UNIVERSITY of DENVER

GRADUATE SCHOOL OF SOCIAL WORK

Burnes Center on Poverty and Homelessness

City of Loveland

Homelessness Strategic Plan

Gary Sanford, MPA
Project Lead - Burnes Center

Margay Witzdam
Research Assistant - Burnes Center

Cullen Dilldine, MSW
Research Assistant - Burnes Center

Vanessa Fenley, PhD
Consultant

Jennifer Lopez
Consultant - Project Moxie

Katie Symons, Zoe LeBeau
Consultants - LeBeau Development

Additional contributors from the Burnes Center:

- **Molly Huston** - Research Assistant
- **Stephanie Chassman, MSW** - Research Assistant
- **Jennifer Wilson, MSW** - Senior Research Assistant
- **Dr. Daniel Brisson, PhD** - Executive Director
- **Abby Magnus, MSW** - Research Assistant
- **Loretta Oduro Ayisi** - Research Assistant
- **Jade Huggins** - Research Assistant
- **Royla Rice** - Research Assistant
- **Graphic Design** - StorySpring Consulting

MEMORANDUM

TO: City of Loveland Staff
CC: City Council members, City of Loveland
FROM: Daniel Brisson, Executive Director
DATE: September 16, 2019
RE: City of Loveland Strategic Plan to Address Homelessness

Congratulations on taking an important step toward development of local and regional strategies to address homelessness. It has been a pleasure working with the City of Loveland staff, elected officials, local service providers, faith representatives, Loveland citizens and those who have experienced homelessness. In particular, we would like to express our gratitude for the support of Alison Hade, Rod Wensing and Steve Adams who have been instrumental in our efforts. We are also grateful to the citizens and homelessness service providers in the region who have contributed to this process.

Housing instability and homelessness are issues in almost every community in our country. Limited resources at the local level combined with rising housing costs are placing many households in jeopardy of falling into homelessness. Communities are experiencing growing costs and impacts upon local healthcare systems, law enforcement departments, public parks and libraries as well as local justice systems. We are happy to provide this strategic plan to help guide the Loveland community in deciding, and acting upon, next steps to address issues related to homelessness.

What this plan provides:

- Level-setting information to ensure everyone in the community understands the complexity of the issue, impacts upon community and potential solutions
- Comprehensive collection of practices from across the country
- Overview of sub-populations and research-based engagement strategies
- Detailed implementation plan
- Resource matrix and narrative with funding and resource information
- Strategy recommendations that can address homelessness in Loveland

What this plan does not provide:

- Mission, vision and guiding principles - this should be developed by the local community and not project consultants
- A specific path but a range of options for consideration in setting priorities to initiate actions to address homelessness

Next steps for the City of Loveland:

The role of local government in addressing homelessness varies across the country. One consistent theme, however, is the importance of involvement from city elected officials and government employees who can actively participate as part of the solution. Recognizing that many cities are limited in capacity and funding to address complex human needs, cities have taken on the roles of convener, facilitator, educator, advocate, and partnership broker as well as leveraging county, state and federal resources to create momentum toward solutions. Elected official roles include:

1) Either directly coordinating or providing resources for the coordination of homeless programs in the community;
2) Building local capacity for service providers;
3) Identifying land, funding and other resources to support efforts to address homelessness;
4) Reviewing land use codes and ordinances to allow for greater flexibility in siting solutions such as shelters, group homes, tiny homes, etc.;
5) Re-aligning existing housing and services resources to support a strategic plan;
6) Considering new public funding sources such as dedicating a portion of collected sales or lodging taxes to specific strategies; and,
7) Directly funding services that are difficult to fund with existing federal and state resources such as street outreach, landlord outreach and unit identification, and data collection and data analysis.

We believe the City of Loveland Staff and City Council have an opportunity to work collaboratively across the county and Northern Colorado region to leverage new and existing resources, to improve county-wide data collection and community education efforts, to increase service and housing agencies capacity and serve as key leaders in moving from debate toward solutions. It is important that community members have the chance to digest the plan and come together to identify needs and prioritize strategies to determine the best path for the community.

As many communities are experiencing, there are costs to inaction. While it is difficult to quantify the impact of homelessness, there is wide recognition that other systems and services in Loveland are affected. Continuing to rely on these systems - law enforcement, health care, justice system, behavioral health - which are not designed to address homelessness, is detrimental to both those experiencing homelessness and the community at-large. Intentionally crafting a homeless services system with greater capacity to serve the breadth of needs in the community can alleviate the stress on these other systems. In addition, this is a far more effective and humane approach to resolve homelessness for individuals and families without housing.

Sincerely,

Daniel Brisson, PhD, MSW
Executive Director | University of Denver, Burnes Center on Poverty and Homelessness
Professor | University of Denver, Graduate School of Social Work

Table of Contents

Executive Summary

Housing instability and homelessness are issues in almost every community in our country. Limited resources at the local level combined with rising housing costs are placing many households in jeopardy of falling into homelessness. Without timely and strategic interventions, communities are experiencing growing costs and impacts upon local healthcare systems, law enforcement departments, public parks and libraries as well as local justice systems.

The City of Loveland, Colorado, is at crossroads regarding the community's response to the local growing issue of homelessness. Opportunities are on the horizon for the community to become more proactive in addressing the underlying issues that lead to homelessness.

> *"Housing insecurity currently affects almost every community in the nation. Yet the public lacks a strong sense of connectedness to this problem as a shared social issue or to those who are experiencing housing challenges."*
>
> *-Frameworks Institute, 2018*

The Northern Colorado region (Larimer and Weld Counties) is positioned to strengthen collaborative relationships and leverage new resources to make an impact in the coming years.

The Burnes Center on Poverty and Homelessness was hired to assess current efforts and identify successful practices in other communities as well as develop recommendations that can serve as a road map for the Loveland community. Strategic plans come in many forms and this product provides a variety of strategies and potential funding resources which if implemented, could positively impact local and regional homelessness. Providers, elected officials, local government staff, community members and those experiencing homelessness seek a better way to address homelessness. This plan provides a comprehensive framework for stakeholders and community members to discuss, prioritize and implement recommendations.

Successful implementation will:

- Strengthen local and regional efforts to address homelessness
- Improve data collection and inform community of the reality of local homelessness
- Expand and replicate successful practices
- Realize a return on investments (ROI) through reduction of homelessness and reductions in use of emergency services such as detox, jails, shelters, etc.
- Bring together non-profits, governments, faith communities, businesses and other stakeholders to work collaboratively toward shared objectives/goals

Communities across the country have seen how strategic efforts guided by data and collaboration can prevent and reduce homelessness. The reality in many communities is that accessible and affordable housing is a key issue in effectively addressing homelessness. Until a housing continuum for everyone is established, our families, youth, and veterans, as well as those struggling with mental health disorders, substance addictions and disabling conditions will continue to be at risk of homelessness.

Responsibility for this work doesn't sit with just the City of Loveland or only with homeless service providers or local faith communities; it must be a collective effort by all sectors of the community and region. Sustainable results can be realized through regional collaboration, use of data to guide strategic investments, and working across all sectors toward solutions.

This roadmap is grounded in local data and research on best practices, providing an informed way forward for the Loveland community. The next step is for community stakeholders to engage in a facilitated process to decide which aspects of the plan to pursue and prioritize.

Introduction

Communities across the country - urban, suburban, rural - are impacted by households experiencing housing instability and homelessness. Due to increasing housing costs coupled and low rental vacancy rates, many households (particularly families and those on limited incomes) find themselves one crisis away from being without a stable home. While homelessness can be more effectively addressed, communities are often challenged to understand the scope of the issue if they lack data, local program capacity, and/or the resources required to resolve the issue.

> *"To end homelessness, a community must know the scope of problem, the characteristics of those who find themselves homeless, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts."*
>
> *-U.S. Department of Housing and Urban Development, 2014*

Homelessness in Colorado is a critical issue statewide. The Annual Homelessness Assessment Report (AHAR) from U.S. Department of Housing and Urban Development found that homelessness has increased in Colorado by 2.9% between 2016 - 2018. During this same time period, 19 other states also realized an increase in homelessness (HUD, 2018). There are many reasons for this increase in our state, but at the forefront of the issue is limited access and capacity of resources along the housing continuum that prevent and address homelessness.

The path to individual or family homelessness varies. However, the primary cause of homelessness is the lack of available affordable housing, which is exacerbated by lower paying jobs and a lack of adequate support to enable households to afford living in a community. Additional factors that can complicate homelessness for individuals and families include a lack of health insurance and accessible medical care; a recent discharge from jail, prison, foster care, and other systems; poor credit or rental history; lack of mental health and substance use treatment services; and family violence and relationship problems.

Across the country, communities have succeeded in reducing veteran and chronic homelessness by scaling up dedicated housing resources and working collaboratively. According to the National Alliance to End Homelessness, "To address homelessness, communities should take a coordinated approach, moving from a collection of individual programs to a community-wide response that is strategic and data driven. Communities that have adopted this approach use data about the needs of those experiencing homelessness to inform how they allocate resources, services, and programs" (2019).

According to the National Alliance, key elements to a coordinated systems approach include:

- Implementing a local coordinated entry (CE) system. Coordinated entry is an assessment and intake process across a community that reduces duplication of services, contributes to a local data

base that provides community-level information on housing needs, and expedites housing and services for the most in need.

- Planning at the local and regional level is important to ensure coordination across service providers and local governments. Local planning is an opportunity to establish goals, identify CE system processes, obtain local understanding of the scope and nature of local homelessness, as well as, engage all stakeholders into local efforts.
- Sharing a local database is important for consistent data collection across the housing and service continuum. Communities find that a shared data base reduces duplicative intake activity, allows for sharing of client data between providers to aid in providing referrals and services, and creates comprehensive reports which inform stakeholders of local success and challenges.
- Using data to determine local priorities, develop strategic actions, measure progress along the way and adjust efforts based upon successes and lessons learned (National Alliance to End Homelessness, 2019)

It is important to acknowledge that increased efforts (such as targeted funding, local coordination, improved data) at the federal, state and local level have continued to make a positive impact. National efforts, such as the Built for Zero Initiative through Community Solutions, work with communities to strengthen local efforts to become strategic, targeted and use data to measure progress and understand where adjustments need to be made in the system. According to Community Solutions, Built for Zero is a "rigorous national change effort working to help a core group of committed US communities end chronic and veteran homelessness" (2016). Community Solutions works with local communities to "develop real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies" (2016).

Communities are learning that being strategic and coordinated is key to effectively addressing homelessness. According to Community Solutions, ten communities have measurably and sustainably ended veteran homelessness: Rockford, IL; Arlington, VA; Montgomery County, MD; Fort Myers, FL; Gulfport, MS; Riverside, CA; Norman, OK; Bergen County, NJ; Abilene, Texas; and Lake County/Waukegan, IL. Three of these communities are comparable in population to Loveland, Colorado (pop 76,701): Fort Myers, FL (79,943); Waukegan, IL (87,729); and Gulfport, MS (71,822) (2016). The following quote provides added detail about how one community started working together to address homelessness: "In many communities, there is no single agency or organization accountable for ending homelessness. Abilene (Texas) was like many communities where resources, efforts, and insight into the nature of homelessness were siloed across many agencies. People were operating and doing their programs, but very much alone," says Michelle Parrish, the Grants Director at the Community Foundation of Abilene. "That all changed when Abilene embarked on an ambitious Mayor's Challenge to house 50 people in 100 days. The various organizations all rallied around this shared goal, meeting weekly to build accountability. At the end of the spring, they had exceeded their goal, housing 64 people" (2016).

The role of local government in addressing homelessness varies across the country. One consistent theme, however, is the importance of involvement from city elected officials and government employees who can actively participate as part of the solution. Recognizing that many cities are limited in capacity and funding to address complex human needs, cities have taken on the roles of convener, facilitator,

educator, advocate, and partnership broker as well as leveraging county, state and federal resources to create momentum toward solutions.

A regional approach is key for cities similar in size to Loveland. Recognizing that in 2020, Larimer and Weld counties will become the fourth federal Continuum of Care (CoC) in Colorado. Continuum of Care (CoC) is a vehicle to obtain U.S. Department of Housing and Urban Development (HUD) funding. Primary goals of a CoC and is to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Becoming a CoC creates an opportunity for the region to become more strategic and intentional around its approach to housing instability and homelessness.

Project Approach:

The Burnes Center on Poverty and Homelessness was awarded a contract to develop a strategic plan addressing homelessness in Loveland, Colorado. The project approach included the following:

- Convening community members representing various sectors to identify gaps, needs and priorities to best address homelessness
- Compiling national best practice information;
- Collecting and analyzing local data and information about the current service system;
- Communicating these findings and using them to define strategies for addressing homelessness that will increase efficiencies in the current provider systems, scaling existing solutions that are working, and identifying strategies and programs that could be developed in Loveland and the region; and
- Developing recommendations accompanied by an implementation plan that strategically addresses the full range of issues associated with local and regional homelessness.

