Longmont.

Organization/Entity	Mission	Homeless Program Highlights
<b>Nonprofit Organizations / Service Providers</b>		
 <p>AgapeFamilyServices</p>	As a member of the Longmont body of Christ, as an expression of our faith, Agape serves our neighbors with shelter, food, jobs and encouragement in the name of Jesus.	Winter season Emergency Warming Center (in cooperation with HOPE) Agape provides a safe haven for up to 25 pre-screened individuals including overnight shelter and meals, Evening Drop-In Center
 <p>Food • Shelter • Hope BOULDER SHELTER for the HOMELESS</p>	To provide safe shelter, food, support services and an avenue to self-sufficiency for homeless adults in our community.	Winter sheltering (including 10 beds for those identified as being from Longmont), meals, storage space, showers, laundry, case management. Transition program, transitional housing and Housing First services
 <p>Emergency Family Assistance Association</p>	Helps those in our community whose immediate needs for food, shelter and other basic necessities cannot be adequately met by other means, and supports their efforts toward financial stability or self-sufficiency.	Provides services in Longmont through 11 short-term family housing units at the Atwood Shelter. Case management includes assistance with food, transportation, budgeting, planning and building community connections

Organization/Entity	Mission / Purpose	Homeless Program Highlights
<b>Nonprofit Organizations / Service Providers (cont'd)</b>		
	<p>To provide life-sustaining services and programs focusing on dignity, empowerment and self-sufficiency.</p>	<p>Street outreach (365 nights/year), Evening Drop-in Center, emergency assistance, case management, respite care, Winter season Emergency Warming Center (in cooperation with Agape), the Journey and Heart of Longmont churches, provides overnight shelter and meals utilizing a lottery system</p>
	<p>To provide supportive housing promoting self-sufficiency and stability to diverse homeless families and individuals through collaboration with community partners, utilization of community resource, case management and life skills training.</p>	<p>50 units of 1, 2 and 3 bedrooms for 2-year transitional housing, temporary emergency units, up to 10 units set aside for homeless high school students, 8 permanent supportive units for elderly disabled</p>
	<p>To provide housing and related services to low and moderate income families, elderly and handicapped households, and to relieve the community of substandard housing.</p>	<p>Section 8 housing, Senior housing, supportive housing, and Housing First programs</p>
	<p>A comprehensive community mental health center providing a broad range of programs and services working to provide the best possible support for clients in recovery.</p>	<p>Connections, navigation, individual and group therapy for children and adults</p>
	<p>We help people move toward self-sufficiency by unifying community resources.</p>	<p>Hot meals (2/day), market, closet, support network: referrals (housing, legal, substance abuse, mental health, healthcare, employment, etc.), personal development ; open hours in the Community Café including cell phone charging stations</p>
	<p>We provide safety, support and access to resources for individuals impacted by domestic violence and facilitate their empowerment through direct services and community education, advocating for every individual's right to live a life free of intimidation, exploitation and abuse.</p>	<p>24/7 crisis line, 24/7 access to emergency shelter, individual and group counseling, public education</p>

<b>Faith Community</b>		
The Journey	To create communities of people who are being transformed by Christ to be like him.	Host of the 2016-2017 Emergency Warming Center November—March (M-Th) providing space and volunteers
Heart of Longmont	To make followers of Jesus Christ for the transformation of the world.	Host of the 2016-2017 Emergency Warming Center November—March (F-Su) providing space and volunteers; volunteers provide meals for Street Outreach Program
<b>Supporting Agencies and Committees (Longmont-focused)</b>		
Boulder County Housing and Human Services	Building a healthy, connected community that empowers people and strengthens families by confronting the root causes of crisis and instability.	
City of Longmont Community Services	Provides funding to support to direct service agencies. Staff from Library, Senior Services, Recreation and Children, Youth & Families participate on the Longmont Housing Opportunities Team, provide referrals, offer shower facilities, and/or provide some direct services.	
City of Longmont Public Safety	Street Outreach Team, referrals, enforcement, Police Assisted Addiction and Recovery Initiative/ Angels Program	
Other City of Longmont Departments	Serve on the City's Homeless Services Action Team, provide support and referrals to homeless services in the community and serve Boulder County's 10-Year Plan to End Homelessness Board.	
Funders Collaborative	A collaborative of the cities of Longmont and Boulder, Boulder County Community Services and Housing and Human Services and Foothills United Way that works together to identify, plan, fund and/or measure results of efforts to address pressing county-wide needs	
Longmont EDGE Program	Partnership with the Longmont Police Department, other Boulder County Law Enforcement Agencies and Mental Health Partners to prevent violence and help those with mental illness before they commit crimes.	
Longmont Homeless Services Action Team	Represents all affected Community Services divisions as well as other departments and functions throughout the city (Police, Code Enforcement, Risk Management, Parks, Emergency Communications, Human Resources, City Attorney's Office, City Manager's Office) focusing on a coordinated approach of interaction, intervention and/or compliance when encountering people who are homeless during the course of our daily work	
Longmont Housing Opportunities Team (LHOT)	Longmont Housing Opportunities Team (LHOT) is a collaborative partnership working to reduce homelessness by bringing together community partners, mobilizing resources, and maximizing the impact of community agencies and assistance for those who need help	
Longmont First Response Team (a committee of LHOT)	A committee of City agencies, Longmont Downtown Development Authority, area service providers that meet monthly to focus on particular cases of hard-to-serve people who are homeless	

Service providers, the faith community and supporting bodies in Longmont **coordinate services and approaches as they are able**—sitting on committees to address emergent needs of individual people experiencing homelessness, referring clients/guests to each other when the needs of an individual can be best met by another agency, sharing space and/or volunteers as needed to offer programming—yet each is obligated to focus on its own organization and mission first. Some in-depth collaboration is happening among the agencies ([EDGE is a good example](#)); however it is generally limited in scope. Ultimately, Longmont does not in-fact have a service delivery system, but rather a collection of agencies and entities each focusing on pieces of the challenges faced by people experiencing homelessness as well as addressing the community impacts created by this population.

*“There is a lack of a common philosophy about how to best serve people who are chronically homeless.”*

~Community stakeholder

Across the board during the assessment process, stakeholders shared that **the lack of a coordinated or shared philosophy about how to best support community members who are homeless created significant challenges to delivering cohesive services.** Programs are typically developed based on what one organization views to be unmet needs without coordination across agencies or integration with a larger vision – because there is none. Each agency keeps separate records, manages different systems and has different rules for service eligibility. This leaves recipients of services, service providers and local government frustrated while creating significant barriers to accessing services. (See [Attachment D: Process Findings: What’s Working, What’s Not, Service Gaps and Barriers to Accessing Services](#) for detail on these barriers and other stakeholder input findings.)

Additionally, **service providers are taking some, but not full advantage of efforts underway throughout the county.** Several working groups, collaborative efforts and individual efforts are tackling everything from client intake to the HHS Data Warehouse project and from a coordinated case management system across the county to an effort by the City of Boulder to address winter sheltering and day services. In some cases, Longmont providers, working groups and people who are homeless are aware of individual initiatives, but do not have the time, resources or connections to leverage these efforts on behalf of Longmont.

**Choices about whom and how to serve are made by service providers each day given their resource constrained environment.** Waiting lists, overflow, and appointments set three weeks out are not uncommon in certain parts of the system. An individual with a mental health breakdown may be taken to Longmont United Hospital to remove them from an otherwise volatile situation – not because it’s the best option, but because it’s the only option. The Police Department often opts not to ticket offenders because the time it takes to process a minor offense detracts from their ability to respond to more pressing safety needs in the community. A guest seeking to access a meal or a shower may not be required to “register” simply because the staffing resources are otherwise occupied.

Longmont’s good at Band-Aids. When it comes to making sure people have food, clothing and blankets, resources are abundant.  
~Stakeholder input

In some areas, Longmont simply does not offer services needed by people who are homeless. **Gaps in service provision** include crisis mental health and substance abuse services, a slate of affordable, transitional and permanent supportive housing options, a full-service day shelter and associated services, a traditional shelter (although this is not desired by the vast majority of stakeholders), consistent warming center services, transportation, childcare and culturally appropriate services. In the past, it may have made sense for these service needs to be met in Boulder or other surrounding communities. However, Longmont is a growing and quickly evolving community and the gaps in services are now creating significant barriers to people experiencing homelessness in Longmont.

City of Longmont funding to support area service providers is managed through a **responsive grantmaking process**. Although the City’s application process identifies specific outcomes and indicators that must be addressed in order to be considered for funding, each agency submits an annual proposal outlining the programs or services that it determines is the best way to accomplish these outcomes. Proposals are considered individually with limited consideration for impacts on the overall network of services offered to people experiencing homelessness or a common vision for change. In addition, those making funding decisions are members of a volunteer board who have an exceptional commitment to the community, yet are sometimes lacking the professional expertise or experience in homeless services necessary to understand the nuances of the work service providers do on a day-to-day basis. Often heard feedback was that *“too much of the work comes from the heart and not from the head.”*

Ultimately, it is clear that while significant community resources—both human and financial—have been dedicated to serving people experiencing homelessness the challenges continue to mount year over year.

*“Too many dollars are at work without measurable and sustainable results/outcomes.”*  
~Community Stakeholder

### **Current Situation Key Findings**

- ✓ Longmont has a number of strong service providers working in a relatively siloed manner; coordination occurs, but it can be piecemeal and is not based on a systems-approach
- ✓ The community lacks a coordinated or shared service philosophy for serving people who are homeless
- ✓ Initiatives are underway across the county that Longmont has not fully leveraged to its advantage
- ✓ A resource-constrained environment requires providers to make choices about who and how to serve on a daily basis; they cannot be all things to all people
- ✓ Gaps in services are many with some gaps being partially filled (some day services at the OUR Center, free RTD bus within Longmont or 10 set-aside beds at the Boulder Shelter for the Homeless, for example)
- ✓ The City of Longmont’s grantmaking process focuses identifies specific indicators and outcomes that must be addressed, yet individual programs are working to meet these indicators with resources provided rather than working together to achieve community-wide outcomes
- ✓ Challenges continue to mount

## Implications

Chronic homeless (as well as situational and episodic homelessness) in Longmont continues to grow and community impacts are increasing as well. Housing prices continue to climb shifting previously “affordable housing” to only be within reach of middle income families. The **lack of truly affordable options in Longmont** including a need for enhanced incentives for developers to create more options, and substandard living conditions in those units that may be affordable, further compounds the problem putting more people at-risk of being on the streets. People experiencing homelessness interviewed for this assessment indicated that **their top barrier to accessing housing – even when employed – is an inability to save enough money for a security deposit and first month’s rent** (sometimes even last month’s rent is required, as well) – several estimated the minimum need to be \$2,500. Limited Permanent Supportive Housing units are available in Longmont at this time despite being a primary recommendation within the Boulder County Ten Year Plan to Address Homelessness.

*“The Library has become a defacto day shelter.”*

~Community stakeholder

Meanwhile, the community is increasingly **impacted by disruptive and/or illegal behavior of a subset of people who are homeless.**

Downtown businesses, neighborhood residents and city staff members express concern for safety of customers, self and property.

Public parks and grounds around the Library, Memorial Building and

Senior Center have become hangouts for people with no other options for where to spend their days. Frustration levels are extremely high around the perceived inadequate enforcement by the Public Safety Department coupled with the lack of any known intention to address the situation. Homeless community members themselves express frustration with the growing population of “travelers” stating that those coming to Longmont from other communities or states utilizing services and exhibiting negative behaviors are making it harder for those who want to receive support and contribute positively to Longmont. A new Public Safety initiative is underway to support people who abuse alcohol or drugs are coming on line, but the community has yet to experience positive effects and continues to see the challenges grow.