The Burnes Center team conducted interviews, facilitated group discussions, convened local and regional stakeholders, and implemented on-line surveys for providers, agency staff, and volunteers. Interview, survey, and focus group data have been compiled and organized into themes. In addition to local input, the Burnes Center team has conducted extensive research on best practices with an eye toward similarly-sized communities. This information has been used to identify practice models and implementation strategies for the plan. City staff have been involved throughout the development of the plan. Specific data-gathering efforts included in the following:

- Received survey responses from 84 service agency staff and volunteers;
- Received 663 survey responses from Loveland residents;
- Met with 59 persons with lived experience of homelessness;
- Met with Downtown Business Partnership members and neighbors;
- Met with City of Loveland Affordable Housing and Human Services commissions;
- Conducted 37 one-on-one interviews with local elected leaders, agency directors, city staff and community systems; and,

- Facilitated four community meetings, which involved 78 unique local and regional stakeholders.

When asked to comment on those goals and strategies that should be encompassed in a plan to address homelessness, comments overwhelmingly focused on housing and shelter needs.

There is a need to look at the broader environment in which this work would happen. Two things stand out from our work up to this point. First, those working closest to this issue (volunteers and staff at local service providers) note the need for better collaboration, coordination, and communication across existing services. Supporting this is the need for some local/regional leadership to facilitate those collaborations and guide the implementation of any plan.

Second, there is a palpable stigma attached to homelessness. While some stakeholders noted this, it was particularly apparent when hearing from people currently experiencing homelessness. According to an individual experiencing homelessness, "One bad person makes all people view all of us as bad". Stigmas and stereotypes appear to drive some community perceptions around this issue. These perceptions have created division in the community.

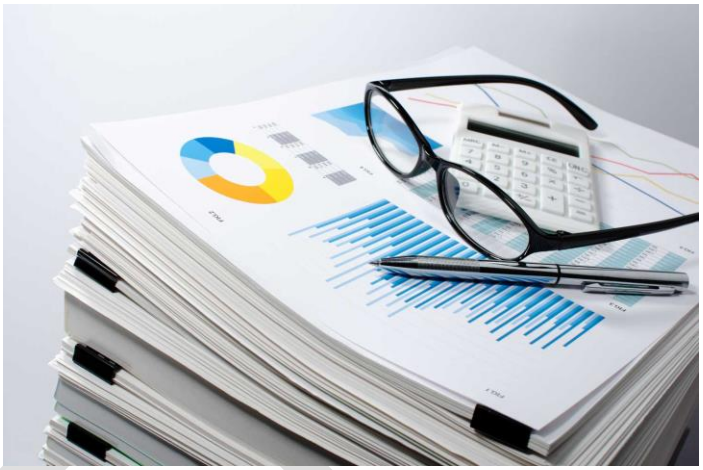
Identifying strategies that can help reduce this stigma across the community can help create an environment that supports and facilitates (rather than impedes) this work. Local residents, providers and persons experiencing homelessness participating in the strategic planning process, collectively expressed the need for additional resources and capacity to better address underlying causes of homelessness.

Community division around the causes and solutions of homelessness has hampered productive dialogue and perpetuated misinformation, often placing blame upon those who have fallen into homelessness.

All of the data gathered to inform this report have been compiled in a separate document and provided to the City of Loveland, Office of Community Partnership Office. Request for project data should be directed to the Office of Community Partnership Office.

The goals in the plan do not encompass everything that could be done to address homelessness. For instance, we heard from stakeholders and providers that transportation and childcare costs pose issues for people who are at-risk of homelessness and who are currently homeless. Efforts to increase access to these services will bolster the strategic goals included in this plan, but the specific goals of the plan focus on those strategies that were most prominent in conversations with stakeholders and that are foundational to resolving the issue of homelessness.

Scope of Homelessness in Loveland



This narrative presents selected data collected and compiled through the process of creating the City of Loveland's plan to address homelessness. These data have been used to better understand the scope of the issue of homelessness in Loveland, gaps in services and resources, and perceptions regarding options to address these gaps. Overall, feedback from over 800 people, including volunteers, homeless service and housing providers, people with the lived experience of homelessness, community leaders, and the community at-large informed the development of the plan. We have also relied on data from other sources, such as local service providers and the Thompson School District. Using data from multiple sources ensures the strategies and objectives outlined in Loveland's plan are data-driven and informed by the community's experiences and preferences.

Homelessness is a complex and dynamic issue. Ongoing data collection is needed to regularly assess the status and needs of the community. The data presented here provide information regarding the prevalence and impact of homelessness in Loveland.

Prevalence of Homelessness

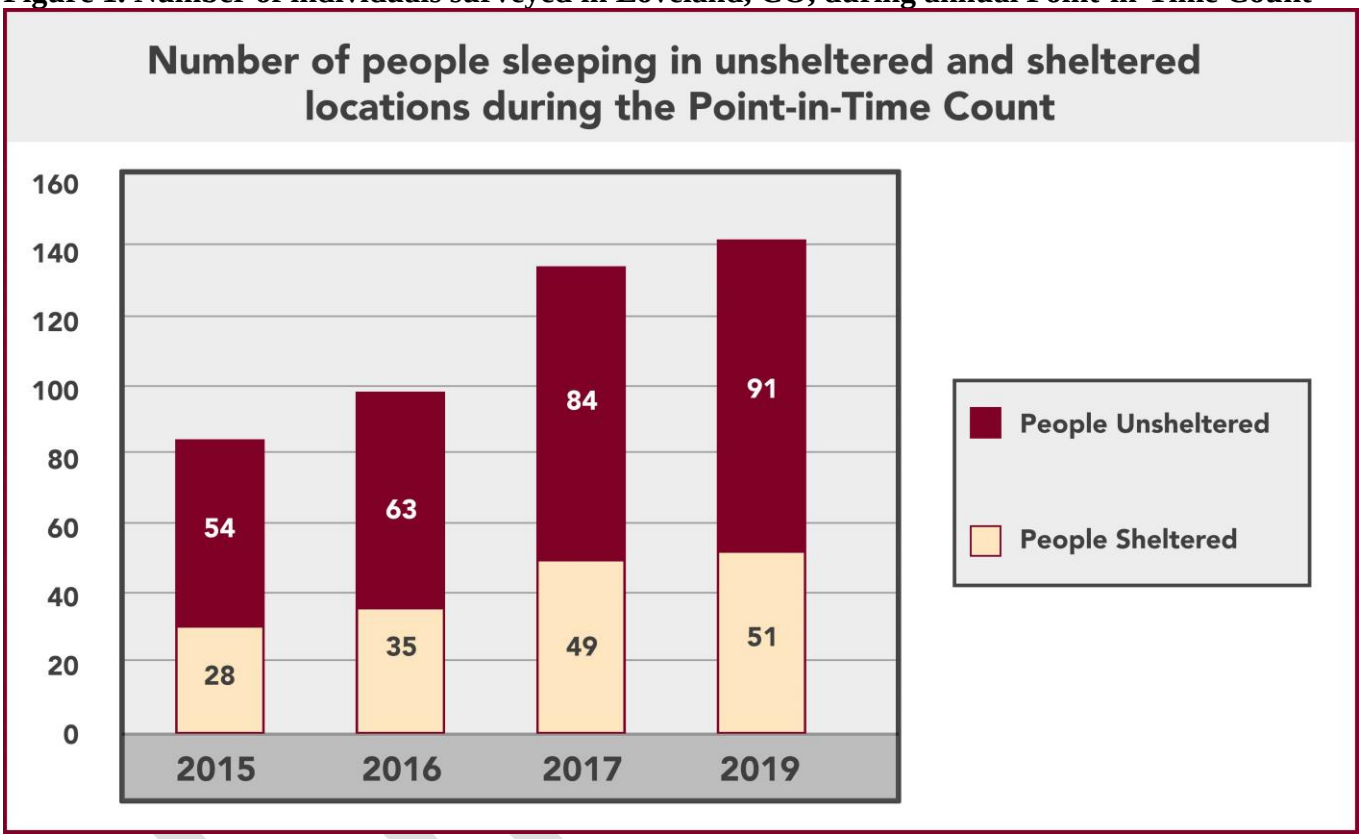
Homelessness in Loveland has widespread reach and impact. In a survey completed by over 650 Loveland residents, over half of respondents reported having been homeless themselves or knowing someone who had experienced homelessness at some time. Understanding the prevalence of homelessness can be difficult because different definitions for "homeless" are commonly used. For instance, some data sources identify people as homeless only when they are sleeping outside or in a sanctioned shelter, while other data sources also include people who may be staying temporarily with friends or family or staying in motels. Data about persons experiencing homelessness in Loveland is largely limited to the Point-in-Time count, Thompson School district as well as individual providers. Comprehensive demographic and service data was limited to the above sources, which inhibited the team's ability to fully grasp the scope of the local homelessness, understand population needs, and capture outcomes of service interventions.

> *Over half of surveyed Loveland residents reported having experienced homelessness themselves or knowing someone who had experienced homelessness.*

Point-in-Time Count. One of the most consistent sources of data on homelessness is the annual Point-in-Time count. This survey of people experiencing homelessness only counts individuals and families staying in sanctioned shelters or staying outside, including sleeping in cars. The Point-in-Time count is conducted every January, as required by the U.S. Department of Housing and Urban Development for

communities receiving federal funds to address homelessness. Figure 1 shows the total count of people in Loveland identified as homeless during the Point-in-Time Counts in 2015, 2016, 2017, and 2019. The 2018 count is excluded because only a sheltered count was collected that year, per instructions from the Colorado Balance of State (the entity overseeing the collection and reporting of Point-in-Time data in Loveland and other non-metro areas in Colorado).

Figure 1. Number of individuals surveyed in Loveland, CO, during annual Point-in-Time Count



Colorado Balance of State Continuum of Care, 2019

In 2019, 142 individuals (including both single individuals and people in families) were identified during the annual Point-in-Time survey. This count is fairly steady from 2017, the last year a count of both sheltered and unsheltered individuals was conducted, but is a noticeable increase over the 2015 and 2016 counts.

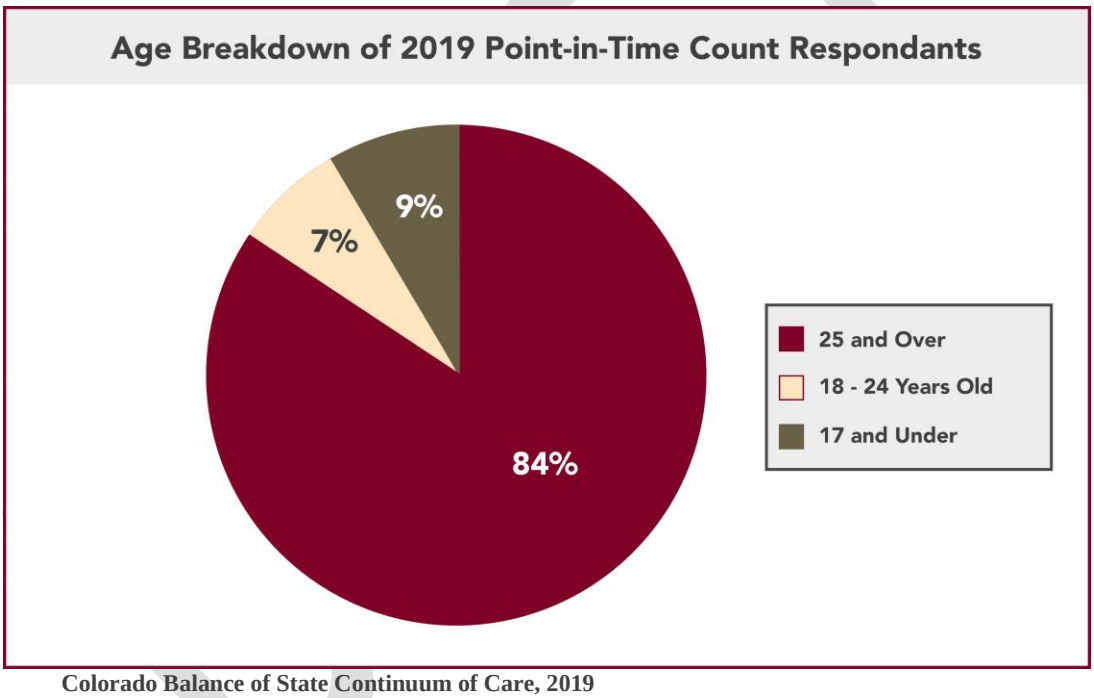
There may be several reasons behind the recent increase in numbers:

- There may actually be more individuals experiencing homelessness in Loveland. A more reliable means of collecting regular data (such as a shared data system) would better estimate increases in the population.
- There have been changes in shelter capacity. Specifically, in 2017, additional shelter beds for people fleeing domestic violence (provided by Alternatives to Violence) were added to the community's shelter inventory.