Service providers are stretched while attempting to be everything to everyone. This burden is creating many complications – higher stress levels among staff, increasing turnover and decreasing service levels for people experiencing homelessness. With all players scrambling to do the best they can with limited resources, confusion is apparent in the community. While service providers themselves do not believe they are duplicating services, others are less clear about who does what and where to go for which services. People experiencing homelessness are especially frustrated with having to go from agency to agency to piece together the services they need, all the while repeating their stories and histories to each new service provider they encounter.

*“Some agencies don’t have the professional expertise to address the heart of the problems facing people who are homeless.”*

~Community Stakeholder

Additionally, **barriers to accessing services** are not being adequately addressed leaving people who are homeless in often frustrating and sometimes life-threatening situations. Without access to a safe place to stay, necessary mental health or substance abuse services, options for storing belongings or even showering, it is easy to understand how one’s immediate shelter, food and

safety needs become a full-time job. This situation leaves little opportunity for seeking employment, supportive service programs or other options leading to self-sufficiency.

The ultimate implication is that the system as it stands today is having an overall low impact on meeting the challenges facing people who are homeless in Longmont. Certainly, some people do find housing, mental health services or jobs that they need to help them stabilize. But when service providers continue to note that the numbers of people becoming and at-risk for homelessness are increasing, it becomes harder to imagine a clear path toward stability or self-sufficiency.

### **Implications Key Findings**

- ✓ The lack of affordable housing options in Longmont leads to an inability for people to access housing, substandard living conditions and an increased risk to people for becoming homeless
- ✓ Limited Permanent Supportive Housing options exist in the city of Longmont
- ✓ The community and city agencies are negatively impacted by disruptive and/or illegal behavior of a subset of people who are homeless
- ✓ Service providers are stretched; confusion is rampant about who does what and where to go for which services
- ✓ Barriers to accessing services are not being adequately addressed leaving people who are homeless in often frustrating and sometimes life-threatening situations
- ✓ The system as it stands today is having an overall low impact on meeting the challenges facing people who are homeless in Longmont

## **Opportunities**

Fortunately, the current situation and its implications are not lost on the Longmont community seeking to impact the lives of people who are homeless. **Service providers and the city of Longmont express clear understanding of the need to coordinate and prioritize services in a time of limited resources.** Additionally, service providers across the community expressed, on numerous occasions, **a sincere desire to work together** to address gaps and reduce barriers to accessing services through coordinated and collaborative efforts.

As stated earlier, Longmont is fortunate to have a small enough network of service providers and supportive entities that all key players were able to come together to explore the assessment findings and create a vision for moving forward together to create greater impact across the system. The community is also fortunate to have a Community Services Department that is committed to full engagement and co-creation of an approach for better integrating service delivery and to exploring opportunities for more directed funding of such a system in support of a shared community philosophy.

Even in other communities where these factors are not at play, success has been achieved by creating integrated service delivery systems. During the process, interSector Partners looked at [a number of examples where funding entities and service providers joined forces to create systems](#) designed to eliminate gaps and barriers, reduce duplication of services, make better use of available funding and achieve greater impact. The lessons learned and successes from

these communities greatly informed the proposed service delivery model and recommendations.

## The Potential of an Integrated System

As service providers, the faith community and the City of Longmont came together to explore the gaps and barriers to accessing services in the community, as well to create a shared community philosophy and prioritized populations to serve with limited resources, participants became energized about opportunities that a coordinated system could offer, including such things as:

- The potential strength of an integrated service delivery system as opposed to the current collection of agencies focused solely on their own programs and missions
- The opportunity to leverage and engage in elements of an integrated system which are in place and developing across Boulder County; this opportunity is greatly enhanced if Longmont is engaging with outside initiatives as one system and one philosophy
- The ability to address the most pressing community needs while maintaining a focus on long-term outcomes and impact
- The opportunity to prioritize serving members of the Longmont community who desire to stay in and be part of the community and to serve them through deep and impactful programs such as Housing First/Permanent Supportive Housing
- The opportunity to make a deep impact on prioritized populations ultimately freeing up resources to serve additional people in crisis in the long-term (recognizing, however, that increased investment may be required at the outset)
- Assurance that the service delivery system is not turning its back on certain populations, rather other resources are available (and will need to continue to be supported) to address the needs of people who do not meet this system's focus
- The opportunity to reduce the enforcement burden and make true impact on individual people's health as they receive treatment for challenges of substance abuse and/or mental illness
- The potential to leverage and/or increase funding by taking a systems (or collective impact) approach in Longmont, once again, with a specific focus on measureable outcomes and meaningful impact
- The opportunity to leverage regional efforts already in place on behalf of Longmont, as well as more fully engaging in these efforts to improve services and outcomes for people experiencing homelessness in all of Boulder County

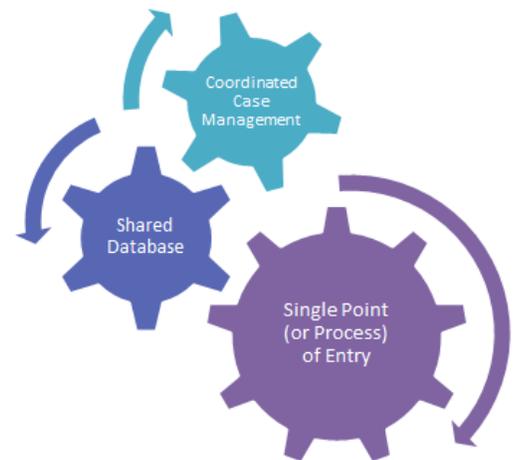
*"We need one place to go that knows how to coordinate and help us get to what we need. Right now, I can get a meal, but that doesn't fix things. I'm just hungry again in a few hours. I'm tired of paddling backwards."*

~Person experiencing homelessness

## Recommended Service Delivery Model

As a result of the assessment process and active engagement by Longmont’s service providers, the service delivery model on the following pages is recommended. The model includes:

- ✓ A **shared community philosophy and guiding principles** for this work
- ✓ **An emphasis on a collaborative systems approach** to serving people who are chronically homeless (previous plans and approaches included similar ideas and recommendations, but were not based on a *fully integrated system.*)
- ✓ **Prioritized services to chronically homeless Longmont residents** and temporarily homeless Longmont residents – limited resources require a *focused system (focus on the grey-shaded sections of the model to best serve these groups)*
- ✓ **Acknowledgement that the system will not focus on specifically on serving those at-risk for homelessness or on those who are not Longmont residents/desiring to become Longmont residents;** community resources outside of this service delivery system will be utilized to support these groups
- ✓ A set of recommendations to create an integrated system with **three major components setting the stage for success:** a single point (or process) of entry, a shared database across the system and coordinated approaches to case management services for people experiencing homelessness
- ✓ **A shared commitment to working together to develop the service delivery model**



## Longmont Homeless Services Model—A Path Toward Stable Housing for All

<p><b>Common Philosophy:</b> Members of the Longmont community without stable housing have their basic/emergency needs met. A coordinated, integrated service delivery system works toward household stability. Resources are prioritized for those who are ready and committed to remaining or becoming a part of and ensuring a safe and healthy community.</p>	<p><b>Guiding Principles:</b></p> <ul style="list-style-type: none"> <li>• Our systems approach utilizes coordinated, integrated service delivery</li> <li>• Stable housing and necessary supports for success are our end goal</li> <li>• We give priority to Longmont residents and next to those who wish to join our community</li> <li>• Our services are client-driven and strengths-based</li> <li>• We integrate with other county and regional programs and plans where possible</li> </ul>
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People in Crisis Served by the Longmont System		Longmont Services Delivery System	
Individual or Family Situation re: Homelessness	Desired Outcomes	Integrated Service Delivery System Offerings	Enhancements to Achieve a Fully Developed System
<p><u>Chronically Homeless Longmont Residents</u> Longmont community members living on the streets* who desire to stay in Longmont and have life challenges that prevent them from stabilizing their lives and accessing permanent housing</p> <p><u>Temporarily Homeless Longmont Residents</u> Longmont community members living on the streets* due to circumstances such as loss of a job, loss of housing, market forces, victims of domestic violence, aging out of the foster care system, etc.</p> <p><u>Longmont Residents At-Risk for Homelessness</u></p> <p><u>Non-Longmont People Who are Homeless; Positive Community Behavior</u></p> <p><u>Longmont and Non-Longmont People Who are Homeless: Undesirable, Threatening and/or Criminal Behavior</u></p>	<ul style="list-style-type: none"> <li>• Basic food and safety needs are met</li> <li>• Health situations (substance abuse, mental illness or general) are stabilized</li> <li>• Living in stable housing with ongoing support services, if needed, such as Permanent Supportive Housing</li> <li>• Basic food and safety needs are met</li> <li>• Health situations (substance abuse, mental illness or general) are identified and referrals provided</li> <li>• Return to stable housing</li> <li>• Access to community resources is clear and straightforward</li> <li>• Risk of homelessness is reduced or eliminated</li> <li>• Basic food and safety needs are met</li> <li>• Return to home community or, if desiring to stay and contribute to Longmont, barriers are addressed and stable housing is achieved</li> <li>• Community safety is ensured</li> <li>• Criminal behavior is enforced</li> <li>• Basic food and safety needs are met</li> </ul>	<ul style="list-style-type: none"> <li>• Single point (process) of entry into the system including mobile “quick entry” options</li> <li>• Coordinated case management / client data sharing access across agencies/service providers</li> <li>• Cross-trained &amp; networked case managers</li> <li>• Slate of housing options available: affordable, PSH, temporary/winter overnight on the path toward Housing First model</li> <li>• Local, 24/7 mental health services for ongoing treatment and crisis; Rx access in Longmont</li> <li>• Local, accessible substance abuse services</li> <li>• Transportation between providers</li> <li>• Consistently offered meal provision (a minimum of 2 meals per day)</li> <li>• Consistently available laundry, storage and shower access</li> <li>• Seasonal street outreach</li> <li>• System-wide coordinated strategy &amp; client-level coordinated strategies</li> <li>• Well-resourced and stable service providers</li> <li>• Public messaging / awareness / engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement around single point of entry and development of system to implement this model</li> <li>• Development/adoption of a shared database system allowing access to client data across all providers</li> <li>• Case management (CM) group/committee created to: focus on case coordination, case management protocols/standards, commitment to training across the system</li> <li>• Leadership committee / board to focus on systems approaches (i.e. slate of housing options, coord. with Envision Longmont, etc.) and organizational health (provider level capacity building and resource dev.)</li> <li>• Street outreach shifts focus to more “traditional” model</li> <li>• System developed for laundry, storage, shower access &amp; coordinated day services</li> <li>• Long-term winter warming center solution with consistency across years</li> <li>• Longmont-based mental health crisis &amp; ongoing services created in partnership with broader community of health &amp; human service providers</li> <li>• Longmont-based substance abuse program created in partnership with broader community of health &amp; human service providers</li> </ul>

\*“On the streets” = lives in a place not meant or human habitation, i.e. literally outside, in a safe haven, an emergency shelter, a car, etc.

## Recommendations to Achieve the Integrated Service Delivery System

The following are recommendations to advance Longmont’s homeless services provision toward an integrated service delivery system followed by highlights of Homeless Services Assessment findings, model research, service provider discussion and consultant observations that inform the recommendation.

### I. Single Point (or Process) of Entry

Develop a single point of entry for accessing the homeless services system in Longmont. Each individual, regardless of their initial point of contact, would officially enter the system through a **jointly developed coordinated entry and assessment – virtual, physical or both**. An initial case plan would also be developed at a jointly agreed upon/created point of entry. Resource referrals and access to emergency/basic needs services would be managed through this single source. A secondary option—preferred by service providers on initial consideration and cited by some stakeholders as a best practice – would be a single **process** of entry to be offered at select locations. (Note: **Assessment consultants strongly recommend a single point of entry** given the small size of Longmont’s current service provision network, confidence in some providers to fully participate in a coordinated process and the significant frustration expressed by people who are homeless regarding accessing services.)

*Addresses the following Homeless Services Assessment findings:*

- ✓ People experiencing homelessness don’t know where to go to get help; conflicting messages
- ✓ Referring agencies, city staff & the community are confused about where people should go to get help; perception of duplication of services
- ✓ Variation in knowledge among case managers when it comes to referrals and resources in the community
- ✓ Need for standardized intake / assessment that meets the needs of all service providers; ideas included single point or entry or single process through mobile or other means
- ✓ It is important to meet people where they are by allowing for quick entry into the system and follow-up for full intake and assessment
- ✓ Best practice and model research conducted for this assessment considering communities of a similar size to Longmont indicates communities having high degrees of success utilize a single point of entry; sometimes with mobile or other options for a “quick intake” that feed into the single point model
- ✓ Some assessment process stakeholders cite a single process as a best or preferred practice over a single entry point
- ✓ Opportunity to leverage major efforts already underway in Boulder County including: Boulder County Connect (client-driven Social Determinants of Health intake), Boulder Shelter’s intake call line and Metro Denver Homeless Initiative’s VI-SPDAT (currently used by at least two Longmont service providers)

## II. Shared Database

Develop and implement a **shared database across all agencies** serving people who are experiencing homelessness. Each agency would be able to access and update personal data in real-time, case plans, referral history and current status for all participants. Look first to the HHS Data Warehouse system being made available to agencies by the County as a standardized, vetted option.

*Addresses the following Homeless Services Assessment findings:*

- ✓ People experiencing homelessness are frustrated with having to repeat stories/share personal information at each agency where they receive services
- ✓ People experiencing homelessness are often confused about the benefits they are receiving or could receive; projects underway at the county level could help individuals to track and maintain their own benefits potential reducing workload on the overall system
- ✓ Perceived duplication may be in part due to providers being unaware that other providers referred clients to the same service
- ✓ Case managers have to rely on self-reporting of people who are homeless rather than having access to their case plans and histories
- ✓ The Boulder County 10-Year Plan and IBM Smarter Cities Challenge Report both call for an integrated data management system
- ✓ The HHS Data Warehouse will allow data from across various sources to be utilized such as public benefit programs, child welfare, Boulder Housing Authority and Community Case Management partners (Longmont-based OUR Center is a partner)

## III. Case Management Coordination and Standardization

A cross-agency approach would be formed to coordinate:

- System-wide case management protocols/standards
- Opportunities for cross-system relationship building and support (case management can be an isolating position)
- Case coordination: deciding where the client relationship should “live,” selecting a lead case manager, and creating interagency plans to support individual participants in the system
- Commitment to training across the system leveraging existing training programs including partnering with the County to access its training opportunities (currently on hold until the new HHS Integrated Services Delivery Model of Care is developed). Trainings to consider that were identified during the process include trauma informed care, traumatic brain injuries, mental health 101, aging and homelessness, domestic violence and self-care / secondary trauma.

*Addresses the following Homeless Services Assessment findings:*

- ✓ People who are homeless state, and the community perceives, that quality of case management varies from agency to agency
- ✓ Lack of standards for case management services
- ✓ Need for training / professional development of case managers to be able to better serve people experiencing homelessness; staff aren’t trained to deal with emergency mental health systems, trauma, domestic violence, etc.
- ✓ Case reviews are often happening at the leadership level when case managers would be better suited for this role
- ✓ HHS Integrated Services Delivery Model of Care is poised to address many of the above findings creating standards of practice for case management (including acuity levels), common assessment practices, data sharing for resource and referral

#### **IV. System Governance**

Create a committee / task force (or restructure an existing committee or team to assume this role) of agency leaders, people experiencing homelessness, city staff/board members who will focus on the bigger picture of the system including creating accountability for:

- Oversight and evaluation of Longmont’s service delivery system and its integration with regional efforts, as well as focusing on and monitoring adherence to shared community philosophy and goals
- Participation in Longmont’s development of a slate of housing options including affordable housing, Permanent Supportive Housing, winter warming centers, etc. all on the path to a Housing First model
- Coordination with 10 Year Plan, Smarter Cities, Envision Longmont, other regional and community plans/initiatives
- Coordination with city departments – especially Community Services and Police Department
- Development of service delivery standards (case management standards, training/certification requirements) and taxonomy
- Focus on organizational health and stability of service providers within the system (capacity building, resource development, etc.)
- Coordination of public messages, awareness and engagement
- Seek ways to engage the broader community to take action to help make homelessness history (i.e. Call to Action)
- Potentially manage city and/or county funding directed toward services to Longmont’s chronically homeless community

*Addresses the following Homeless Services Assessment findings:*

- ✓ Lack of common philosophy, vision or strategy for serving people who are homeless in Longmont
- ✓ Regional efforts are underway and Longmont needs a coordinated seat at the table; opportunities to engage in Boulder County’s efforts to create Permanent Supportive Housing units and the potential of participating in future voucher programs
- ✓ Case management varies greatly across agencies; standards and oversight of their implementation can help provide a consistent platform and approach from which to deliver services
- ✓ Service providers are at varying life cycle stages and levels of organizational sustainability; a strong service delivery system is dependent on the health of all providers
- ✓ Need buy-in of all providers into an approach or common philosophy that funding can then be directed toward; area examples include the Funder’s Collaborative partnership around shared priorities and common outcomes and Boulder County Community of Hope project which is a partnership of three county agencies creating shared indicators, priorities and need for services.
- ✓ Public doesn’t understand homelessness, hard for citizens to engage in solutions when fear and misunderstanding are the primary responses; residents may wish to be involved if they knew how to do so
- ✓ Look to Boulder County’s Family Resource Model as a guide for potential governance structure

## V. Street Outreach

Shift current street outreach programming to a more traditional model—providing limited emergency supports, assessing risk, building rapport, making referrals, conducting warm hand-offs. Consider ways to offer a third meal (breakfast and lunch currently provided at the OUR Center) outside of the street outreach model.

*Addresses the following Homeless Services Assessment findings:*

- ✓ Current street outreach includes evening meals from a van downtown which leads people who are homeless to “hang out” downtown
- ✓ A belief that, “if you build it, they will come;” Longmont people experiencing homelessness express frustration that outsiders/ travelers, etc. are causing problems in the community (creating excess trash, leaving community members feeling unsafe, using drugs and defecating in public places, over-utilizing services) and are ruining it for those Longmont homeless individuals who are doing things “the right way”
- ✓ “More dignified” and “safe” solutions for feeding people who are homeless are encouraged in best and promising practices, including providing meals as part of a longer-term strategy that addresses challenges beyond the day’s hunger
- ✓ Opportunities may exist with current meal providers in Longmont or Boulder to expand a delivery model and/or offer boxed meals that could serve as the third meal no longer being offered through street outreach

## VI. Day Services

Until such time as a full PSH/Housing First model can be implemented, create an option for people experiencing homelessness to do laundry, shower, seek employment, store belongings, etc. Consider a single location day shelter-type program, mobile options or services dispersed throughout the community.

*Addresses the following Homeless Services Assessment findings:*

- ✓ The OUR Center offers some day services and has the Community Café open during business hours, however limits on what is currently offered, and the need for a more comprehensive – rather than piecemealed—system across providers—is desired by both people experiencing homelessness and service providers
- ✓ People who are homeless express concerns about theft and personal safety when they do not have a secure place to leave their belongings
- ✓ People who are homeless express challenges finding and keeping work when they are not able to shower regularly or store belongings when they go to work; these services are available at the Boulder Shelter for the Homeless, but are not easily accessible by Longmont clients
- ✓ People are “hanging out” and exhibiting illegal or inappropriate behavior which is creating significant problems in the community – for city staff, for community access and safety, etc.
- ✓ Community leaders express that there are “a lot of jobs in Longmont,” but people in the homeless services system need support to access them – to learn about them, apply, prepare for interviews, provide documentation of their identities, hold the jobs, etc.

## **VII. Long-Term Winter Warming Center Solution**

Until such time as a full PSH/Housing First model can be implemented, enhance winter warming center services to create a consistent, dependable year over year solution that providers and people who are homeless can plan for and rely on.

*Addresses the following Homeless Services Assessment findings:*

- ✓ Boulder Shelter for the Homeless has set-aside beds for Longmont's homeless residents through the general lottery system, however transportation to Boulder can be challenging
- ✓ Currently Longmont offers warming center services during the winter months, however the method changes from year to year creating significant stress on people experiencing homelessness, service providers and the faith community (NOTE: Since the time of stakeholder input, the 2016-2017 model has been implemented. After this season, evaluate for lessons learned and opportunities going forward.)
- ✓ Churches struggle to attract volunteers when the operating schedule is weather-dependent and uncertain
- ✓ Approximately 125-150 people have sought services each night during the first two weeks of the 2016 sheltering season; up to 70 seeking shelter and the balance accessing street outreach for meals, blankets, etc.
- ✓ City of Boulder workgroup is creating a plan for winter sheltering and day services that could be leveraged by Longmont's system

## **VIII. Mental Health Services**

In partnership with health/human service providers and other community initiatives related to behavioral health, the chronically homeless service delivery system should participate in the development of mental health services in Longmont where providers can refer people who are homeless as needed/without wait for initial intake, as well as expedite prescription refills. Determine a solution for 24/7 crisis behavioral health care in Longmont.

*Addresses the following Homeless Services Assessment findings:*

- ✓ Local options for people experiencing a mental health crisis include hospitalization or arrest
- ✓ The closest 24/7, walk-in crisis center option is in Boulder; services are needed in Longmont, or reliable, on-call emergency transportation to Boulder
- ✓ Need for full-time, bilingual behavioral support staff (specifically mentioned this should be at the OUR Center and all agencies would have access)
- ✓ Untreated mental illness creates significant barriers for people to access services; isolation becomes a big concern especially among seniors who are experiencing mental illness
- ✓ Lack of access to prescription medications locally leads to people not filling prescriptions; medication adherence helps people stay on track with case plans
- ✓ Opportunities to engage with county-wide work focused on improving access to services, acute care resources and addressing stigma related to mental illness

## **IX. Substance Abuse Services**

Develop (or partner to offer) emergency substance abuse services (detox, etc.) and longer-term treatment programs (in and/or out-patient) in Longmont. Enhance community enforcement.

*Addresses the following Homeless Services Assessment findings:*

- ✓ Options are limited for detox (Addiction Recovery Center in Boulder) or in-patient treatment
- ✓ Several area services are working in an integrated model including Longmont Outpatient Services, Boulder Outpatient Services, Teen Programs (Boulder and Longmont) and Valmont site; opportunity exists for the homeless services system in Longmont to engage with the coordinated entry system currently underway
- ✓ People can't make good decisions when they are under the influence; addicts struggle to follow case plans, hold jobs, stay safe
- ✓ Behaviors of people who are using are unpredictable putting agency staff, community members and other people experiencing homelessness at risk
- ✓ People are shooting up in public places and parks, needles are found regularly in public places where children frequent
- ✓ Public Safety is perceived to inadequately be enforcing possession or use of drugs among this community; significant frustration among providers, city staff and Longmont's chronically homeless population about drug use and associated behaviors of travelers
- ✓ Public Safety officers are limited in options for supporting people who are under the influence or using illegal drugs in public; arrests with a next day release often create additional challenges. This is less of an enforcement issue than a health and systemic problem.