- There may have been changes in how the data is collected, with better strategies used to reach people sleeping in remote or isolated areas. Specifically, beginning in 2016, the City of Loveland began using volunteers to help reach people in unsheltered locations during the Point-in-Time.
- Some variation in the sheltered counts may be attributed to the composition of households served. For instance, a shelter may have room for four families. If each family only has three family members, the total count would be 12 individuals. If each family had four family members, the total count served by that shelter jumps to 16 individuals.
- Other factors, such as the weather, can impact whether cold weather shelter beds are open or if people are choosing to sleep outside if the weather is not too extreme.

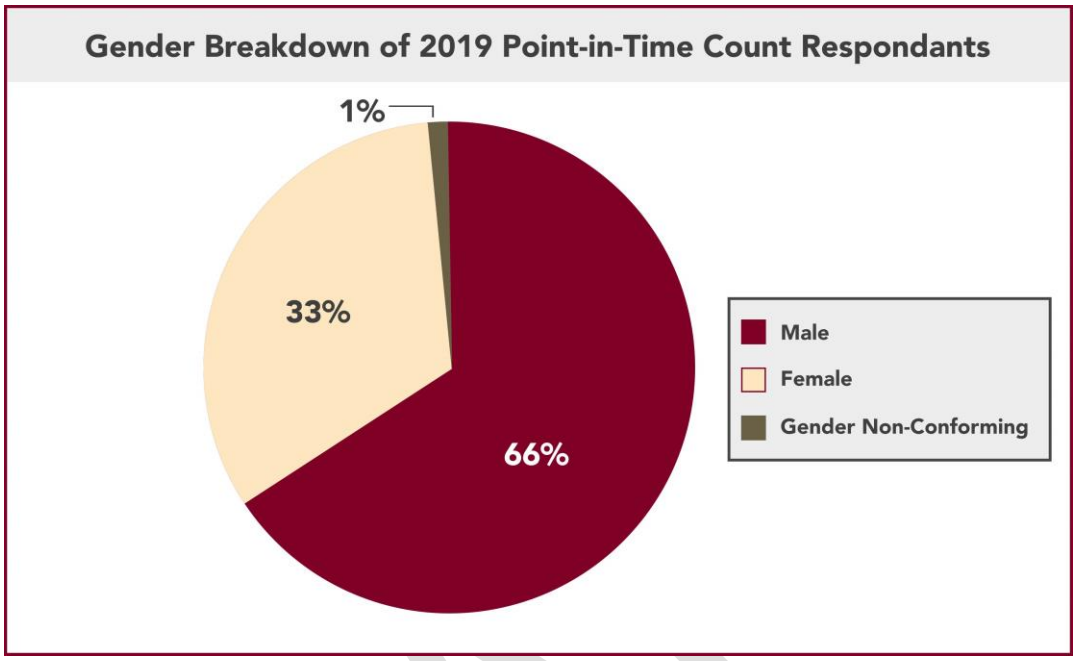
Demographic data, on age, gender, and race, of Loveland Point-in-Time respondents in 2019 are included below as Figures 2 - 4.

Figure 2. Age Breakdown of 2019 Loveland Point-in-Time Respondents



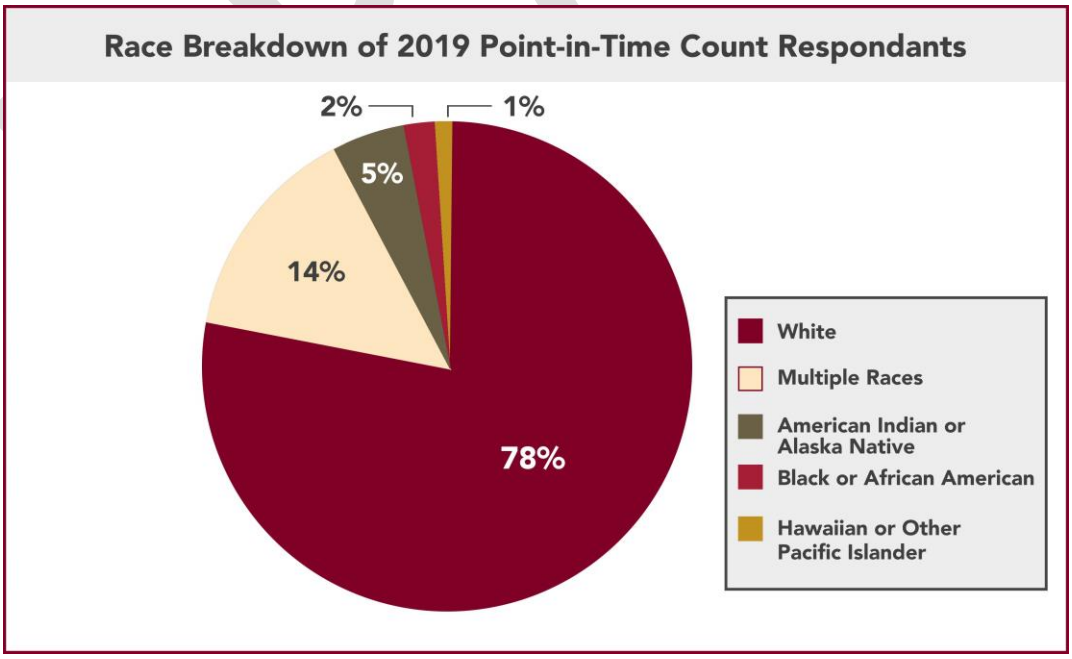
Colorado Balance of State Continuum of Care, 2019

Figure 3. Gender Breakdown of 2019 Loveland Point-in-Time Respondents



Colorado Balance of State Continuum of Care, 2019

Figure 4. Race Breakdown of 2019 Loveland Point-in-Time Respondents



Colorado Balance of State Continuum of Care, 2019

Among Point-in-Time respondents, nobody self-identified as "Asian." Nearly 23% of all respondents identified as Latinx.

McKinney-Vento School Data

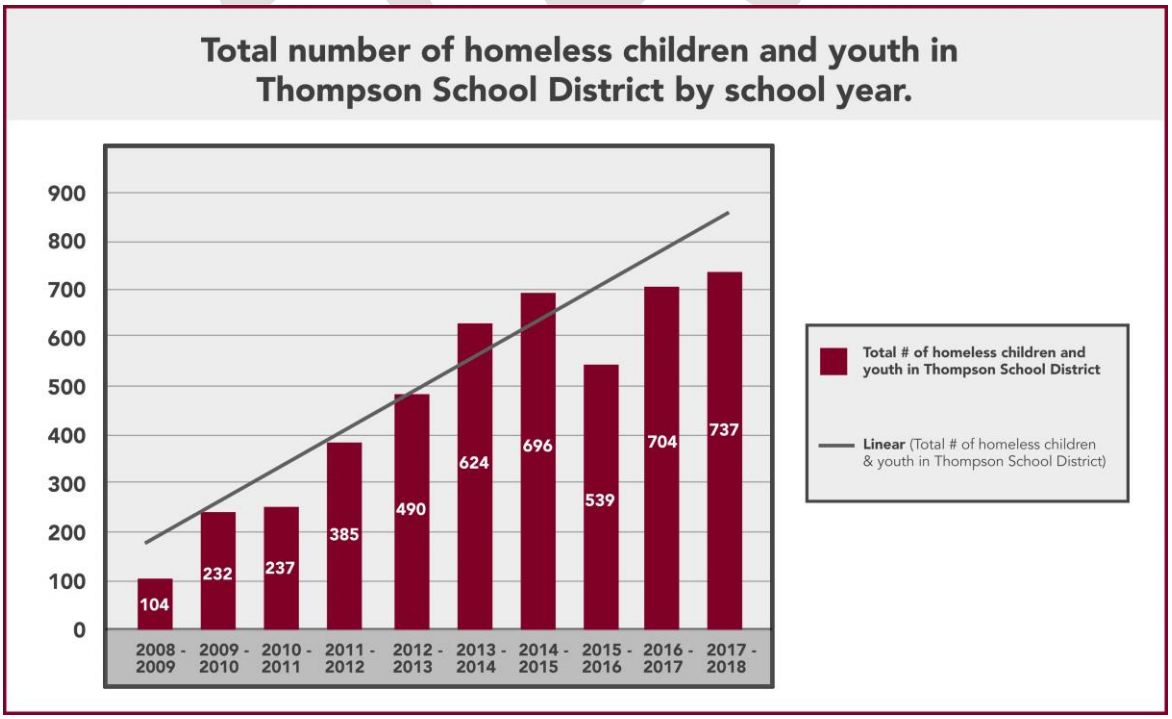
Staff in the Thompson School District support students and their families while they are homeless. To access some resources to support these efforts, the school district keeps track of the number of children and youth they serve each school year. Students can qualify to receive support if they are sleeping outside, sleeping in sanctioned shelters, staying temporarily in a motel, or staying temporarily with friends or family.

The school district's count of the number of children and youth experiencing homelessness who they serve greatly exceeds the Point-in-Time count for two reasons:

1) The school district considers anyone staying with friends or family members or staying in motels or hotels as experiencing homeless. These are considered to be more common living arrangements for families than sleeping outside or in a shelter. Therefore, the McKinney-Vento homeless counts are higher than the Point-in-Time counts, which use a narrower definition of homelessness.

2) The school district's count captures children and youth experiencing homelessness *over the entire school* year. The Point-in-Time only surveys people on a single night once each year.

Figure 5. Homeless Children and Youth Served by Thompson School District



Homeless Education Data, 2018

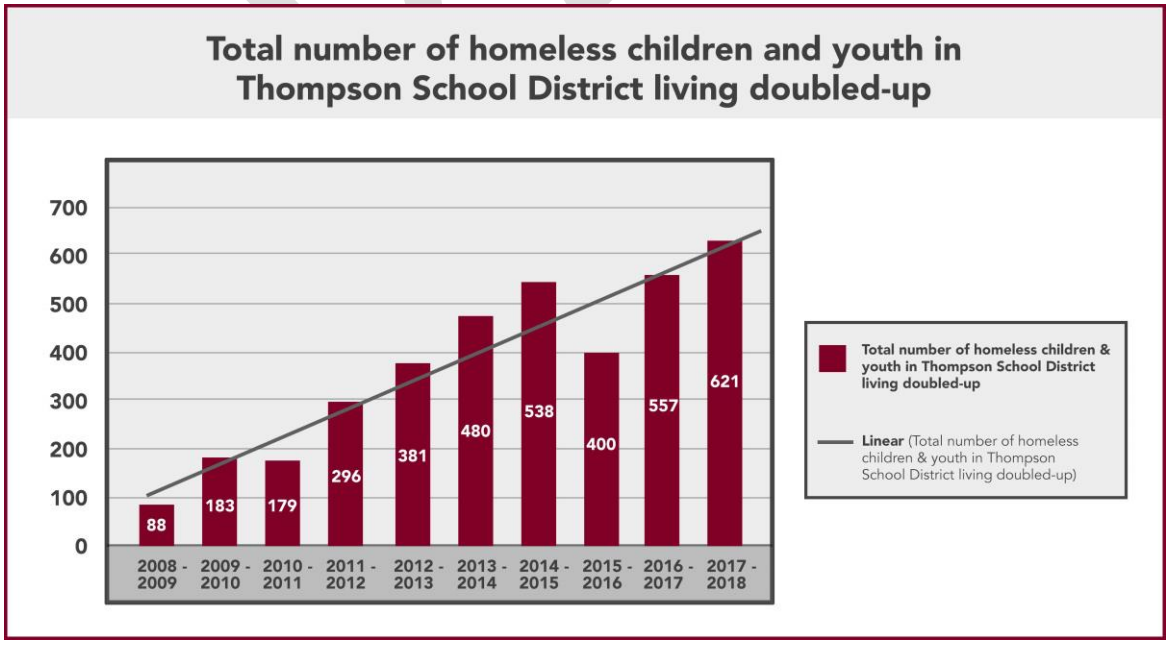
Figure 5 (above) shows the number of children and youth experiencing homelessness each school year in Thompson School District from the 2008-2009 school year to the 2017-2018 school year. Over the past 10 years, the number of homeless children and youth in the school district has increased by over 600%, as illustrated by the diagonal line running through the graph.

While the majority of children and youth served are living with parents or guardians, in the 2017-2018 school year (the most recent year of available data), 67 students served were unaccompanied youth. These are youth who were not in the physical custody of a parent or guardian for at least a portion of the school year.

Around 3.3% of students served during the 2017-2018 school year were living in shelters, transitional housing, or awaiting foster care; 6.6% were staying in motels or hotels; and 5.8% of students served were living in unsheltered areas. The greatest number of homeless students and families served by Thompson School District are living doubled-up with friends or family members (84.3% of students served in 2017-2018). Figure 6 (below) illustrates the number of children and youth living in these doubled-up situations since the 2008-2009 school year.