## Longmont City Government Role in Creating and Sustaining the

### Integrated Service Delivery System

The City of Longmont will play an important role in creating and sustaining the integrated service delivery system. While the nonprofits and other service providers within the system offer direct services to people experiencing homelessness, there are certain areas that are not appropriate to be managed by the third sector. Nonprofits, for instance, may participate in public policy or advocacy, however creating the larger strategy, plans, policies and laws by which everyone in the system will abide is the job of government. Neither is it the job of nonprofits to enforce the rules or laws of government. While local and county governments provide some direct services to people experiencing homelessness, they also engage with the direct services system in order to more fully meet community needs.



### Creating the System

**The City's role is recommended to be first as a convener of the governing group** to plan for and implement the assessment recommendations. This may include: scheduling coordination, use of space, development of early agendas and agreements, facilitation and/or documentation. Without a party responsible for the coordinating aspects of this work, it will be easy for the recommendations to die on the vine. Some funding may be helpful/necessary to kick start the governance group and system development.

### Sustaining the System

The City of Longmont will have multiple roles in sustaining the system.

#### Compliance, Accountability and Enforcement

Given that the integrated service system will prioritize Longmont people who are chronically or temporarily homeless and are actively committed to working on their case plans, **compliance, accountability and/or enforcement** attention will need to be given to those who are not engaged with the system in this manner. Enforcement is necessary when people experiencing homelessness are creating negative community impacts, including, but not limited to breaking the law. As outlined in the findings above, people experiencing homelessness, in particular, those identified as "travelers" are causing health and safety concerns especially in the downtown area.

## Community Policy

At the other end of the spectrum, the City of Longmont should continue progress made in the comprehensive plan—Envision Longmont—to **developing and implementing policies and approaches designed to address community dynamics that contribute to homelessness** and/or make life especially hard for people experiencing homelessness such as:

- ✓ Encourage and support (through incentives and other mechanisms) development of more affordable housing
- ✓ Consideration of a variety of housing types and / or zoning to create affordable and permanent supportive housing stock
- ✓ Attraction of primary and small businesses to create jobs
- ✓ Attraction and promotion of a variety of transportation options that connect people locally, county-wide and regionally
- ✓ Community amenities available for use by all people in Longmont

## Funding

Finally and most directly tied to the Homeless Services Assessment findings and recommendations, the City of Longmont may wish to **take a directed funding approach** for services to people experiencing homelessness. Until now, city grants provided through the Housing and Human Services Advisory Board (HHSAB) have been largely responsive grants. The application process identifies specific outcomes and indicators that must be addressed in order to be considered for funding, each agency submits an annual proposal outlining the programs or services that it determines is the best way to accomplish these outcomes. HHAB considers proposals individually with limited consideration for impacts on the overall network of services given the absence of a common vision for community impact.

Now that the service providers and City have co-created a community philosophy, guiding principles, prioritized service populations and an integrated service model, the City has an opportunity to shift the focus of its grantmaking toward the development and implementation of this system. Directed grantmaking is often utilized when a funder recognizes a path to addressing community issues that is based on an assessment of community need, gaps and challenges.

### **Utilizing a directed grantmaking approach, the City would have several options:**

1. Fund individual agencies for programs and services *directly related* to the integrated service delivery system.
2. Fund individual agencies for the time, contribution and tools needed to implement the integrated system (i.e. database purchase and implementation, data conversion, case management trainings, etc.)
3. Support the system itself by providing a set amount of funding to be spent on the needs of the system and/or to be distributed by the system to participants in the system

## Proposed Roll-Out of Integrated Service Delivery System Recommendations

The following is a short-term action plan to begin work toward achieving the assessment recommendations. Because the recommendations lead to a *truly integrated service delivery system* (as opposed to previous plans and approaches to improve coordination among agencies), a timeframe of at least two years is expected for full implementation. However, in order to make quick and meaningful progress toward integrating services, allowing for consideration of 2018 funding and launch of the integrated system in 2018, the aggressive high-level action plan below focuses on the key steps to making this happen.

Reco #	Task / Activity	Responsible Party	Timeframe
IV	Establish governance/oversight committee or task force	City Community Services Dept. & Service Provider Directors	Q2 2017
IV	Determine governance agreements and goals (work from integrated service delivery model philosophy and guiding principles)	Governance committee	Q2 2017
IV	Explore initial timeline for making 2018 funding determinations for the system; consider if a shift in funding timeline may be needed	City Community Services Dept.	Q2 2017
I	Create the approach for single point or process of entry into the system; if single point, identify entity that will serve as single point of entry; establish referral agreements both into and out of the point of entry	Governance committee	Q2 2017
II	Select shared database option and create a plan for implementing across agencies; determine cost and funding needs to implement	Governance committee	Q2 2017
VII	Determine approach for winter warming center services for the 2017-2018 season ( <i>NOTE: this may not be a long-term solution given timing and funding shifts, so the intent here is to ensure that the coming winter season is covered with a goal of creating a "consistent, dependable year over year solution" starting in 2018-2019.</i> )	Governance committee & involved parties (churches, etc.)	Q2 & Q3 2017
IV VIII IX	Identify opportunities for governance committee to engage in Longmont-focused mental health and substance abuse initiatives; outline plan for engaging with these groups to advance assessment recommendations	Governance committee	Q3 2017
III	Create system-wide case management standards, determine training needs of current case managers and the system as a whole based on initial assessment findings	Governance committee & case manager representatives	Q3 & Q4 2017
IV	Develop funding plan for the integrated service system for 2018; apply for funding from the City of Longmont and other sources	Governance committee	Q4 2017

Reco #	Task / Activity	Responsible Party	Timeframe
VI	Explore comprehensive day shelter options and/or mobile services (laundry, showers, storage); develop timeline for implementation	Governance committee	Q4 2017
V	Create plan for shifting Street Outreach to a more traditional model by 2018; eliminating daily meal option (seek other opportunities to provide this third daily meal)	Governance committee, HOPE, Public Safety Department	Q4 2017
IV	Establish integrated system evaluation plan	Governance committee; external evaluator	Q1 2018

## Additional Programmatic Ideas to Address Gaps and Barriers

While not part of the assessment process, specific programmatic solutions were desired by many stakeholders who contributed to the process. Often a discussion about what's working or system-wide barriers to accessing services would quickly become a sharing of ideas and examples of what is working in other communities. This desire by stakeholders in every part of the community to consider specific solutions could not be overlooked since systems change takes significant time, and some of the more tactical and programmatic ideas could demonstrate quick progress toward addressing assessment findings.

To honor this input, the following are highlights of programmatic model or promising practice research that were suggested to or found by the project consultants in response to community ideas and concerns:

**Community concern:** People living in their cars are parking on Longmont streets. Safety of people living in their vehicles and the community members in the area were questioned. Lack of bathroom and trash options for people living in their vehicles.

**Potential solution: Safe Parking Program (Santa Barbara, CA):** <http://sbnbcc.org/safe-parking/>

- 115 designated parking spaces in churches, county & city lots
- Allows people living in their vehicles to park safely overnight from 9:00 p.m. to 7:00 a.m.
- Lot monitors check-in during the evening
- City funded program at New Beginnings Counseling Center
- Current proof of valid driver's license, vehicle registration and insurance is required

**Community concern:** Affordable housing is extremely limited in Longmont. Many of the living options for people experiencing homelessness are substandard—unsafe and unsanitary. People who are homeless often have significant barriers to accessing housing such as inability to meet security deposits/initial month's rent, poor rental histories, criminal backgrounds, etc.

**Potential solution: Landlord Liaison Partnership (Santa Barbara, CA):** <http://www.landlordliaisonsb.org/>

- Began in Seattle in 2009 as the Landlord Liaison Project; National Best Practices Program for the homeless by the National Alliance to End Homelessness
- The Landlord Liaison Program, offered by Transition House, provides Santa Barbara County Landlords extensive financial safeguards and support systems to house mainly homeless veterans and children (of non-veteran families) that are ready to be successful tenants
- The Landlord Liaison Partnership (LLP) is a collaboration among landlords, property managers, social service agencies and homeless people with barriers to accessing permanent housing. The goal of LLP is to offer homeless veterans, families and others who were previously denied by landlords help with accessing permanent housing. LLP only works with clients that are ready to be successfully housed.
- Participating landlords agree to provide alternative screening criteria to applicants and in exchange ongoing support including a 24/7 hotline and risk reduction funds. Tenants are connected to ongoing case management from social service agencies to further insure a successful tenancy.

**Community concern:** People who are homeless have trouble getting and holding jobs for many reasons. A few most frequently mentioned include: having to carry all of their personal belongings with them at all times and an inability to shower or do laundry on a regular basis.

**Potential solutions: Mobile showers, laundry and mobile or stationary storage facilities**

A number of communities are implementing and experimenting with mobile services to help address barriers faced by people who are homeless. Services include such things as mobile laundry, showers, bathrooms, grooming services, storage and more.

Denver's Mobile Laundry: <http://www.colaundrytruck.com/>

St. Louis Mobile Laundry: <http://www.upworthy.com/he-turned-a-5000-truck-into-a-mobile-shower-thats-making-a-big-difference>

Venice, CA Mobile / Day Storage: <http://veniceupdate.com/2016/09/21/jones-settlement-action-mobile-storage-plan-approved-by-vnc/>

Madison, WI Downtown Storage Locker Program:  
[http://host.madison.com/ct/news/local/govt-and-politics/madison-moves-ahead-with-downtown-storage-locker-program-for-homeless/article\\_5d3c70a2-9518-5e7b-a75c-ef995bbaadec.html](http://host.madison.com/ct/news/local/govt-and-politics/madison-moves-ahead-with-downtown-storage-locker-program-for-homeless/article_5d3c70a2-9518-5e7b-a75c-ef995bbaadec.html)

**Community concern:** Lack of employment opportunities for people who are homeless; perspective that the city could help with this challenge.

**Potential solutions: Municipal Homeless Work Programs**

Municipal governments are exploring opportunities to create jobs (day labor and longer-term positions) for people who are homeless. Jobs include such things as: day work cleaning weeds, picking up trash, planting trees and hospitality. In some instances the city administers the program and in others it is done in partnership with a nonprofit such as the Ready-to-Work Program in Boulder.

Denver: <http://www.denverpost.com/2016/11/02/homeless-worker-pilot-program/>

Albuquerque: **Albuquerque (There's a Better Way):**  
<https://www.washingtonpost.com/news/inspired-life/wp/2016/08/11/this-republican-mayor-has-an-incredibly-simple-idea-to-help-the-homeless-and-it-seems-to-be-working/>

**Community concern:** Camping and/or sleeping in public places impacts the broader community, as well as City services tasked with cleaning up trash, camps, feces, etc. that are left around the city

**Potential solution: RestStop (or Safe Spots) Program**

Eugene, OR has implemented a program allowing up to 15 people who are homeless to sleep overnight in tents on designated city property. The sites are run by local nonprofits. Alcohol and drugs are prohibited, as are weapons, physical violence, threatening behavior, open flames and loud music. The site must be supervised at all times and a roster is kept of those allowed on the site. <http://communitysupportedshelters.org/eugene-safe-spots>

## Strategic Decision-Making Criteria & Tie to Recommendations

The Longmont Homeless Services Assessment Project Team created the following criteria to guide the assessment process and the recommended service delivery model based on the premise that, *“as long as we can positively answer these key questions (criteria); we will be comfortable with the assessment process and recommendations.”* Throughout the process, project consultants referred to these criteria when designing stakeholder interview protocol and Service Provider Summit agendas, as well as conducting model research and drafting service delivery model recommendations.

The following table outlines how the strategic decision-making criteria tie to the recommendations contained within the proposed service delivery model.

<i>Category / Criteria</i>	<b>Associated Process Points &amp;/or Recommendations</b>
<b><i>People Experiencing Homelessness</i></b>	
Will this direction help us to end chronic homeless in Longmont?	See <a href="#">Community Philosophy, Guiding Principles</a>
Does it consider how people experiencing homelessness feel about Longmont?	Stakeholder Input
Are the directions or recommendations based on accurate data about how many people are chronically homeless and an understanding of their needs?	See <a href="#">Prevalence of People Who are Chronically Homeless</a>
Do the recommendations prioritize those who call Longmont home while addressing the challenges created by those who are here temporarily?	Stakeholder Input, Prioritized populations in <a href="#">Service Delivery Model</a>
Will they allow people experiencing homelessness to stabilize their situations and have the opportunity to become their best selves?	See <a href="#">Community Philosophy, Guiding Principles</a> and Recommendations I, II, III and VI
Can these recommendations create true connections and opportunities for those who are chronically homeless to engage in the recovery that they need?	Recommendations: I, II, III, VI, VIII, IX
Can these solutions help us to recognize who is at risk of becoming chronically homeless?	See Prioritized Populations in <a href="#">Service Delivery Model</a>
<b><i>Key Stakeholder Involvement</i></b>	
Did this direction arise through meaningful, thoughtful engagement with service providers where all ideas were heard and considered?	One-on-one stakeholder input, group interviews, Service Provider Summits
Did these recommendations include an understanding of impacted neighbors (including businesses) and community members?	Stakeholder input (LDDA, neighborhood groups)
<b><i>Service Provision</i></b>	
Does this decision create alignment among services provided?	Recommendations: I, II, III and IV
Is the recommendation, direction or solution simple and straightforward to implement?	Recommendation IV

<i>Category / Criteria</i>	<b>Associated Process Points &amp;/or Recommendations</b>
<b><i>Longmont-focused</i></b>	
Will the direction, solutions or recommendations improve the quality of life in Longmont?	<a href="#">Community Philosophy</a> and <a href="#">Guiding Principles</a>
Can this help the city understand how to better prevent and intervene before challenges reach the point where we have to enforce?	Recommendations: III and IV
Will the recommendations allow us to focus city services more effectively and efficiently?	Recommendation: IV and the suggested city role in creating and sustaining the system
<b><i>Yet with a Regional Perspective</i></b>	
Does this plan fit with the direction of surrounding communities?	Document review & see: <a href="#">Connecting Recommendations to Area Plans</a>
Can we be confident that these recommendations will not simply move Longmont's issues to another community? Are we addressing chronic homeless in Longmont from a regional perspective?	See: <a href="#">Connecting Recommendations to Area Plans</a>

## Connecting Longmont Assessment Recommendations to Area Plans

The Longmont Homeless Services Assessment Project Team set out create a comprehensive assessment that was specific to the needs of the Longmont Community, while honoring the impressive work done in other communities and the region as a whole. While some of the service delivery recommendations here represent unique takes on addressing gaps and barriers to meet the needs of people experiencing homeless in Longmont, the majority can be linked to initiatives across the city (Envision Longmont—Longmont’s Comprehensive Plan), the county (Boulder County 10-Year Plan to Address Homelessness) and the Denver Metro Region (IBM Smarter Cities Report). Below is a snapshot of how the recommendations align with broader community initiatives.

Major Assessment Recommendation	Envision Longmont	BoCo 10-Yr Plan	IBM Smarter Cities
Coordinated funding by the City of Longmont for a service delivery system addressing chronic homelessness	Goals 3.1, 3.3 Strategies: 3.13, 3.15		
A single point of entry for accessing the homeless services system in Longmont		Strategy: 4.1.1	
Initial case plan development at a jointly agreed upon/created point of entry		Strategy: 4.1.1	
A shared database across all agencies serving people who are experiencing homelessness	Goal: 3.3 Strategy: 3.17	Strategies: 4.1.3, 4.1.4	Recommendations: 1, 2, 3 and 9
Case management coordination and standardization; protocols, standards, case coordination, system-wide training, relationship-building		Strategies: 2.4.1, 2.4.2, 4.1.2	Recommendation: 1
System governance: oversee development & evaluation of the system, connections to regional efforts, capacity building of all service providers, coordination of public awareness campaigns, manage or engage in determining city funding for services for chronically homeless individuals	Goals: 3.1, 3.3 Strategies: 3.13, 3.15, 3.17, 3.18	Strategies: 5.1.1, 5.1.2, 5.1.3, 6.1.1	Recommendations: 3, 5, 7, 8, 10
Traditional model of street outreach		Strategies: 3.1.1, 3.1.2	
Day services options: laundry, showers, job search, storage, etc.		Strategy: 2.2.3	
Winter overnight sheltering options until PSH can be fully implemented	Goal: 3.1e	Strategies: 2.2.1, 2.2.2	
Mental health services located in Longmont: 24/7 crisis option, immediate intake options, Rx refills	Goals 3.3, 3.3a, 3.3b	Strategy: 3.3.2	
Comprehensive substance abuse services located in Longmont	Goal: 3.3, 3.3a, 3.3b	Strategies: 3.3.3, 3.3.4, 3.3.6	

## Summary

During the course of the comprehensive Homeless Services Assessment process, many of the nearly 100 stakeholders interviewed in-person emphasized a desire for actionable recommendations (i.e. not those that will sit on a shelf) coupled with a new or innovative approach that differentiates this process from previous plans. Fortunately, the assessment demonstrated that the time is right for just such a change.

Homeless services in Longmont have been evolving as the community changes, as the needs and demographics of people experiencing homelessness change, and as new programs and nonprofits come online to address these changes. While the scope and size of services is still relatively manageable, now is the perfect time to create a truly integrated system – one that works together as a unit on behalf of the most vulnerable members of the Longmont community.

Past efforts have attempted to improve coordination of services, yet they maintained the siloed work of each service provider. An integrated service delivery model will leverage the best that each has to offer toward a collective impact approach allowing Longmont to prioritize services, leverage and attract new funding, and achieve greater community impact—significantly reducing the number of people who are chronically homeless in Longmont.

## Appendices

- A. Document and Information Review List
- B. Stakeholder Input Process and Assessment Participants
- C. Service Provider Summits: Participant Lists
- D. Process Findings: What's Working, What's Not, Service Gaps and Barriers to Accessing Services
- E. Model Research: Integrated Service Delivery System / Systems Integration

## Appendix A: Document and Information Review List

interSector Partners reviewed a number of documents, studies, reports and plans related to homeless services in the Boulder County and the Denver Metro area. In the early stages of the project, document/information review set the stage, helped consultants become aware of work that has previously been done and considered how Longmont fits within a regional framework of planning for services to people experiencing homelessness, as well as to provide a sense of existing data, conflicting data and gaps in data. In later stages of the assessment process, previous plans, reports and studies were utilized to ensure alignment with directional recommendations for Longmont.

Document and information reviewed for Phase I included, but was not limited to:

- *Boulder County 10-Year Plan to Address Homelessness*, April 2010, Boulder County
- *Final Report – Boulder Project*, August 5, 2014, Burnes Institute on Poverty and Homelessness
- *Interim Report Collaborative Efforts*, January 30, 2015, Boulder Homeless Service Collaborative
- *Coordination of City Homeless Services: Summary of Background Work to Date*, 2016, Longmont Homeless Services Action Team
- *2016 Point in Time Talking Points*, 2016, Metro Denver Homeless Initiative
- *2016 Point-In-Time Report: Seven County Denver Metro Region*, 2016, Metro Denver Homeless Initiative
- *Boulder County Permanent Supportive Housing Study*, June 2016, Community Strategies Institute
- *Smarter Cities Challenge Report*, June 2016, IBM Corporation
- *Human Service Agency Funding Framework*, July 11, 2016, City of Longmont
- *Longmont City Employee Homeless Action Plan (FINAL DRAFT)*, date unknown, Longmont Homeless Services Action Team
- *Longmont Philosophy of Homeless Services*, date unknown, Longmont Homeless Services Action Team

## Appendix B: Stakeholder Input Process and Assessment Participants

Stakeholder engagement is woven throughout the assessment process, however the majority of this work launched during Phase I. interSector Partners and the Project Team developed a list of key stakeholders – individuals, agencies and committees/affiliations to provide input into the process.

The focus of the stakeholder input process in Phase I was to meet people – leadership and front-line workers – who work with people who are homeless or at risk or becoming homeless and/or work to support those individuals and agencies doing this direct service work. Additionally, during this Phase, interSector began conversations with people experiencing homelessness to better understand their needs and experiences.

During Phase I, Karen Roney made introductions between interSector Partners and stakeholders identified by the Project Team. interSector Partners followed-up with all introductions, scheduled meetings and met with nearly 80 people as listed below:

Date	Agency / Group / Committee	Participants / Interviewees
6/21/2016	Longmont Homeless Services Assessment Project Team	Karen Roney, City of Longmont Judith Anderson, City of Longmont Carmen Ramirez, City of Longmont Kim Sheperok, Housing and Human Services Advisory Board David Spencer, Housing and Human Services Advisory Board
7/26/2016	Safe Shelter of St. Vrain Valley	Jackie List, Executive Director JoAnn, Outreach/Program Manager Naomi Harris, Development Director Lynn, Counselor and Advocate
7/26/2016	The Inn Between	David Bitler, Executive Director Tim Rakow, Associate Director Guillermo Carrera, Case Manager/Training Coordinator Margie Aguirre-Moreno, Case Manager
7/26/2016	Emergency Family Assistance Association	Elizabeth Freedman, Director of Programs Laura, Case Manager
7/27/2016	Longmont Downtown Development Authority	Kimberlee McKee, Director Del Rae Heiser
7/28/2016	Bridge House	Isabel McDevitt, Executive Director
7/28/2016	Boulder Shelter for the Homeless	Greg Harms, Executive Director
8/2/2016	HOPE	Lisa Searchinger, Executive Director Alice Sueltenfuss, Client Services Christina Kay, Program Manager
8/3/2016	The Journey	Pastor Rick Ebbers
8/3/2016	The OUR Center	Veronica Orona, Program Director Rick Reiten, Hospitality Center Manager Edwina Salazar, Executive Director Sandy Stewart, Day Services Coordinator