In the 2017 - 2018 school year, 67 students in Thompson School District were unaccompanied, living without any parent or guardian.

Figure 6. Homeless Children and Youth Living in Doubled-Up Situations



Homeless Education Data, 2018

Those students and their families served by the McKinney-Vento program in the Thompson School District who are living doubled-up are doing so not out of choice but because of economic hardship. Some families may have been priced out of their existing housing. Others may have experienced an emergency, such as a loss of job or medical emergency that drained the family's finances and put their housing at risk. Overall, the high proportion of families needing to live doubled-up points to broader trends in the increase in housing prices and the lack of housing that is attainable, affordable, and sustainable for families in lower income brackets. The City of Loveland might consider working with Thompson School district to obtain aggregated data which would provide additional information (i.e., number and length of homeless episodes, reasons for homelessness, outcomes of service interventions and resolution of homelessness)

Local Residents and Travelers

One question that community members and stakeholders frequently raised deals with the residency of people experiencing homelessness in Loveland. There is no agreed upon definition for "traveler" or "transient," making it impossible to quantify the prevalence of homelessness along these dimensions. Given that people who are homeless do not have a permanent address (the most common marker of residency in a town or state), estimates of the number of people who are local residents versus those who are passing through relies on self-reported data on the length of time people have been in Loveland or the number of people self-identifying as being from Loveland.

Part of the process of collecting data and feedback from the community involved speaking with people with the lived experience of homelessness. Thirty-eight individuals who are currently homeless participated in focus groups providing input based on their experience. The majority of participants (31) most commonly slept outside or in their car. For this group, the median length of time people had lived in Loveland was 4.5 years; the longest resident had lived in Loveland for 50 years. When asked how long they had been homeless in Loveland, the median length of time was 1.4 years, with the longest length of homelessness in Loveland reported as 12 years. Overall, almost one-third of respondents reported having been homeless in Loveland for at least 3 years.

Data collected from the Community Kitchen, a local service provider offering daily meals to anyone in need, paints a similar picture. Of the 101 participants who have self-identified as homeless, 92% report they live in Loveland. Only one participant self-identified as being an out-of-state resident.

Data on individuals receiving services from House of Neighborly Services - 137 Connection reveal a different distribution. Of all individuals seeking services in 2018, 39% either self-identified as being from

Loveland or were known to have resided in Loveland for at least a year. Of those individuals who were not from Loveland, the overwhelming majority (81.4%) received services for less than 10 days total during the calendar year.

According to data collected in the 2019 Point-in-Time, many participants answered that an existing social tie was the reason they came to Loveland, either as a child with parents or as an adult to be with family or friends. Some grew up in Loveland and remained in the area. Many participants also cited Loveland's availability of services along with possible job opportunities as an additional draw. Many of the participants who were not already living in the city of Loveland came from neighboring areas, such as Greeley, Fort Collins, or Longmont. Very few participants cited moving from out of state (Colorado Balance of State Continuum of Care, 2019).

Impacts of Homelessness

Fully quantifying the impacts of homelessness is challenging due to limited opportunities for data collection, a lack of coordination across services around data collection, and the complex and fluid nature of homelessness. One way of understanding community impact can be told by the people who live and work in the community. For this project, interviews and surveys were conducted with community stakeholders, such as service providers, medical professionals, and community decision makers regarding their perceptions on the impact of homelessness across various systems. Additionally, a link to a community survey was disseminated with every household's utility bill in which Loveland residents were asked questions pertaining to homelessness, including its impacts to the broad community.

When asked to rate impact on a scale of 1 to 5, with 1 being no impact and 5 being very high impact, stakeholders identified several systems that have felt a large impact due to homelessness. Courts were rated as the most impacted system, with 91.7% of interviewees identifying that homelessness has either high of very high impact. Jail was the second highest impacted system, with 83.3% of interviewees identifying a high or very high impact, followed by libraries at 76.9% reporting high or very high impact. Other systems such as healthcare and hospitals (70.4%); police, fire, and EMT's (68%); and public parks and community centers (57.7%) all garnered response rates of 50% or higher for either high or very high impact when asked to describe the impact of homelessness.

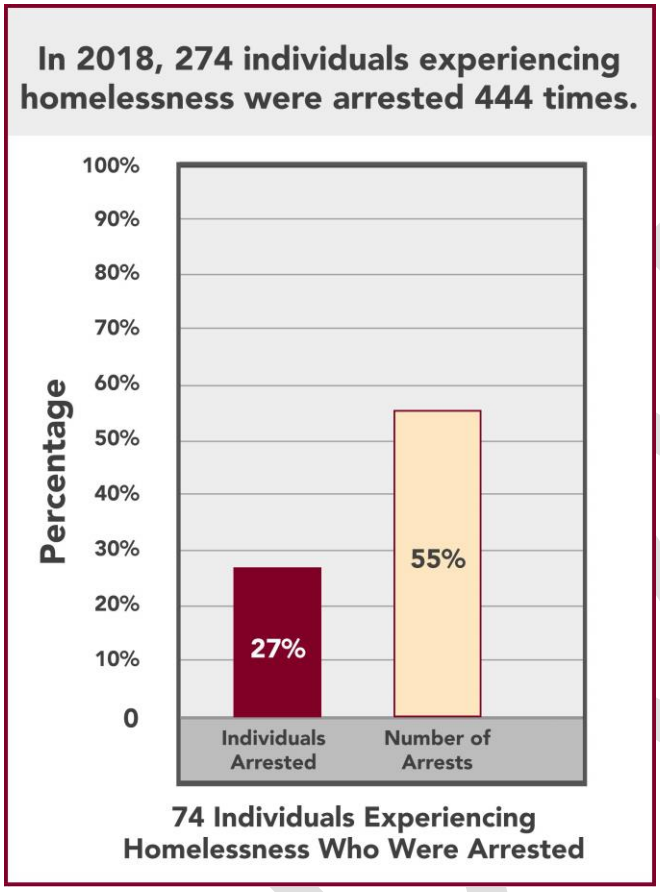
On the community survey, respondents were asked whether or not they thought Loveland had a homelessness issue. Of the total 663 responses, 91.4% of the responses felt that Loveland has an issue with homelessness. Respondents were also asked whether police departments, local parks, the Loveland library, and local health care systems are impacted by homelessness. Over 94% of respondents believe that homelessness impacts these systems.

There is general agreement across the community that homelessness impacts other community systems and services. Additional data was collected from the Loveland Police Department and from McKee Hospital to better assess the impacts to the criminal justice and healthcare systems.

Impacts to the Criminal Justice System

The Loveland Police Department collected arrest data for calendar year 2018 for individuals who reported a lack of a permanent physical address. In total, there were 647 charges levied against individuals experiencing homelessness on a total of 444 arrests. Viewing the data as a whole, these arrests account for 14.9% of the city's total charges.

Figure 7. Highest Utilizers of the Criminal Justice System



The data demonstrates that 274 unique individuals experiencing homelessness were arrested during 2018. However, almost 55% of the arrests were made on only 74 individuals. Furthermore, the 10 people with the highest number of arrests accounted for 75 (16.9%) of total arrests among people experiencing homelessness. This indicates that a small group of individuals account for a substantial amount of the impact to the Police Department.

The most prominent charge among people experiencing homelessness were warrant arrests (196 of 647 charges or 30.3%). Trespassing was the second most frequent charge, totaling 56 charges (8.7% of the total charges). Typically, outstanding warrant arrests for persons experiencing homelessness are the result of receiving a ticket for a petty crime and are not able to pay the fine, or they miss their court date and then a bench warrant is issued for their arrest. The next most frequent charge is for possession of drug paraphernalia - penalty at 7% and non-criminal custody (mental health hold/detox hold/non-criminal custody) at 5.4% rounded out charges that comprised more than 5% of the total. As outlined in Figure 8, these top four charges made up 51.4% of the total 647 charges.

Figure 8. Most Common Types of Charges in 2018 for People Experiencing Homelessness

Type of charge/arrest	% of arrests among those experiencing homelessness attributed to each charge
Warrant arrest	30.3%
Trespassing	8.7%
Possession of drug paraphernalia – penalty	7.0%
Non-criminal custody/mental health hold/detox hold	5.4%
All other charges	48.6%

Another data source that speaks to the impact that homelessness has on the law enforcement and criminal justice systems comes from the 2019 Point-in-Time survey. The Point-in-Time survey asked respondents for the approximate number of times they have talked to police in the past 6 months. From the 76 responses, the average number of interactions with law enforcement within the past six months was 5.2 interactions. This points to the amount of contact people experiencing homelessness have with police officers outside of interactions leading to a charge or arrest.

Impact upon Loveland law enforcement as well as local jail and courts has been lessened by Jumpstart, an alternative court process for those experiencing homelessness or situational crisis. According to the City of Loveland website, "Rather than using traditional sentencing options (fines, useful public service, incarceration, and classes), Loveland Municipal Court and the City's non-profit agencies work together to educate Municipal Court offenders about the numerous resources that are available throughout Loveland. Jumpstart provides an offender the opportunity to obtain, among other things, an education, employment and housing. Offenders can improve their life, gain a sense of pride, and be accountable to the Court for violating city ordinances" (City of Loveland, 2016). Case management is a key component to Jumpstart, which assists charged individuals to access local and regional services.

Impacts to Hospitals and the Healthcare System

Over 70% of stakeholders surveyed believe homelessness has a high or very high impact on the healthcare system. Specifically looking at emergency medical services, 68% of stakeholders identified a high or very high impact on this system. While access to data to quantify the impact on healthcare system was not readily available, two primary data collection efforts shed some light on the impact.

McKee Hospital in Loveland provided data from the emergency room visits that occurred from June 2018 through December 2018 for individuals who put "homeless" as their address during the admissions process. There was a total of 68 visits from 25 unique individuals during this time frame. The highest number of visits logged by a single individual during these seven months was eight visits. Three additional patients each had five visits. City of Loveland should consider working with local health care providers (including UC Health and Medical Center of the Rockies) to obtain more comprehensive data on homeless persons receiving in-patient and emergency room care to understand the impact upon local health care systems.

In the 2019 Point-in-Time count, respondents were asked to answer several questions concerning their interactions with healthcare systems. Fifty-four individuals had visited the hospital within the six months leading up to the Point-in-Time. The average number of visits per respondent among these individuals was 1.24 visits. Of these hospitalizations, 68% were reported to be emergency room visits, and 47% were transported by ambulance for the hospitalization.

While these data sources provide data for a limited timeframe and do not provide a detailed exploration of the nature of the visits, the data suggests that homelessness in Loveland puts pressure on the healthcare systems. Similar to the criminal justice system, there seems to be a pool of individuals who utilize the healthcare systems at a rate that is disproportionate to other community members.

While are costs and impacts to other systems attributed to the current status of homelessness in Loveland, as well as an appetite for action to alleviate these impacts. When the community was asked, 72.2% of

respondents affirmed support for additional resources to be allocated to reduce the impact of homelessness. Investing more time and resources into quantifying the impact of homelessness could free up these systems to be more responsive to the needs of the community, including both those experiencing homelessness and those in housing.

Gaps in Services and Resources

Effectively addressing homelessness requires crafting solutions to fit the broad and diverse needs of people experiencing homelessness. A single individual who has been homeless for 10 years and sleeps outside will need different resources than the family who has been staying doubled-up with their friends for two weeks. Current gaps in resources exist. Over two-thirds of interviewed community stakeholders with knowledge about the current homeless services system feel Loveland rates "poor" or "very poor" in the availability of a comprehensive range of resources needed to address homelessness.

Current gaps in local resources exist. Over two-thirds of those interviewed reported feeling that Loveland rates "poor" or "very poor" in the availability of a comprehensive range of resources needed to address homelessness. Furthermore, over 75% of community members would support developing a year-round shelter and over 58% would support efforts to develop more housing for those in need. All of these data points, taken in the aggregate, support a strategic direction forward for the Loveland community focused on building the capacity of the community to provide adequate short- and long-term housing options as a solution to address homelessness and its impacts.

Two of the most common reasons people in Lovelan report becoming homelessness are a lack o income or ability to secure well-paying job and a lack of housing, affordable at their income level.

System Gaps

Two of the most common reasons people in Loveland report becoming homelessness are a lack of income or inability to secure a job that pays well, and an inability to find a place to rent within their income limitations. These findings contrast with data collected from Loveland residents, in which the two most common reasons residents believed other people became homeless related to mental health and substance use issues. While disabilities and health conditions are prevalent among those who are homeless, the lack of ability of people to pay for the housing on the private market coupled with a lack of affordable or subsidized housing, makes escaping homelessness difficult for individuals, families, youth, and the growing senior population.

On March 12, 2019, a community meeting was held to review the existence and capacity of Loveland resources to address homelessness. The following chart reflects provider and stakeholder perspectives on services for specific populations of people experiencing homelessness.