Date	Agency / Group / Committee	Participants / Interviewees
8/3/2016	Agape	Linda Jackson, Co-founder Char Desbin, Director Paula Saxon, Previous Director Ron Bolton, Board Chair
8/8/2016	First Response Team	Officer David Kennedy Judith Anderson, Library Char Desbin, Agape Del Rae Heiser, LDDA Edwina Salazar, The OUR Center Sandy Stewart, The OUR Center Alan Marschke, EDGE Karla Hale, Meals on Wheels Michele Waite, Senior Services
8/9/2016	Funders Collaborative	Jim Adams-Berger, Boulder County Frank Alexander, Boulder County Robin Bohannon, Boulder County Karen Rahn, City of Boulder Karen Roney, City of Longmont Doug Yeiser, Foothills United Way Tracy Altman, Foothills United Way
8/11/2016	Longmont Police Department Street Outreach Team	Officer Tash Petsas Officer David Kennedy Officer Chrystie Wheeler
8/11/2016	Longmont Homeless Services Action Team	Judith Anderson, Library David Bell, Natural Resources Michelle Cogswell, Code Enforcement Jeff Friedland, City Attorney's Office Jeff Friesner, Recreation Del Rae Heiser, LDDA Charlie Kamenides, Parks Maintenance Dan Kramer, City Attorney's Office Sharon Lehman, HR Shawn Lewis, City Manager's Office Karen Roney, Community Services Michele Waite, Senior Services
8/16/2016	Mobile Integrated Health Program	Dan Eamon
8/17/2016	Central Presbyterian Church	Pastor David Barker Donna Ferrey
8/23/2016	Longmont Housing Authority / The Suites	Alma Collins, Supportive Services Manager Krystal Erazo, Director of Operations
8/23/2016	Historic Eastside Neighborhood Association	Dido Clark Michelle Wade

Date	Agency / Group / Committee	Participants / Interviewees / Meeting Topic	
8/25/2016	Evening Drop-in Center visit	Guests: Cowboy Richard W. Dave Tanara Michaela Kalen Marty Nicki Tracy Talbert, HOPE and Bridge House Peer Phyllis Navigator (previously homeless, now living in Joshua B. transitional housing) Carlea Alice Sueltenfuss, HOPE Client Services	
9/1/2016	Mental Health Partners	Bill Myers, Chief Community Engagement Officer Barb Guastella, Senior Program Manager	
9/4/2016	La Vita Bella Community Breakfast	Jen Burroughs, Volunteer Staff Guests: Mike Teresa Tanya Brian W. Keith A. Michael Buckskin	
9/20/2016	Heart of Longmont Church	Pastor Dave Lillie	
10/4/2016	Service Provider Summit	Jim Adams-Berger, Boulder County Sara Aerne, City of Longmont David Bitler, The Inn Between Barb Bulthuis, Journey Char Desbin, Agape Family Services Rick Ebbers, Journey Krystal Winship Erazo, Longmont Housing Authority Gary Jefferson, Agape Family Services Jackie List, Safe Shelter of Saint Vrain Tim Rakow, The Inn Between Carmen Ramirez, City of Longmont David Remmert, Mental Health Partners Karen Roney, City of Longmont Edwina Salazar, OUR Center Lisa Searchinger, HOPE David Spencer, Housing & Human Services Advisory Board Michele Waite, City of Longmont	
10/21/2016	<i>Boulder County Planners Annual Gathering</i>	Affordable and Homeless Housing Presentations including an overview of The Suites, a project in Lafayette and highlights of the Longmont Comprehensive Plan related to housing	
10/27/2016	<i>Close to Home: Making Homelessness History in Colorado</i> Event: Heart of Longmont Church	Introducing community-based solutions to solving homelessness, highlighting faith-based and non-traditional housing models. Launch of the Close to the Home campaign in Longmont, identify 'champions' and offer an array of resources and experts to guide World Café style small group dialogue.	
10/27/2016	Evening Drop-in Center visit	Tracy Talbert, HOPE and Bridge House Peer Navigator Alice Sueltenfuss, HOPE Client Services	Guests: Dave Mike Debbie Jim Carlea

11/3/2016	Service Provider Summit II	<p>Barb Bulthuis, Journey</p> <p>Rick Ebbers, Journey</p> <p>Krystal Winship Erazo, Longmont Housing Authority</p> <p>Gary Jefferson, Agape Family Services</p> <p>Jackie List, Safe Shelter of Saint Vrain</p> <p>Carmen Ramirez, City of Longmont</p> <p>Karen Roney, City of Longmont</p> <p>Edwina Salazar, OUR Center</p> <p>Lisa Searchinger, HOPE</p> <p>David Spencer, Housing and Human Services Advisory Board</p> <p>Michele Waite, City of Longmont</p>
11/17/2016	Visited: Temporary Overnight Shelter (The Journey)	Approximately 19 people sheltering this night; talked with volunteers from The Journey and HOPE staff about process, procedures and use of the shelter during the first few nights
December 2016	Written summary of projects, assessments and plans underway across Boulder County that could be leveraged by the recommended integrated service delivery system in Longmont	<p>Daphne McCabe, Contracts and Data Manger, IMPACT Division, Boulder County Housing and Human Services</p> <p>Jason McRoy, Division Director of Business Operations &amp; Systems Support, Boulder County Housing &amp; Human Services</p> <p>Jim Adams-Berger, Manager of Strategic Initiatives, Boulder County Community Services</p>
January 2017	Public Safety Department	Chief Mike Butler

## Appendix C: Service Provider Summits: Participant Lists

**Tuesday, October 4, 2016 • 10:00 a.m. – 2:00 p.m.**

**Historic Callahan House, 312 Terry Street, Longmont**

**Facilitators / Consultants:** Caryn Capriccioso and Rick Zwetsch, interSector Partners, L3C

### **Attendees:**

- Jim Adams-Berger, Boulder County
- Sara Aerne, City of Longmont, Public Safety Department
- David Bitler, The Inn Between
- Barb Bulthuis, Journey
- Char Desbin, Agape Family Services
- Rick Ebbers, Journey
- Krystal Winship Erazo, Longmont Housing Authority
- Gary Jefferson, Agape Family Services
- Jackie List, Safe Shelter of Saint Vrain
- Tim Rakow, The Inn Between
- Carmen Ramirez, City of Longmont, Community and Neighborhood Resources
- David Remmert, Mental Health Partners
- Karen Roney, City of Longmont, Community Services
- Edwina Salazar, OUR Center
- Lisa Searchinger, HOPE
- David Spencer, Housing and Human Services Advisory Board
- Michele Waite, City of Longmont, Senior Services

**Thursday, November 3, 2016 • 10:00 a.m. – 12:00 p.m.**

**Longmont Museum, 400 Quail Road**

**Facilitators / Consultants:** Caryn Capriccioso and Rick Zwetsch, interSector Partners, L3C

### **Attendees:**

- Barb Bulthuis, Journey
- Rick Ebbers, Journey
- Krystal Winship Erazo, Longmont Housing Authority
- Gary Jefferson, Agape Family Services
- Jackie List, Safe Shelter of Saint Vrain
- Carmen Ramirez, City of Longmont, Community and Neighborhood Resources
- Karen Roney, City of Longmont, Community Services
- Edwina Salazar, OUR Center
- Lisa Searchinger, HOPE
- David Spencer, Housing and Human Services Advisory Board
- Michele Waite, City of Longmont, Senior Services

## Appendix D: Process Findings: What's Working, What's Not, Service Gaps and Barriers to Accessing Services

During the stakeholder interviews, interSector Partners asked specific questions about what services providers and others offer, who they serve, their perspectives on how things are working, what's not working, service gaps in Longmont and barriers that their clients/participants/guests face when accessing services. The following is a summary of input shared by stakeholder interviewees, as well as consultant observations about the service delivery system, organized by frequency of topics/categories discussed.

### What is Working When it Comes to Serving Chronically Homeless People in Longmont?

**Law Enforcement:** Service providers spoke highly of their relationships with the police department, fire department and Boulder County District Attorney's office. New Public Safety programs such as the Police Assisted Addiction and Recovery Initiative are underway.

*"We have a good relationship with the police; they are generally really supportive."*

**Churches:** Service providers and participants also spoke highly of the faith community especially their supplemental support to what agencies can offer including the rotation of sites in the winter as a way to avoid burnout at any one location.

*"We don't know what we'd do without the churches in the winter."*

**Agencies:** In general, agencies expressed high regard for one another highlighting the variety of complementary services they provide to participants. Surprisingly service duplication was not raised by any of the stakeholders interviewed during this process.

- **The OUR Center's** meal service; for some people who are homeless, it provides their only meal of the day
- **HOPE** provides evening food and meets basic needs; it works but it's a Band-Aid
- **Agape & HOPE** partner to provide the Evening Drop-in Center (EDIC)
- **The Inn Between** works well, Longmont needs much more of this type of housing
- **The Suites** works well and is a good model; because of its location, it hasn't caused community concern
- **The Journey** is a great option as a winter overnight shelter; again given its location, the community isn't aware it is there

**Band-Aid-level services and short term fixes:** Longmont providers and the faith community are doing a good job of meeting the immediate-term needs of our chronically homeless community members. When it comes to making sure people have food, clothing and blankets, resources are abundant.

Additional less-frequent responses to "what's working" included:

- **Housing programs:** what we have is good and we need a lot more
- **City support** is critical and good
- **Legal program:** Expanded legal program (not income based) is key
- **School system:** Luis Chavez
- **Case management:** when it's available, it is good

- **Fire Department:** is great in its partnership with Longmont United Hospital that comes to the winter shelters and checks in on people's health concerns

### **What is Not Working When it Comes to Serving Chronically Homeless People in Longmont?**

As is often the case, several of the programs and services that fall into the "what's working" category have components that aren't working which creates some overlap among feedback. This section begins with the categories that have overlap and then outlines new categories that fall only within the "not working" arena.

**Law Enforcement:** Stakeholders expressed significant concern over enforcement in Longmont. Many indicated that the lack of enforcement has been worse in 2016 and is leading to more people coming to Longmont because there are no consequences for their actions. This feedback was primarily focused on the newer population of people who are not Longmont community members and are assumed to be passing through.

- **People are getting away with too much;** the police department offers no real serious deterrents
- Conflicting beliefs about enforcement including **the belief from some public safety officials that enforcement will not fix homelessness;** this approach is wearing thin with **other city staff and service providers expressing that the police department has focused too much on a social work-approach**
- **Belief that the newer people who are homeless in Longmont came to Colorado seeking work in the marijuana industry, found that work as scarce, rents were very high and now are using the city streets and parks for their "drug lifestyle"** and without enforcement, will continue to do so. Feedback from Longmont people who are homeless that this new group "is ruining everything."
- **The paperwork related to a possession ticket takes the police over an hour to complete;** the result is that officers elect not to write tickets; in addition, arrests are not effective in addressing the underlying causes of substance abuse and mental illness
- **Enforcement has been left in the hands of the providers and city agencies,** but "soft" enforcement such as turning off the lights, power, etc. just "moves the problem around." Everyone just finds somewhere else to go.
- **It is hard to explain to city staff (library, parks, etc.) why the problems are so acute** when the police department is blocks away
- **City staff, business owners and citizens do not feel safe** in areas where people who are homeless congregate, are actively using drugs and/or are sleeping including parks, downtown streets, the library, etc.

**Agencies:** Perhaps the most conflicting feedback about what’s not working comes during discussion of service providers. Some stakeholders believe there are overlapping services; others feel confident that providers offer unique services to people who are chronically homeless. What is certain is the opinion that providers have varying service philosophies that create significant tension in the provision of services to people who are homeless.

- There is a lack of common philosophy about how to best serve people who are chronically homeless
- Stakeholders expressed that they are **not convinced about how willing service providers will be to change** as a result of this assessment or changes in funding approaches by the city. As one stakeholder expressed, “there seem to be some heels digging in...”
- Some expressed that there appear to be **service provider turf wars** in Longmont; egos, belief systems and priorities make collaboration tough
- There needs to be **better** communication among all service providers with everyone speaking the same language, aligning expectations and having more direct communication; **less email and more phone, etc.**
- There is a perception among some agencies and the community that programs and services are being duplicated
- Some agencies don’t have professional expertise needed to address the heart of the problem(s) – chronically homeless, mental health, substance abuse, trauma

**Housing:** The lack of affordable housing is well-documented in Longmont. When affordable units aren’t available to lower-income, working individuals or families, the community lacks units that might otherwise be available to support people who are chronically homeless.

Specific feedback related to what’s not working when it comes to affordable housing included:

- The **loss of inclusionary zoning** made a clear statement about community values and priorities
- There are **no true incentives for developers to build affordable units**; there is a lot of talk, but no real plans
- Even **affordable units are often substandard** (not safe, landlords aren’t present and don’t fix things, not updated)
- The housing gap will not be solved with temporary solutions, but permanent solutions are too expensive
- **People working in Longmont can’t afford to live in Longmont**

**Shelter:** Longmont is lacking a permanent shelter. The sentiment to add one was not strong, although a few individuals spoke to the need for “sheltering solutions.” Temporary winter sheltering was discussed, as was the need for a day shelter or resource center where people can spend their days. Thoughts about shelters/sheltering included:

- The **lack of shelters is more of a concern for families than single people**
- The **winter shelter is not safe** for women or children
- The **Library has become a defacto day shelter**; there is nowhere else for people to go

**City:** The City of Longmont was identified as having gaps in knowledge about what is offered by various service providers and the community (i.e. “city”) was often cited lacking an overall vision for who we want to be when it comes to inclusiveness and serving our homeless citizens.

- The City doesn’t understand the big picture chronic homelessness; **police department treats everyone the same**, even the transient active drug-users who are breaking the law in public places; **city doesn’t message well to the community about homelessness as a community issue**; a lot of public opinion is perception, not reality
- Cities (Longmont & Boulder) need to do a **better job of outlining and communicating who they want to be when it comes to inclusiveness**
- Service providers basically have to start back at square one with **city turnover**
- Government not always seen as helpful; too many rules and policies

**“Outsiders:”** A major topic of discussion through the process to-date focused on people who are believed to be homeless and not Longmont residents. These “travelers” or people who are perceived to be passing through for a season or for work or **because Longmont allows smoking and its easier to camp here than in Boulder or Denver are causing confusion, utilizing community resources and creating a tipping point of sorts across Longmont’s service delivery system.**

- There is strong resistance to doing things that ultimately could attract outsiders to Longmont; i.e. build a shelter, expand meal services, etc.
- **A popular opinion of “if we build it, they will come;** more services seem to attract more people – some homeless some not, some from Longmont, many are not
- **Significant money and resources are being spent to serve and help people from outside of Longmont** who do not have a connection to this community and do not appear to be interested in contributing to it

**Terms & Definitions:** Stakeholders, city staff and consultants noted confusion about terms and definitions that make service delivery more complicated.

- Definitions of homelessness vary by agency; some seem to follow HUD definitions for chronically homeless and others do not
- **Not using the same “terms” to describe people we’re serving / trying to serve** – non-residents, urban travelers, chronically homeless, people living on the streets, homeless drug users, outdoor residents, precariously housed, etc.
- **“It’s hard for us all to move forward together** if we’re not all speaking the same language”
- There’s a **disconnect when people talk about the same person in different ways**
- **Terminology around sheltering** is confusing with a number of terms being used almost interchangeably: sheltering, warming center, drop-in center, safe haven, temporary shelter, shelter, etc.

**Community Knowledge and Education:** The community seems to lack an understanding of the issues facing people who are homeless.

- Resistance among community citizens & businesses to engage with or want to support people who are homeless; a **lack of knowledge creates fear of the homeless**
- The **community doesn't seem to understand that this is a growing problem** in a growing community, "it's hard to believe we are a town of 100,000 people and we can't figure this out; many want to pretend we are still a town of 40,000 people"
- A lot of people believe that **we are attracting homeless people from other communities**; stories and rumors about why and how people come to Longmont are prevalent

**Resources:** Despite significant resources being deployed to address chronic homelessness in our community—simply look at the list of programs, providers, committees, etc. interviewed as part of this process to understand the efforts directed in this direction—the problem seems to be getting worse.

- **Too many dollars are at work without measurable and sustainable results/outcomes**
- Belief that Longmont agencies duplicate services
- Need to **enhance the role of the 10 Yr. Plan committee** and need to get the community more involved; the current makeup of the **10 Year Plan board is not conducive to moving forward**
- There are definite community capacity issues and problems – **not enough muscle to solve problems**
- **Case manager turnover** in the county is huge
- **Too much time and resources spent moving people around**; we turn off the lights, power, or "up" enforcement in one area and people go elsewhere

**Community Impact:** A number of community impacts were identified ranging from impacts on neighborhoods to businesses to city staff.

- **Concerns about the HOPE van at the best at the Justice Center**; it creates a flow of homeless people downtown
- People sleeping in downtown gathering places, on business' roofs, etc., which is **keeping people from choosing to come downtown**
- **At least one prospective new downtown business elected not to locate in Longmont** because of observed behavior of people who were believed to be homeless
- **Neighborhoods surrounding downtown experiencing significant impacts from homeless "travelers"** congregating in parks, sleeping in doorways, "shooting up," defecating and using offensive language
- **Parks maintenance impacts from dismantling encampments, cleaning up trash, etc.**
- **Dangers created by feces in open areas, needles in bushes and lying on city properties, aggressive dogs**

## Service Gaps

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Interviewees were asked to share what gaps they see in services to people who are chronically homeless in Longmont. While some responses may appear to be focused on larger scale community gaps or issues – such as the lack of affordable housing – these gaps impact the ability to provide services to people living on the streets.

**Affordable Housing:** Stakeholders expressed that the gap in affordable units in Longmont is approximately 6,000 units. The lack of affordable housing creates a trickle-down effect.

- Providers can't afford **enough hotel vouchers** to meet the need
- Even **working people can't afford housing**
- **Additional transitional housing isn't the answer** because there is nowhere for people to go when they exit transitional options; permanent supportive units are what's needed

**Mental Health Services:** Gaps in mental health services encompass a wide range of needs.

- **The only walk-in, crisis center is in Boulder**
- **The only option in Longmont when someone is in crisis is to take them to Longmont United Hospital** and/or request a mental health hold
- **Bilingual mental health services are rare;** The OUR Center is the only location where this service is readily available – when they are able to find bilingual staff
- **From referral to first appointment can be as long as three weeks;** it's a challenge when an agency is able to convince a participant to seek treatment and there are long waits
- **Access to prescriptions for mental illness are hard to get,** fill and refill
- There is not a system in place to easily assess someone's cognitive abilities
- **Mental health services have become even harder to access recently;** it didn't seem as bad a few years back
- **Agency staff members aren't trained to address mental illness, trauma,** etc.

**Knowledge Gaps:** Varying levels of knowledge and gaps in knowledge within the service delivery system.

- **Participants don't know where to go for what or who to call.** Some case managers also expressed confusion about how to best refer people to services.
- **There is community confusion about what service provider does what,** which staff member is part of which agency, etc.
- **Community members see enforcement as a solution** to systemic and health-related issues which require more extensive initiatives
- **People frequently call providers and the city** asking where to find the shelter in Longmont
- If **one organization could serve as a clearinghouse** to evaluate needs and refer to appropriate providers, it would eliminate duplication of services and confusion about where to go for what
- **Outreach teams could be available to take people to services;** even if people overcome knowledge barriers, sometimes they are afraid to access without a warm hand-off
- **Providers have gaps in knowledge about participants** because there isn't a coordinated system to capture and share participant information

**Transportation:** Nearly every stakeholder group meeting included some discussion of transportation challenges for people who are chronically homeless.

- Most chronically homeless people rely on the free bus service; **expanding the bus service hours and extending the free fare program is important**
- **County-wide transportation is a gap**—accessing mental health crisis services or a reserved bed at the Boulder Shelter is challenging when transportation options are limited or cost-prohibitive
- **People who are chronically homeless often have a limited comfort zone when it comes to travel** – North Longmont, Downtown Longmont, etc. making it impractical to access services.
- **Programs that go where people are have better success** like Mobile Integrated Health and HOPE Van

**Sheltering:** An obvious gap in Longmont is that of a traditional shelter. Additionally, gaps include a day shelter and adequate temporary housing options. Related to a place to go is a place to store belongings, shower and do laundry. As mentioned earlier, a permanent overnight shelter was not desired by most stakeholders, but it was identified as a gap.

**Substance Abuse Services:** Longmont does not have any substance abuse services for people who are homeless. Stakeholders indicated the need for: a syringe exchange program (harm reduction approach), a detox facility and access to drug and alcohol intervention.

**Additional gaps:** Gaps mentioned less frequently, but still expressed as critical gaps include: bilingual and culturally competent case management, affordable daycare (including drop-in and evening/weekend hours), number and training level of volunteers, services for people with intellectual and developmental disabilities (IDD) and traumatic brain injuries (TBI).

### **Barriers to Accessing Services**

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Finally, interviewees were asked to share their thoughts on barriers people who are homeless face when it comes to accessing services in Longmont.

**Mental Health / Behavioral Issues:** People experiencing mental illness and/or other behavioral health issues face many barriers to accessing services ranging from trust and comfort in accessing services to adhering to their medication.

- **Mental illness and behavioral issues prevent people from following case plans;** organized thinking seems to be a challenge for many participants
- **Traumatic brain injuries are prevalent among people who are chronically homeless,** which can create barriers to following-through on plans and interacting with others
- **Participants often do not adhere to their medications** making it hard to help them with basic case management services
- **Personality disorders seem to be especially prevalent among seniors;** they often become isolated from the services that are available to them
- **Substance abuse / addiction creates barriers to accessing services**
- **Mental and behavioral health services are hit or miss at various service providers** and consistent care sites (Mental Health Partners) are not conveniently located for people to link to care and/or adhere to their treatment plans

**Housing Market:** Longmont’s lack of affordable housing was discussed in previous sections, yet participants and service providers identified several additional barriers to accessing housing.

- **The competitive housing market makes it hard for people with no or poor rental histories and /or criminal backgrounds to access units**
- **Participants can’t afford needed legal services** to help with rental histories, etc.
- **Rents keep rising; “it’s next to impossible” to save enough for a security deposit and first month’s rent** (several people indicated \$2,500 is the amount needed to secure an apartment and allow for living there long enough to establish steady work)
- Referrals to the Inn Between are harder now given more people with needs and people staying longer

**Legal Issues and Challenges:** Legal barriers are faced by many people who are homeless.

- **Undocumented people have many barriers to accessing services;** although area service providers serve undocumented residents, some governmental programs – including Medicaid – are not available to them
- **Criminal backgrounds create a variety of barriers** including the ability to find work and housing

**Transportation:** People who are homeless experience challenges getting from place to place.

- **Proximity to the Boulder Shelter is a barrier;** without a daily transportation option, Longmont people who are homeless can’t afford to take the bus to Boulder to utilize the 10 set aside beds
- For those people who have cars, if they break down, **the cost of car repairs is insurmountable**
- It is hard to get around when people have to carry everything they own with them at all times

**Cultural Issues and Challenges:** Variations in cultural backgrounds, education levels, religion and languages create barriers to accessing services.

**Credit Issues and Challenges:** Bad credit or no credit history creates many barriers for people who are homeless. It is hard for people to establish or rebuild credit when they do not have jobs. Additionally, fixed incomes – such as from disability or social security (for seniors) – often end up with credit issues.

**Childcare:** A lack of available childcare creates barriers to accessing services. Many parents work at night when childcare or early childhood education programs are not open. Paying the cost of childcare is a significant barrier for people experiencing homelessness.