Figure 9. Loveland Resources Overview

LOVELAND RESOURCES – OVERVIEW							
Green = resource exists & has adequate capacity and scope Orange = resource exists but limited in capacity and scope Red = lacks specific resource in Loveland							
Populations	**Teens**	**Youth**	**Single Males**	**Single Females**	**Single parents**	**Families**	**Veterans**
Homeless service system							
Coordinated entry							
Single data system							
Data sharing							
Leadership group							
Community education							
Jumpstart Court							
AmeriCorps/VISTA human resources							
Crisis services							
Prevention							
Diversion services							
Shelter							
Hotel vouchers							
Street outreach							
Day Center							
Bathroom/hygiene facility access							
Storage facilities							
Housing							
Transitional housing							
Rapid Re-Housing							
Supportive housing (PSH)							
Respite housing							
Affordable housing							
Services							
Targeted MH services							
Targeted SA services							
Targeted employment services							
Health care							
Paid peer positions							

Following are comments from community members regarding current resources and efforts:

"Extended hours for overnight shelter, extended months for actual shelter" (Providers talking about what they would like to see included in the strategic plan)

"Having a full-time night shelter, having access to laundry, showers, and other hygiene related services, and services for women specifically" (Providers talking about what they would like to see included in the strategic plan)

"Safe decent shelters for families or single parents where kids can go and feel safe and comfortable to have their children where they can get help to resolve barriers." (Providers talking about what they would like to see included in the strategic plan)

"No shelters that allow pets. Limited housing available for those that have pets. For many people their pet is their only purpose in living and/or their only support." (Provider comment)

"No youth shelter and no local, targeted services for unaccompanied youth." (Provider comment)

"Better communication between organizations. There is a lot of misinformation." (From provider, when explaining goals they would like included in this plan)

"Create coordinated community structure to work together on issues of homelessness." (From provider, when explaining goals they would like included in this plan)

"Lack of coordination between agencies." (From provider, noting challenges with current efforts)

"No coordination of services and high barriers to access services." (From provider specifically talking about issues serving families)

Service providers, housing agencies, faith community representatives, citizens and those experiencing homelessness indicated significant interest in working collaboratively toward strategic objectives to streamline efforts in developing housing focused service paths. As identified above, there are varying levels of capacity and resources in serving the various subpopulations experiencing homelessness.

Subpopulations within Homelessness

The above graph identifies the subpopulations within the homeless population in Loveland and the resources, or lack thereof, available to these specific subgroups within four categories: homeless service systems, crisis services, housing, and general services. The types of services available are sporadic in the type of service offered and the capacity and scope of service across all groups. The narrative below identifies research studies on services that have shown positive, effective results among the homeless subpopulations assessed in the graph.

Homeless teens in Loveland are the most vulnerable subpopulation with the least number of services accessible to them compared to other subpopulations. A 2016 study of homeless youth in the areas surrounding Columbus, Ohio, area sought to address the gaps in accessible services for non-service connected homeless youth, and identify which services are the most effective in transitioning youth from homelessness into permanent housing. The study defines homeless youth as individuals experiencing homelessness between the ages of 12 and 24. Qualitative results showed that homeless youth appeared to access drop-in centers more than shelters reporting that youth avoid shelters due to a preference of developmentally sensitive, youth-serving agencies. Youth in the study were assigned an outreach worker who assessed the needs of the individual and connected them with the appropriate services. Results showed that drop-in centers equipped with youth outreach workers result in more access to services for homeless youth, lower rates in substance abuse, and a higher probability of transitioning into permanent housing compared to youth who are serviced in shelters that serve broader populations (Slesnick et al., 2016). These findings suggest that success for homeless youth may depend on providing youth-specific services that are developmentally appropriate for homeless teens.

Currently, services specific for youth are limited to in-school support through the school district and limited services offered through a Fort Collins-based agency. Most youth and young adults are limited to what services other subpopulations can access.

For ***homeless single adults*** in the Loveland community, barriers to housing and effective services will differ as compared to homeless youth. A 2016 study in Ottawa, Ontario, Canada, examined the risk of resiliency factors impacting homeless individuals' capability of transitioning from homelessness into sustainable housing. Individuals in the study were identified as lone, single individuals or single parents with one or more children who were currently accessing emergency shelters at the time of the interview. Results showed that the primary predictors of a homeless individual transitioning into housing were 1) greater access to subsidized housing, 2) greater income to maintain housing once achieved, 3) economic resources that promote housing sustainability specifically for individuals transitioning out of homelessness, and 4) social policies that address extreme poverty by assisting individuals with rent subsidies when housing is initially obtained. All of the above-mentioned predictors are shown to contribute to higher housing retention rates among previously homeless individuals (Aubry, Duhoux, Klodawsky, Ecker, & Hay, 2016).

Currently in Loveland, single adults can access seasonal shelter services, day center services, food, some housing assistance, and some behavioral healthcare services.

Within the subset of single adults experiencing homelessness are ***single adult women*** many of whom are survivors of domestic violence and/or sexual assault. According to the Family and Youth Services Bureau (2016), 22-57% of women report domestic violence as the immediate source that caused them to become homeless. Research shows that 38% of all domestic violence victims experience homelessness at some point in their lives. Additionally, women and men who experienced food and housing insecurity in

> ***"Single mothers are a huge part of the homeless family population. There is lack of affordable housing and childcare."***
>
> *-Provider Comment*

the past 12 months reported a significantly higher 12-month prevalence of rape, physical violence, or stalking by an intimate partner compared to women and men who did not experience food and housing insecurity (Family and Youth Services Bureau, 2016). A 2018 survey on the well-being of unhoused women in Loveland showed 43% had experienced physical assault, 29% sexual assault, and 29% also stated they had engaged in survival sex for safety (Rentsch, 2018). Most women who responded stated they would use a safe shelter if it was provided (Rentsch, 2018).

The Safe Housing Partnerships organization outlines key approaches to best serve homeless survivors of domestic and sexual violence. These approaches include: 1) creating safe temporary housing through victim-specific emergency shelters and transitional housing programs, 2) facilitating access to safe permanent housing by working with housing providers, landlords, and trauma-informed homeless housing programs that would be sensitive to the needs of survivors, 3) preventing homelessness by reaching survivors before they become homeless and helping them to live safely in their communities, and 4) providing survivor-centered services across disciplines to support survivors (Safe Housing Partnerships, 2019). In a 2014 study on the help-seeking behaviors of female survivors of domestic violence, results showed that most women's first line of intervention came from police or housing agencies rather than medical or mental health practitioners. This suggests that trauma-informed approaches for housing agencies and local police may be most effective for preventing women already experiencing domestic violence from becoming homeless (Evans & Feder, 2016).

Currently, services specific for single women who are fleeing domestic violence are limited to the local domestic violence shelter, seasonal shelter, as well as, day center services. Loveland safehouse opened in 2017 and Alternatives to Violence has provided transitional housing in the region for several decades.

Meeting the needs of ***families*** experiencing homelessness will require a different scope of services as compared to the previously discussed subpopulations. A 2015 study in an Eastern U.S. city assessed homeless families' success in transitioning into permanent housing under three conditions of homelessness: the family is living with other family members, or "doubled-up"; the family is living exclusively in emergency shelters; or, the family is living in long-term transitional housing and supportive housing programs. Results showed that families accessing long-term services accessed more services in general and had higher success rates in obtaining and maintaining housing. Families living in these agencies cited their success due to separation from unhealthy environments and access to a consistent, stable environment with broad resources available. Families living in doubled-up conditions showed the lowest rates of accessing available services and had less general knowledge about what services were available. Additionally, children living in doubled-up homes were less likely to be identified as homeless by the school system and were therefore less likely to receive services in school settings (Miller, 2015). These findings suggest that housing success rates for families are dependent upon long-term services that provide social and economic supports to ensure long-term success.

Currently, Loveland services for families include House of Neighborly Services Life Center, Angel House shelter and transitional housing. Also, behavioral healthcare services, access to food, assistance with child care, McKinney-Vento liaison and school district supports, domestic violence shelter and services as well as rent and housing assistance are available in limited supply.

Homeless ***veterans*** belong to an additional subpopulation that is especially vulnerable to homelessness. A 2015 study identified four goals to ensure a community's success in addressing homelessness within the veteran population: homelessness prevention, an effective system to move veterans into permanent housing, providing care and housing related services specific to the population, and providing necessary supports to allow veterans to recover from their period of homelessness, eventually becoming productive members in their communities again (O'Toole & Pape, 2015). Within the larger veteran population, the study identified subpopulations where it is recommended that communities focus on individuals rather than addressing the homeless veteran population as a whole. The specific subpopulations are divided into veterans from the post 9/11 era having served in Iraq and Afghanistan, female veterans (who experience poverty at disproportionate rates), aging veterans, and veterans prone to chronic homelessness. The findings of the study ultimately stress the importance of the prevention of homelessness by identifying groups more prone to becoming homeless and providing services sooner rather than later. Researchers in the study also cite the success of the programs due to community partnerships with federal organizations like US Department of Veteran's Affairs (VA), U.S. Department of Housing and Urban Development (HUD), and the Veterans Affairs Supportive Housing (VASH) program. These findings support the suggestion that approach and care for veterans experiencing homelessness must be tailored to specific subpopulations. Individualized care increases the likelihood that these groups of veterans will engage in services and transition into permanent housing.

Currently, staff from the U.S. Department of Veteran Affairs and Volunteers of America provide a range of services for veterans experiencing homelessness including access to housing and supportive services. In addition, the Loveland Housing Authority The Edge currently houses formerly homeless veterans.

Intersecting with many of the above-mentioned populations are those who are ***chronically homeless.*** Chronic homelessness encompasses those experiencing homelessness for a least a year, or for repeated periods over several years. Typically, those experiencing chronic homelessness also have at least one disabling condition, such as a developmental disability, brain injury, severe mental illness, substance abuse disorder, or physical disability that acts as an additional barrier to finding permanent housing. Data from the January 2018 Point-In-Time survey shows that about 24% of those experiencing homelessness in the United States are chronically homeless. The most effective intervention to address chronic homelessness is permanent supportive housing, which combines housing subsidies with individual case management and supportive services for residents (National Alliance, 2019). Due to the barriers to accessing services experienced by the chronically homeless population, it is suggested that community services meet individuals where they are at. This means individuals should be able to engage in services with few to no barriers or prerequisites to participation. (National Alliance, 2019).

Currently, Loveland has limited services for those experiencing chronic homelessness. Some current services include behavioral healthcare, shelter during inclement weather, day center services, meals, assistance with disability benefits, and coordinated entry assessment. There are no supportive housing units in Loveland but some have secured housing at Redtail Ponds in Fort Collins.

According to research of homeless subpopulations, several themes emerged regarding engagement across the groups.

The themes include but are not limited to:

- Population-specific services;
- Preventative services intervening before crisis;
- Supportive & consistent relationships with service providers;
- Employment support & income assistance;
- Developmentally appropriate services;
- Longer-term transitional housing;
- Case management & mental health services;
- Trauma-informed housing programs; and
- Community engagement in places of habitation.

While all populations could benefit from the strategies mentioned, several populations in particular would benefit the most from one or more of the approaches. For example, to best serve teens and youth experiencing homelessness, recommended practices for communities include providing population-specific services, preventative services intervening before crisis, supportive and consistent relationships with service providers, developmentally appropriate services, and community engagement in places of habitation.

Of the themes identified, these were selected based on the empirical evidence provided by Slesnick et al.'s (2016) article. Teens and youth are different from other the other subpopulations since there is a developmental barrier between them and the adults who are trying to connect them with services. The approach to this population must be more hands-on from service providers, meaning going to teens and youth first and not expecting them to come to where services are provided. This developmental barrier also discourages youth from seeking the services due to feelings of youth of being misunderstood and intimidated by services aimed towards adults (Slesnick et al, 2016). This further supports the recommendation that youth would most benefit from developmentally-appropriate, population-specific services aimed to specifically serve homeless teens and youth.

Single adults are shown to be in most need of employment support and income assistance, along with access to subsidized housing and housing assistance. Single adults experiencing homelessness intersect with a variety of subpopulations mentioned. The recommendations for best practice here are assuming that these individuals do not fall into the categories of women fleeing domestic violence, single parents, veterans, or chronically homeless. For single adults without additional needs, the most impactful and effective services are those directly related to employment and housing (Aubry et al., 2016).

Single women fleeing from domestic violence situations require a different level of services as compared to other subpopulations experiencing homelessness. This population is best served through population-specific services, preventative services intervening before crisis, supportive and consistent relationships with service providers, case management and mental health services, and trauma-informed housing programs. These themes were identified in consideration of the empirical support from Evans and Feder

(2016) and in conjunction with the recommendations from Safe Housing Partnerships (2019) for best practices for serving survivors of domestic and sexual violence.