**Knowledge barriers:** People in the community don’t know that fellow Longmont residents are experiencing homelessness. When they do, often have misperceptions including such things as believing that the way out of homelessness is to “just get a job,” or that all homeless people are “crazy” or “drug addicts.”

## Appendix E: Model Research: Integrated Service Delivery Systems/Systems Integration

For purposes of this research, population and/or climate similarity were not prioritized as the intention was to find systems that are working well together and learn from their successes and their challenges. Some of these systems are part of the Continuum of Care model (CoC) and some are some were initiated at the community level.

Highlights of Service Integration Efforts and Lessons Learned																																	
<p><b>Location</b> Grand Rapids, MI</p> <p><b>2015 Population</b> 195,097</p> <p><b>Estimated # of Homeless as of 2013</b> 734</p>	<p><b>Kent County/ Grand Rapids Continuum of Care: Grand Rapids Area Coalition to End Homelessness</b></p> <ul style="list-style-type: none"> <li>• A collaboration of service provider, government, philanthropy and mainstream system representatives working to prevent homelessness, re-house those in the midst of crisis and transform the homeless system to end homelessness as we know it.</li> <li>• Coalition Goals               <ul style="list-style-type: none"> <li>–Increase resources and supports for prevention and re-housing</li> <li>–Coordinate system level indicators and outcomes</li> <li>–Support Expansion of permanent supportive housing</li> </ul> </li> <li>• Kent County/Grand Rapids received \$5.5 million in CoC funding from HUD</li> </ul> <p><b>Foundational Principles</b></p> <table border="1"> <tr> <td>Belief in housing (housing first)</td> <td>Belief in the consumer as the lead in the process (strength-based approach)</td> </tr> <tr> <td>A willingness to use a system-perspective</td> <td>A willingness to use front door (no side doors)</td> </tr> <tr> <td>Identify and utilize strengths of each agency</td> <td>Get local leadership support</td> </tr> <tr> <td>Establish role and utilization of HMIS</td> <td>Community Education</td> </tr> <tr> <td>Be data driven</td> <td>Know best practice models and consider the best local adaptation</td> </tr> </table> <table border="1"> <thead> <tr> <th>Moving From Disparate Access</th> <th>To Single Point of Entry</th> </tr> </thead> <tbody> <tr> <td>Homeless Assistance Program</td> <td>Housing Assessment Program</td> </tr> <tr> <td>Only families and single females</td> <td>Families, single males and females</td> </tr> <tr> <td>Only those seeking shelter</td> <td>All households in housing crisis</td> </tr> <tr> <td>I &amp; R referrals directly to providers</td> <td>2-1-1 warm transfer for assessment</td> </tr> <tr> <td></td> <td>Targeted outreach</td> </tr> <tr> <td>No common assessment</td> <td>Common assessment tool/process</td> </tr> <tr> <td>Some data collection</td> <td>HMIS Universal Data Collection</td> </tr> <tr> <td>3 caseworkers</td> <td>8 intake assessment specialists</td> </tr> <tr> <td>Emergency family perspective</td> <td>Household stability perspective</td> </tr> <tr> <td>Assume emergency</td> <td>Assume strengths</td> </tr> </tbody> </table>	Belief in housing (housing first)	Belief in the consumer as the lead in the process (strength-based approach)	A willingness to use a system-perspective	A willingness to use front door (no side doors)	Identify and utilize strengths of each agency	Get local leadership support	Establish role and utilization of HMIS	Community Education	Be data driven	Know best practice models and consider the best local adaptation	Moving From Disparate Access	To Single Point of Entry	Homeless Assistance Program	Housing Assessment Program	Only families and single females	Families, single males and females	Only those seeking shelter	All households in housing crisis	I & R referrals directly to providers	2-1-1 warm transfer for assessment		Targeted outreach	No common assessment	Common assessment tool/process	Some data collection	HMIS Universal Data Collection	3 caseworkers	8 intake assessment specialists	Emergency family perspective	Household stability perspective	Assume emergency	Assume strengths
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**Lessons Learned in Grand Rapids**

- “Fail often to succeed sooner!” (It’s okay to revise and revise and...)
- System change is always a process
- Incorporate value of non-financial resources
- Pay adequate attention/time to staff training and re-training
- Communication/consistent messaging
- Review policies to ensure support of system change
- Education on all levels can never stop

[http://b.3cdn.net/naeh/ab94bdeb71f9401963\\_cym6ivo1p.pdf](http://b.3cdn.net/naeh/ab94bdeb71f9401963_cym6ivo1p.pdf)

**Highlights of Service Integration Efforts and Lessons Learned**

**Location**  
Clallam County,  
WA  
Port Angeles,  
Sequim, Forks  
  
**2015 Population**  
70,000

**Clallam County: Coordinating Intake**

- Agencies agreed that coordinated intake would best serve clients
- Agencies agreed that a “one stop shop” better fits the needs of clients and also incorporated a “no wrong door” concept
- Moved to having all Housing Resource Centers use same assessment forms and provide immediate walk-in assistance
- Community Action went from clients needing 2 appointments to receive assistance to 1 appt. with the 1<sup>st</sup> one completed through HRC and phone contact
- Flexible-Housing Authority receives deposit assistance applications through HRC instead of their office (one less place for clients to go)
- Outcomes: Homelessness reduced 40%

**Challenges:**

- Each agency had own funder requirements, data collection and supporting documents needed
- Agencies desire to retain autonomy
- Moving to creating an understanding for housing first solutions, not crisis supports
- Collaboration and housing choices are key to success, intake and assessment only work through tracking and assessing outcomes.
- One-on-One in person assessment & negotiation of housing solution-what does applicant want and what do they bring to the contract?
- Walk-in central locations for intake/assessment and coordination expedite outcomes.
- Follow up, service delivery, data tracking.
- Have to constantly educate community members and other organization about HRC roles.
- Relationship building with community agencies and landlords is key to successful client outcomes.

[http://www.endhomelessness.org/files/2521\\_file\\_Whatcomb\\_and\\_Clallam\\_Co\\_WA\\_RRH\\_Demonstration\\_Presentation.pdf](http://www.endhomelessness.org/files/2521_file_Whatcomb_and_Clallam_Co_WA_RRH_Demonstration_Presentation.pdf)

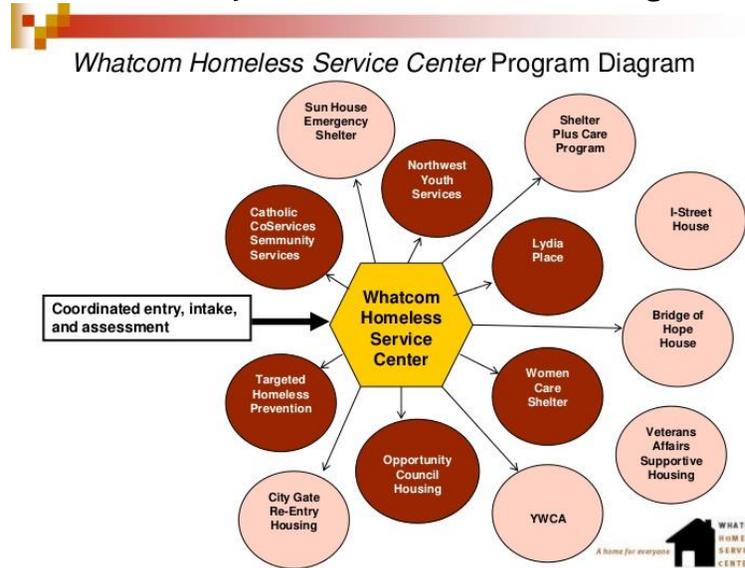
## Highlights of Service Integration Efforts and Lessons Learned

**Location**  
Whatcom  
County, WA

**2015 Population**  
212,284

**Estimated # of  
Homeless as of  
2012**  
114

### Whatcom County Homeless Service Center Program



Central hub that serves three consumer groups: 1. Homeless clients, 2. Nonprofit service providers, 3. Landlords and property managers

Before	After
Fragmented	Coordinated
First come first serve	Targeted
Competition for resources	Partnerships bringing more resources into the community
Measuring program outputs	Measuring system outcomes

**Overcoming challenges:** Giving up control of intake process, sharing data on clients in HMIS, serving more complex clients, accommodating different populations

<http://www.slideshare.net/naehomelessness/14-stephanie-reinauer>

## Highlights of Service Integration Efforts and Lessons Learned

<p><b>Asheville, NC</b></p> <p>County Seat of Buncombe County</p> <p><b>Population:</b> 88,512</p> <p>County Pop: 253,178</p> <p><b>Estimated # of Homeless as of 2015</b> 562</p> <p><b>Estimated # of Chronically Homeless:</b> 74</p> <p><b>CoC Name:</b> Asheville/Buncombe County CoC</p> <p><b>CoC Number:</b> NC-501</p>	<p><b>10 Year Plan to End Homelessness:</b> <a href="http://www.ashevillenc.gov/Portals/0/city-documents/CommunityDevelopment/Homeless/10yearplan.pdf">http://www.ashevillenc.gov/Portals/0/city-documents/CommunityDevelopment/Homeless/10yearplan.pdf</a></p> <p>Adopted by the City of Asheville and Buncombe County in January 2005. First Plan Adopted in North Carolina.</p> <p><b>Guiding Principles:</b></p> <ul style="list-style-type: none"> <li>• Everyone has a right to housing.</li> <li>• There are achievable solutions to homelessness, and actions should be based on those solutions.</li> <li>• People experiencing homelessness should inform planning and be informed of the plans.</li> <li>• Consistent, accurate data and measurable results should inform decisions.</li> <li>• Resources should be used responsibly and in a coordinated fashion.</li> <li>• People and the groups that support them have unique and diverse needs that require multiple solutions.</li> </ul> <p><b>Leading the Way:</b></p> <ul style="list-style-type: none"> <li>• 10-Year Plan Coordinator hired and Homeless Initiative Advisory Committee began meeting in 2007.</li> <li>• City of Asheville City Council and Buncombe County Commission make the Homeless Initiative Advisory Committee an official commission of the city and county in 2009 to provide guidance to city council and county commission on all homeless issues. Has started making funding recommendations.</li> </ul> <p><b>Developed an Infrastructure:</b></p> <ul style="list-style-type: none"> <li>• 3 of 4 homeless service agencies use the <u>Homeless Management Information System</u>.</li> <li>• Participated fully in the Annual Homeless Assessment Report to Congress in 2011, using HMIS data.</li> <li>• Recently started working with local 211 to create a <u>Coordinated Assessment System</u>.</li> </ul> <p><b>Full PowerPoint Reviewing 10 Year Plan to End Homelessness (Save file then opens PP):</b> <a href="http://bit.ly/2kKlWlW">http://bit.ly/2kKlWlW</a>  <b>2015 CoC Dashboard Report – NC-501: Asheville/Buncombe County CoC:</b> <a href="http://bit.ly/2lfTmEJ">http://bit.ly/2lfTmEJ</a></p> <p><b>2015 Awards by Component and Renewal Type:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>PH-PSH:</b> \$1,103,432</td> </tr> <tr> <td><b>HMIS:</b> \$67,500</td> </tr> <tr> <td><b>CoC Planning Project:</b> \$35,892</td> </tr> <tr> <td><b>TOTAL:</b> \$1,206,824</td> </tr> </table>	<b>PH-PSH:</b> \$1,103,432	<b>HMIS:</b> \$67,500	<b>CoC Planning Project:</b> \$35,892	<b>TOTAL:</b> \$1,206,824
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