Families experiencing homelessness are best served when provided with a family-tailored variety of services, specifically supportive and consistent relationships with service providers, employment support and income assistance, access to subsidized housing and housing assistance, and long-term transitional housing. These themes were identified based on evidence cited in Miller (2015). The evidence supported that families experiencing homelessness found the most success when services emphasized relationships with service providers and long-term, consistent housing supports (Miller, 2015).

Veterans experiencing homelessness also require a specific variety of services to best support their success. The themes identified are population-specific services, preventative services intervening before crisis, access to subsidized housing and housing assistance, and trauma-informed housing programs. The research of O'Toole and Pape (2015) suggests population-specific services are especially relevant for the subpopulations within the veteran population identified above, aging veterans, and veterans prone to chronic homelessness.

While those experiencing chronic homelessness may benefit from all of the types of services listed above but must first have their basic needs addressed. The primary themes of importance for chronically homeless individuals include developmentally appropriate services, case management and mental health services, and community engagement in places of habitation. These are recommended as the first steps due to the disproportionate rates of mental illness and disability that impacts this group (National Alliance to End Homelessness, 2019). Similar to homeless teens and youth, chronically homeless individuals respond best to services delivered where they are rather than providers waiting for them to come to service locations.

Options for Short-Term Stays

Emergency shelter provides a safe and secure place for people to stay for the short term. It is not a replacement for permanent housing, and the best shelter programs are fiercely focused on assisting people in locating and moving into permanent housing as quickly as possible. Currently, year-round shelter is not available for all populations in Loveland. Some year-round shelter spaces exist for four families at a time provided by House of Neighborly Service's Angel House program.

In 2018, House of Neighborly Services served 17 households in their emergency shelter program, which provides safe places for families to stay in local churches. Of the 17 families served, three were staying in their vehicle prior to accessing shelter. Eight were either in a motel/hotel or staying with friends and family members. An additional four families were staying in their own house or apartment prior to entering the shelter.

Four families were served in the longer-term (but still temporary) transitional housing program including two who moved from the shelter program. Combined, only 19 families who were homeless or about to become homeless were able to access overnight services, highlighting the limited shelter capacity available in Loveland.

Households that are fleeing domestic violence may be able to access shelter through Alternatives to Violence, although these resources are also limited.

Single adults can only access shelter during inclement weather during the winter months. Because of the lack of shelter available, over two-thirds of people currently experiencing homelessness in Loveland who participated in focus groups to inform this plan said they sleep outside most frequently.

In a survey of volunteers and staff working at local homeless service providers, year-round shelter was identified as a major gap in services in Loveland by over 75% of respondents (53 of 70 respondents). In addition, volunteers and staff identified shelters as the resource that was most difficult to access. Loveland residents are also aware of this gap; over 75% of community members responding to an online survey stated they would support having a year-round shelter in Loveland.

Options for Long-Term Stays

Having housing affordable and accessible to all is the foundation for addressing homelessness. For someone working full-time at a minimum wage job, an apartment renting for $577 would be affordable. For someone subsisting only on Supplemental Security Income (a cash benefit program supporting people who are aged or disabled), they could only reasonably afford an apartment costing $243 per month. Currently, the fair market rent for a one-bedroom apartment in the Fort Collins-Loveland area is over $1,000 per month. Stated simply, Loveland's private rental market is too expensive for most households at the lowest income levels. In addition, there is a lack of subsidized or affordable units available through the Loveland Housing Authority and other affordable housing providers in the area. As a result, many low-income households are not able to find housing they can afford, placing them at-risk of homelessness or making it difficult for those who have already become homeless to regain housing. Previous research confirms the relationship between high cost of living and homelessness. Communities can expect to see a 32% increase in homelessness among adults for every $100 increase in median rent (Byrne, 2013). This reinforces the need to plan long-term to maintain a healthy level of affordable housing in the community to manage and reduce homelessness.

Communities can expect to see a 32% increase in homelessness among adults for every $100 increase in median rent. This reinforces the need to plan long-term to maintain a healthy level of affordable housing in the community to manage and reduce homelessness.

- Byrne, 2013

While there is a lack of affordable housing for all populations, staff and volunteers at local service providers note it is particularly difficult for large families, people with poor credit or previous convictions, people with prior criminal convictions (even if for minor offenses or charges from years before), and people with pets to find housing.

The lack of affordable housing in Loveland is widely recognized. Among community stakeholders interviewed for this plan, 80% (12 of 15 respondents) felt the availability of affordable housing is poor or very poor. Similarly, over 76% of community members surveyed believe there is a lack of affordable housing in Loveland. And, among the community members who believe additional resources are needed to address homelessness (over 72% of those participating in an online survey), the activity that received the most support for allocating additional resources was developing housing.

Developing more affordable housing is an important aspect of addressing homelessness, but this alone will not guarantee success. Various housing programs or forms of assistance are needed to ensure people with a variety of needs have the support to access and retain housing. The following section highlights some of these components which emerged through data collection for this plan.

Permanent Supportive Housing. Permanent supportive housing couples an affordable housing unit with supportive services, such as case management, life skills, access to healthcare, or behavioral health treatment. This type of housing is used across the country, in communities of all sizes, to house individuals who have been homeless a long time or who have disabilities or illnesses that limit their ability to access housing on the private market. Sixty percent of volunteers and staff of local homeless providers believe the lack of permanent supportive housing is a major gap in services in Loveland. No other single type of housing intervention received as much support as permanent supportive housing.

Transitional Housing and Rapid Re-Housing. Transitional housing was also identified as a gap by many service providers. People often use the term "transitional housing" to describe any housing that's offered on a temporary basis but is more stable than shelter; there are program guidelines that set aside "transitional housing" from other forms of temporary housing assistance. Traditional single-site transitional housing involves an individual or family moving into a dedicated transitional housing unit for up to two years. While they live there, they receive support from case managers who help them prepare for the transition to permanent housing. While there may be differences in how different providers run their own transitional housing or rapid re-housing programs, the most common differences between the two interventions are shown in the grid below.

Figure 10. Differences Between Transitional Housing and Rapid Re-Housing

	Single-Site Transitional Housing	Rapid Re-Housing (shares many similarities with Scattered-Site Transitional Housing)
Where do you live?	In a building dedicated as transitional housing; or in a unit where the program holds the lease	In an apartment that you could stay in afterwards; the tenant holds the lease
Who pays the rent?	The tenant pays a portion of the rent and the program pays a portion	The tenant pays a portion of the rent and the program pays a portion
How long are you in the program?	Up to two years	Up to two years but duration is generally no more than three months unless family is unable to stabilize
Where do you go after the program's done?	You have to move out of the building; staff work to help you find a place to move to when your time is up	You can stay in the apartment you've been living in; you just take over all of the rental payments

Because of the flexibility of rapid re-housing to serve people only as long as they need assistance (rather than assuming all will require two years of support), it is an intervention that can be used to serve a broader set of households in need of assistance.

Many of these housing interventions rely on partnerships in the private housing market. For instance, working with local landlords can ensure people receiving a housing voucher or rapid re-housing assistance can locate an apartment or housing to rent. In addition, it ensures people who are ready to transition out of supportive housing have affordable options available to them on the private market.

Matching people to the right type of housing

The success of a housing system is dependent on having the right supply of different types of housing interventions that can meet the varied needs of the community, and ensuring a process to match people to the housing assistance that best meets their needs at that time. Loveland providers have been participating in a regional effort to establish a Coordinated Entry (CE) system since 2016. This coordinated entry process is designed to identify households who are currently experiencing homelessness and in need of housing assistance, ensure they have all required documents (e.g., birth certificates, ID's, veteran documents, or proof of income), and quickly match people to housing resources available in the region, such as supportive housing and rapid re-housing resources.

When regional providers started building this system in February 2016, they focused on veterans to start the process. The system was expanded to accommodate non-veteran adults in March 2017, families with children in April 2018, and unaccompanied youth under the age of 25 in January 2019. The system works with households across Larimer and Weld Counties. Figure 9 (below) presents data on the number of households assessed for housing through CE and the number of those households who have accessed permanent housing.

Figure 11. Number of Households Assessed and Housed Through Coordinated Entry

	# Households Assessed for Housing	# Households Housed	% of Households Assessed Who Are Now Housed
Veterans From Feb. 2016 through April 2019	411	315	76.6%
Non-Veteran Adults From March 2017 through April 2019	657	130	19.8%
Families with Children From April 2018 through April 2019	201	102	50.7%
Youth From January 2019 through April 2019	16	1	6.3%

There are a few takeaways from these data:

1) There has been the greatest success to date with veterans, largely because there are more housing resources available to eligible veterans than to other populations.

2) There is far greater need than the current resources available in the community are able to accommodate.

3) The number of households assessed for housing does not represent the full need in the region. As new households become homeless, they are assessed for their housing needs and enter into this system. This highlights the need for better prevention efforts to reduce the inflow to the CE system.

Options for Other Necessary Services

In addition to housing, other services are needed to 1) assist people in accessing and retaining housing, and 2) reduce the impacts of homelessness in the community.

Services to Assist in Accessing and Retaining Housing

Healthcare-related services and services designed to help people secure an income were two types of services identified as gaps in Loveland's system to help people access and retain their housing.

Healthcare-Related Services

Managing or recovering from illnesses or disabilities while homeless can be challenging and can make accessing housing to move out of homelessness more difficult. Among those surveyed as part of the annual Point-in-Time count, over ⅔ of respondents self-identified as living with at least one disability or chronic health condition. Almost half (49%) of those individuals with disabilities or illnesses are living with multiple conditions. Figure 12 shows the prevalence of different disabilities or illnesses among the Point-in-Time respondents who disclosed a disability or illness. As co-occurring conditions are common, the percentages do not add to 100%.

Figure 12. Proportion of PIT Respondents with Disabilities Who Self-Identify as Having Each Disability Type

Disability/Illness Type	Proportion of All Respondents with Disabilities
Chronic Physical Illness/Disability	42%
Post-traumatic Stress Disorder	32%
Serious Mental Illness	28%
Brain Injury	18%
Developmental Disability	18%
Substance Use Disorder	17%
HIV/AIDS	1%

Among volunteers and staff of local service providers, over 58% of people identified limited mental health services and over 54% identified limited substance use services as major gaps. It was further noted that services are often "fractured and hard to navigate." In addition, there are gaps in services for small but highly vulnerable populations, such as the identified lack of medical respite beds to serve those who are homeless but too medically fragile to stay outside or in a traditional shelter space.

Income-Related Services

Everyone needs some source of income to subsist. Many people who are homeless can work or are working while homeless. Other people who are homeless may be living with severe disabilities or illnesses that make paid employment unmanageable. For those individuals, accessing disability benefits, for those who are entitled, can be critical to having a stable and healthy life.

People currently experiencing homelessness in Loveland who were interviewed as part of this project stated the single most common reason they are homeless is job-related. Data from participants at the Community Kitchen similarly point to job-related issues for many people. Just over 21% of homeless participants at the Community Kitchen report being employed. While some of those who are not employed may not be able to work right now, many others have issues accessing permanent employment while homeless. In addition, even though some individuals are employed, they may be underemployed, working part-time, working in a low-paying job, or working temporary jobs. None of these work situations may provide enough income to pay for housing in Loveland without further assistance.

In addition to ensuring there are adequate employment programs that can help connect people to stable, permanent, well-paying jobs, services are also needed to connect people who are unable to work to

benefits. Given over ⅔ of people surveyed during the Point-in-Time disclosed having at least one disability or long-term illness, public benefits (such as Supplemental Security Income or Social Security Disability Insurance for people who are aged or disabled) may be the best option for providing stable income that can help people meet their basic needs.

Services to Reduce the Impacts of Homelessness

When people have to live their lives in public spaces, it can create impacts for the broader community. Access to adequate hygiene services is necessary for the health of people experiencing homelessness as well as for the public health of Loveland. In a survey of local service providers 60% of respondents identified insufficient showers as a gap in services, almost 49% identified insufficient laundry options as a gap in services, and almost 43% identified insufficient bathrooms as a gap in services.

In addition to the impacts to the community stemming from gaps in hygiene-related services, community leaders and stakeholders widely recognized the impact homelessness has on other systems (see the section on "Impacts of Homelessness" in this report for more detailed data). A total of 37 community leaders and stakeholders were interviewed for this process. Not every stakeholder was able to offer an opinion regarding the impact of homelessness on each system; the number provided for each system represents the total number of stakeholders who did comment on the impact to that system.

Figure 13. Percentage of Community Stakeholders Interviewed Claiming There is a "High" or "Very High" Impact on Each System/Service *

Courts (n = 24)	91.7% (22 of 24 respondents)
Local Jail (n = 24)	83.3% (20 of 24 respondents)
Libraries (n = 26)	76.9% (20 of 26 respondents)
Hospitals/Healthcare (n = 27)	70.4% (19 of 27 respondents)
Police/EMT/Fire (n = 25)	68.0% (17 of 25 respondents)
Public Parks/ Community Centers (n = 21)	61.9% (13 of 21 respondents)

**Only those systems/services with at least 50% of respondents reporting high or very high impact are reported. Other systems/services with lower levels of perceived impact from homelessness include County Human Services, public transportation, business district, neighborhoods, and overall crime rate.*

Impacts to these systems and services can be addressed through direct interventions or through systemic changes.

An example of a direct intervention is street outreach. Street outreach workers are trained professionals who work with people who are homeless, meeting them where they are, at rather than requiring individuals to go to a physical location to meet with someone. In addition to assisting people in accessing services and meeting their needs, effective outreach programs have also demonstrated outcomes to community systems and services impacted by homelessness. For instance, Outreach Fort Collins (a street outreach program operating in downtown Fort Collins) started working with four individuals in 2016 who had frequent contact with police and hospitals. In 2016, the four individuals cumulatively had 31 citations from Police Services and had $339,491 in service costs at one hospital. Comparatively, by 2018, the four individuals cumulatively had 2 citations and $0 in service costs at the hospital. Staff attribute these decreases to working collaboratively with other service providers and partners, connecting these individuals to housing and supportive services. This approach not only contributes to better outcomes for the individuals but reduces impact to the community.

Systemic changes to reduce the impact of homelessness involve assessing where changes can be made to the service system to lessen the impact homelessness may have on that system. For example, in Loveland, almost 15% of arrests made by the police are on people currently experiencing homelessness. Of those people who are homeless who are arrested, over 30% of arrests are warrant arrests. There is no other single category of charges that yields as many arrests for people who are homeless as warrant arrests.

Warrant arrests can occur for a variety of reasons including people missing parole meetings, failing to appear in court, or other circumstantial occurrences. With court in Fort Collins, those required to appear face transportation challenges which often interferes with follow-through. Many communities find opportunities to clear these warrants for people with low incomes, ending the cycle of arrests, accumulation of charges, and subsequent warrants and arrests that are detrimental to both the individual and the community.

System Administration and Capacity

The community must fill the existing resource gaps in a way that creates a functioning and efficient system. Developing the right infrastructure to support and sustain this system is critical for two reasons. First, it ensures time is not wasted as people try to find the right service provider or resource that can assist them. Instead, the goal is to guarantee that however someone "enters" the system, they can rapidly be directed to the right resource. This reduces stress, frustration, and potential trauma for people who are homeless and seeking assistance. Second, it ensures there is the right balance of resources and services,

reducing the likelihood that several providers unknowingly provide the same service to the same population while leaving other gaps unfilled.

Loveland's homeless services system should have the ability to collect reliable data that can enable community leaders to make decisions based on these local data. Currently, no single data system is available to all Loveland providers, allowing for this type of community-level data to be collected. As a result, over three-quarters of community stakeholders interviewed feel Loveland's data and data collection efforts are "poor" or "very poor."

Community stakeholders acknowledged the benefit of working with other communities in Northern Colorado to develop a regional system to address homelessness. Collecting data in a regional manner, through a single coordinated data system operating throughout Northern Colorado, better allows providers to understand how individuals may access services in various communities to have their needs met. For instance, someone may spend most of their time in Loveland but travel to Fort Collins or Greeley to occasionally seek an overnight shelter bed since no year-round shelter options exist for single individuals in Loveland. These nuances to how people are actually getting their needs met are lost without a regional data system.

Filling gaps in resources and services in a regional approach can also benefit the Loveland community. While housing prices across Northern Colorado are high, there are still pockets of housing that are more affordable. Working with other communities in the region can open up resources, such as a greater variety of housing options, for current Loveland residents who are homeless.

Summary

These data provide information on the scope of homelessness in Loveland, the impacts of homelessness, and identified gaps in services. A few overarching findings should be highlighted.

First, there are strengths and attributes that should not be overlooked. Existing service providers are already filling many needs in the community, and most have an appetite to do more in order to make an impact. However, local service providers face substantial barriers to doing this work.

The top five challenges cited by volunteers and staff in addressing homelessness were:

1. Insufficient housing in the community, including supportive housing (68.9% of respondents citing as a challenge)
2. Insufficient options for emergency services, such as emergency shelter or crisis mental health services (68.9% of respondents)
3. Understaffed (44.3% of respondents)
4. Large caseloads (44.3% of respondents)
5. Insufficient knowledge about best practices (39.3% of respondents)

In addition to the need to build the capacity of individual organizations and programs, there is also a need to build community-level capacity in order to develop a streamlined system to address homelessness. This includes having identified leaders in the system and community to help facilitate and steer efforts. It

also involves developing a community-wide data system that can be used to better understand how current services and the homeless services system as a whole is working.

Second, there are many places of alignment across different stakeholder groups regarding needs in the community. For instance, service providers, community leaders and stakeholders, and the community at-large all generally recognize there is a lack of affordable housing in Loveland, and most recognize this contributes to homelessness. In addition, the need to have shelter or short-term options for people to stay was highlighted by the community at-large and by service providers.

Recommendations

There are costs to inaction. While it is difficult to quantify the impact of homelessness, there is wide recognition that other systems and services in Loveland are affected. Continuing to rely on these other systems, which are not designed to address homelessness, is detrimental to both those experiencing homelessness and the community at-large. Intentionally crafting a homeless services system with greater capacity to serve the breadth of needs in the community can alleviate the stress on these other systems. In addition, this is a far more effective and humane approach to resolve homelessness for individuals and families without housing.

Overarching goal: Reduce the Impact of Homelessness

Based on the data and feedback from the community, there is an urgent need in Loveland to reduce the impact of homelessness upon individuals as well as the overall community. The City of Loveland has had numerous conversations regarding how to best address the issue of homelessness. Often communities the size of Loveland struggle with capacity, gaps in data inhibiting clear understanding of the scope of the issue, as well as limited resources to address underlying causes leading to homelessness. It is recommended that Loveland work with partners across the Larimer and Weld counties to maximize existing resources, replicate successful local practices, maintain a consistent approach to data collection, implement community education opportunities and acquire resources to fill service gaps and improve capacity among service and housing providers.

We recommend a combination of the following goals, with accompanying strategies, to address the issue of homelessness in Loveland:

Goal 1: *Increase Capacity*

Goal 2: *Improve Collection and Use of Data*

Goal 3: *Expand Community Education Efforts*

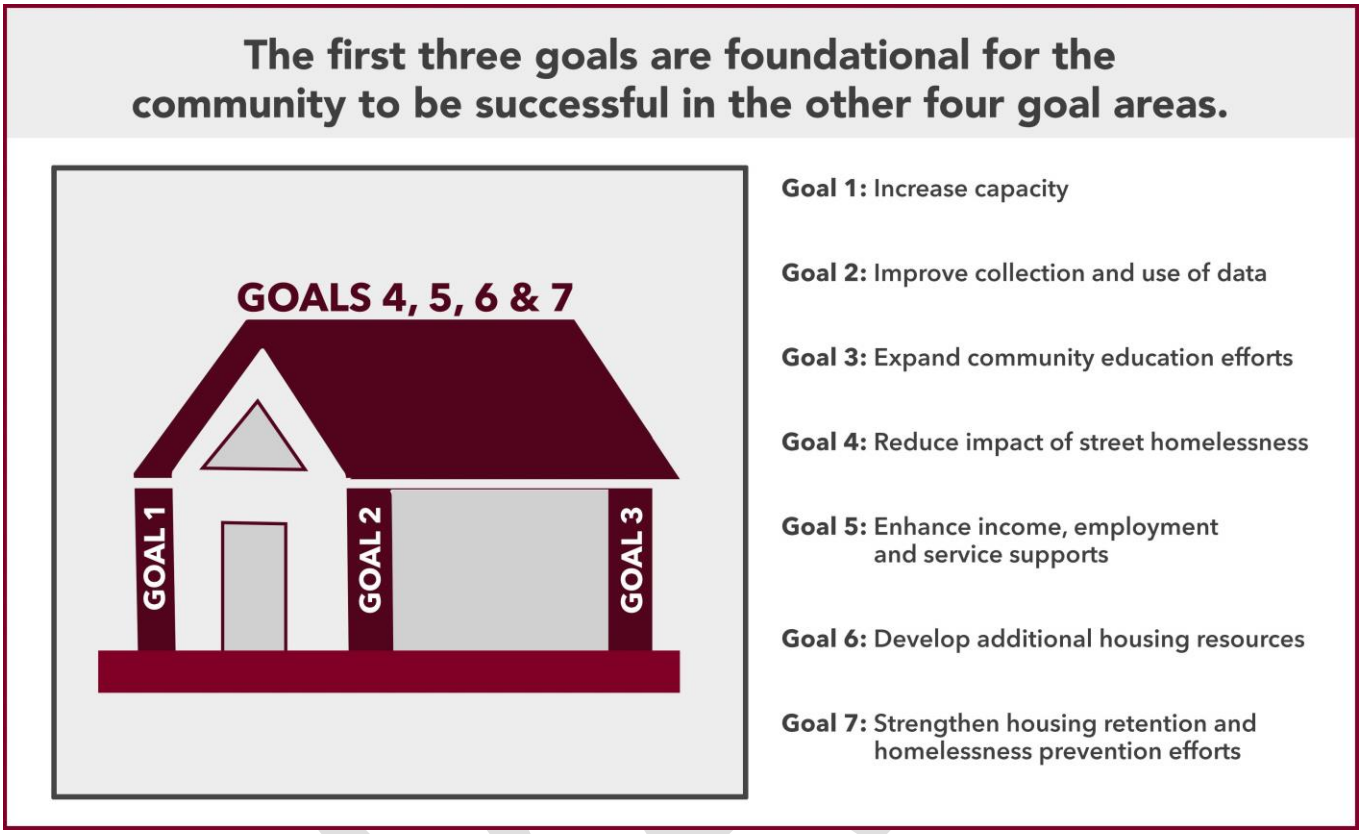
Goal 4: *Reduce Impact of Street Homelessness*

Goal 5: *Enhance Income, Employment and Service Supports*

Goal 6: *Develop Additional Housing Resources*

Goal 7: *Strengthen Housing Retention and Homelessness Prevention Efforts*

Figure 14. Foundational Nature of the First Three Goals



Overview of Recommended Goal Areas

GOAL 1: Increase Capacity

Local and regional capacity is important to tackle the complex and growing issue of homelessness. Capacity includes local and regional services and staff, leadership at the local and regional level, as well as agencies in communities that can pursue funding opportunities.

Formalizing homeless coalitions and/or governing bodies provides a leadership structure that can direct community-wide strategies to address homelessness. Establishing regional communication generates the opportunity for information, resources, and services to be streamlined. A network of people who are currently homeless, have experienced homelessness, service providers, stakeholders, faith-based members, advocates, local and regional governments, business community members and others provide the opportunity for every voice within a community to be heard in making decisions and plans for the future. It is important to convene a body with broad representation and with a clear role regarding plan oversight and implementation. Different approaches to governing bodies and homeless coalitions across the nation vary in concept and style.

> *"Ending homelessness means doing things differently, and not simply managing the problem through emergency services and supports such as shelters and soup kitchens. When people come to depend on emergency services without access to permanent housing and necessary supports, this leads to declining health and well-being, and most certainly an uncertain future. An alternative is to look at approaches that emphasize prevention and/or interventions that lead to appropriate housing options with supports. Ending homelessness means that no one should be in this emergency situation for any longer than a few weeks."*
>
> **- Homeless Hub, 2019**

There are many examples of governing body practices in places throughout the country and in similarly-sized communities as Loveland, CO.

- Roanoke, VA, is a part of the Blue Ridge Continuum of Care, which is the planning group working to end homelessness locally.
- Oakland County Continuum of Care (Pontiac, MI) has created a variety of committees to better serve its region and those in need. Committees focus on plan implementation, funding, monitoring and performance, advocacy, systems coordination and other areas.
- Fort Myers, FL is a part of Lee County Homeless coalition, which is its own 501(c)3 non-profit organization with the goal of planning, networking and monitoring the services administered to people experiencing homelessness.

> *"Regional approach is so critical - we have to come together as Northern Colorado (including Weld and Larimer counties)."*
>
> *- Community Stakeholder*

Working collaboratively, communities are able to find a consensus around emerging issues and decision points to lead the community into creating the best possible options for those experiencing poverty and homelessness. It is important to convene a body with broad representation - including representatives from faith communities, local government(s), service and housing providers, business community, persons who have experienced homelessness and other key stakeholders - and with a clear role regarding plan oversight and implementation. For people's needs to be met, it is necessary for communication to be clear and concise throughout the community.

Benefits of a governing body include:

- *Reduction in duplication of paperwork and services.*
- *Increased variety of voices contributing toward solutions.*
- *Ensuring participation from persons with lived experience.*
- *Promoting collaboration and centralization of staffing and governing body focus throughout Larimer County.*
- *Leading efforts regarding implementation of service innovations and best practices.*
- *Using data to inform decision-making and guide planning efforts.*
- *Providing the opportunity for strategic coordination between service providers.*

GOAL 2: Improve Collection and Use of Data

> *"Insights from data can be used for more than funding - the data can help agencies focus resources or improve clients' services to be more effective and cost-efficient."*
>
> **- Schwartz, 2019**

Most communities across the country use a version of the Homeless Management Information System (HMIS), which is a database used to collect information related to individuals and families experiencing homelessness and housing insecurity.

Communities using HMIS report being able to capture the holistic picture of the population being served, including the needs, services, and outcomes within their specific community. The goal of HMIS is to collect consistent demographic and service information from service organizations to inform providers and stakeholders of population needs and areas of success. Aggregated data provides a holistic picture which can assist in establishing service and funding priorities (HUD Exchange, 2019).

A common theme among HMIS users is the concept of creating a single-use data system within a community to streamline services and reduce duplication**.** A reported advantage of a single data system is the opportunity for local organizations and service providers to share data and information pertaining to families and individuals experiencing homelessness. With Colorado implementing a state-wide system, HMIS can lead to stronger local, regional and state collaboration among service providers working with households experiencing homelessness.

Following are examples of how data is used in other communities:

- ❑ Homeward 2020 in Fort Collins, CO, utilizes a Data Dashboard in order to inform local service providers and community members about the populations experiencing homelessness within their community.
- ❑ Knoxville, TN's Knoxville Community Dashboard on Homelessness provides the community a comprehensive overview of quarterly and annual reports regarding homelessness within their community (Knox HMIS, 2019).
- ❑ Boulder, CO, has created a Data Dashboard that is user-friend with an "at-a-glance" informational resource technique that informs the community on the utilization and outcomes of adult homelessness and services (City of Boulder Colorado, 2019).

Benefits of using a single data system include:

- *A single data system reduces duplicative intake/assessment activities, allows providers to work together in serving a household, provides holistic picture of the successes and challenges of the local homeless service system.*
- *Data can help communities realize a return on investments. Investors and community members are able to see how investments are making an impact.*
- *Data Dashboards increase community awareness and education among the general public regarding those experiencing homelessness.*

- *Service outcomes reported in dashboards generate a more informed community, which promotes better collaboration, coordination and communication of efforts to serve those experiencing homelessness.*
- *Information displayed on Data Dashboards help to engage stakeholders and community members, volunteers, business owners, faith-based congregations to discuss solutions regarding the end to homelessness.*

GOAL 3: Expand Community Education Efforts

> *"Everyone thinks homelessness is like a disease"*
>
> *- From person with lived experience*

Community education strategies aimed at the general public provide the opportunity to educate citizens about local homelessness. Education about local homelessness is essential to create a shared understanding among community members based on data and facts, leading to greater community support for efforts to address homelessness. The use of demographic data, history and service data are key elements to an effective community education campaign.

Local education strategies should involve persons with lived experiences, which can provide valuable insights regarding the homeless experience that is often misunderstood by community members. Education strategies should be made up of a diverse group of people, including stakeholders and faith community to help deliver messages to the community. Helping the local community better understand the circumstances and complexities surrounding homelessness can better empower community members to become part of the solution.

Following are examples of community education efforts in other communities:

- ❑ The United Way of Denton County used their annual Point-in-Time Count data to create an Art Exhibit that was open to the general public and the media in order to increase awareness and help the community better understand homelessness (United Way of Denton County, 2018).
- ❑ Lake County Coalition (Waukegan, IL) works to educate not only the community but is also helping PADS (Providing Advocacy Dignity and Shelter - a local non-profit) become more effective at what they do. A report is produced to inform the community about those experiencing homelessness. This report discusses what can be done by not only PADS as well as the city and the Lake County Coalition to help with homelessness (Lake County, 2018).
- ❑ Abilene, Texas launched the Home Again West Texas initiative and website to educate their community about Coordinated Entry and how it positively impacts those experiencing homelessness, as well as the overall community (West Texas Homeless Network, n.d.).

Local education strategies provide the opportunity for communities to better understand the extent and nature of local homelessness.

Benefits of community education efforts might include:

- *Using outcome measures, data, and stories that will inform the public helps tell the stories of those experiencing homelessness.*
- *Data driven education materials, coupled with personal stories can better engage community member involvement.*
- *Consistent messaging across the community reduces public confusion.*
- *Creating materials that dispel myths and stereotypes of homelessness.*
- *Effective community education efforts can lead to those experiencing homelessness feeling recognized and have their voices be heard rather than feeling disenfranchised and invisible.*

GOAL 4: Reduce the Impact of Street Homelessness

Communities implement various strategies to lessen community level impact of street homelessness. Practices which have promising results include street outreach, multi-service day centers, and short-term housing options.

Street outreach services assist individuals and families experiencing homelessness to access immediate services. A primary goal of a street outreach program is to build trust among those living on the streets which in return, can open doors for services and housing opportunities. Street outreach programs often work closely with local law enforcement, as well as, businesses and residents in a targeted area. The partnership facilitates opportunities for individuals to exit the streets, obtain needed services and have less impact on community systems.

> *"Street outreach involves moving outside the walls of the agency to engage with people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well. This is incredibly important work designed to help establish supportive relationships, give people advice and support, and hopefully enhance the possibility that they will access necessary services and supports that will help them move off the streets"*
>
> **- Homeless Hub, 2019**

Following are examples of street outreach efforts in other communities:

- ❑ Outreach Fort Collins is a community-driven approach to help maintain downtown Fort Collins as a safe and inviting place for community members, while assisting homeless individuals to connect with resources and support systems (Outreach Fort Collins, n.d.).
- ❑ Within Pontiac, MI, PATH (Projects for Assistance in Transition from Homelessness) is the community's street outreach team that works in collaboration with community partners to locate the most vulnerable in the local community, who are on-the-street homeless and have a serious mental illness (Community Housing Network, 2019).
- ❑ Lee Health (Florida) has their own outreach team who follow clients that are seen frequently. Outreach workers are engaged in community wide collaboration.

Day centers/multi-service centers:

Day centers and multi-service centers are specifically designed for those experiencing homelessness and vary in management and style in every community across the country. Day centers/multi-service centers provide the opportunity for individuals and families to have an opportunity to develop a plan to exit homelessness with staff support. Day centers also provide a safe space for individuals and families experiencing homeless to access immediate services, and have a place during the day to access bathroom facilities, and other necessary needs. The goal of a day center is to not only meet immediate needs but to assist households in engaging with services that will lead to stable housing.

Following are examples of day centers/multi-service centers in other communities:

- ❑ The City of Boulder, CO, has adopted the concept of using Navigation Services which are intended to eliminate or reduce time in local homelessness services for lower-need persons that may be able to resolve their housing crisis with limited short-term assistance.
- ❑ The Murphy Center in Fort Collins, CO, was created to help facilitate services and collaboration between 20 organizations and over 40 programs aimed at serving those currently homeless or experiencing housing instability. The center now serves more than 160 individuals per day with over 40,000 guest visits annually - approximately 10% of the guests are from Loveland (Murphy Center, 2019).
- ❑ The Baldwin Center in Pontiac, MI, is a soup kitchen and day center created to help the Pontiac Community have the ability to access food, clothing, education and empowerment classes. The Center provides food and clothing, in addition to school programs, summer camps, laundry, shower and hygiene products, AA meetings, and other daily necessities (Baldwin Center, 2019).

Benefits of street outreach programs, day centers and multi-service centers include:

- *Street outreach staff and volunteers develop relationships with some of the most vulnerable on the streets to expedite housing and support services.*
- *Working in partnership with local law enforcement, emergency personnel as well as local businesses, street outreach often results in reducing impact of street homelessness and addressing complex needs of those on the streets.*
- *The use of a day center within a community reduces the number of people on the streets during the day and provides immediate assistance.*
- *Communities that have implemented day centers have been able to assist 'travelers' to move on to their destination.*
- *Day centers can serve as an entry point into the local coordinated entry system.*
- *Essential needs and services (including personal hygiene) can be met within the operations of a day center and generate the ability for communities to have a location designated for those experiencing homelessness to go when in need of support and have questions regarding housing and services.*
- *Day centers brings together all provider and other resources available in a one-stop-shop setting, which reduces duplication and creates efficiencies towards solutions.*

<u>Short-term housing</u>

Short-term housing options are the practice of offering a safe space to sleep but also a focused effort to develop a plan to exit homelessness. Expanding options of short-term housing for communities is critical due to the rising costs of housing and other factors leading to housing instability. With a growing number of households sleeping outside across the country, the traditional shelter model does not deliver needed housing outcomes. Examples of short-term housing options vary depending on location and funding. One essential practice of short-term housing options is inclement weather housing, which offers a space to house people experiencing housing instability during unsafe weather conditions. Below are some examples of short-term housing practices in other communities:

- ❑ "Boulder Shelter for the Homeless is providing housing-focused shelter (HFS). HFS is year-round, ongoing shelter for moderate- and high-need people that are longer-term local residents unable to resolve their housing crisis without significant support." (Boulder Shelter for the Homeless, 2019).

- ❑ The first Safe Parking Lot program was founded in 2004 in Santa Barbara, CA, by New Beginnings Counseling Center in partnership with city officials, local churches, and non-profits.
- ❑ The Delores Project and Rocky Mountain Communities joined forces to develop Arroyo Village in Denver, CO. A new shelter facility was built on the first floor of the building which contains 35 units of low-income supportive housing and is surrounded by 95 units of affordable housing for individuals and families in the workforce.
- ❑ In Mapleton, IA, "... four local churches decided to partner on managing the use of a two-bedroom house, which was at one time a parsonage, for those in need of emergency housing. (United States Interagency Council on Homelessness, 2018).
- ❑ Family Promise is a national model providing church-based, short-term housing for families experiencing homelessness. Loveland's HNS Angel House is a Family Promise program.
- ❑ Severe Weather Shelter Network (Jefferson County, CO) "Severe Weather Shelter Network (SWSN) provides shelter for single men, single women, and couples without children living on the streets on life threatening winter nights. We work alongside community organizations to provide this shelter starting October 1st and going through April 30th. The Host Churches open when overnight temperatures are going to be 32 degrees or colder and wet or 20 degrees or colder and dry." (SWSN, 2019)

Expanding local short-term housing options decreases the amount of people sleeping outside and experiencing homelessness within a community. A structured place to sleep at night provides a sense of safety for vulnerable populations and the ability for communities to assist and efficiently serve those in need.

Benefits of short-term housing include:

- *Short-term housing options are often the entry point for someone facing homelessness and housing instability in a time of crisis and during inclement weather conditions not safe for human exposure.*
- *Services at short-term housing options can provide the ability for referrals to be provided for immediate needs as well as create a plan to secure permanent housing.*
- *Creating a sustainable option for short-term housing will reduce the number of calls to law enforcement, and lessening the community impact of people sleeping outside.*
- *Supervised short-term housing is important for vulnerable populations such as single women, youth, elderly, those with mental illness and trauma.*

GOAL 5: Enhance Income, Employment and Service Supports

Employment and housing are directly linked together, and it is critical to have both to maintain a healthy and sustainable life. Employment services directed to those experiencing homelessness and housing instability create the opportunity for individuals and families to locate jobs and increase their income to obtain housing. Employment support helps prevent and address numerous underlying causes of homelessness within communities.

> *"Education and sustainable employment can make an enormous difference in people's ability to pay for housing. Most people who are at risk of or experiencing homelessness want to work. In fact, many are employed but earn too little to meet their basic needs. Unfortunately, it is not always clear how best to help people experiencing homelessness to improve their incomes. One of the most effective strategies to support individuals to move out of homelessness and into permanent housing is increasing access to meaningful and sustainable job-training and employment"*
>
> *- Housing and Urban Development Exchange, n.d.*

Some practices include:

- Boulder, CO "Ready to Work provides adults experiencing homelessness a unique opportunity to rebuild their lives through work. Our holistic approach combines three elements - paid work in a Ready to Work social enterprise, dormitory housing at Ready to Work House, and case management support" (Bridge House, 2019).
- Vienna, VA **"**Shelters to Shutters screens job candidates recommended by local nonprofit partners and refers them to property management companies that hire them for maintenance and leasing positions. The model is meant to push people toward self-sufficiency by offering full-time employment and discounted housing at the buildings where they work" (Lati, n.d.).
- Austin, TX Community Works – "provides micro-enterprise opportunities that enable our friends who have experienced homelessness to earn a dignified income. This program empowers Mobile Loaves & Fishes volunteers to serve alongside their clients as they develop new skills, while also building enduring relationships. Micro-enterprise opportunities available through Community Works include gardening, art, blacksmithing, woodworking and concessions" (Mobile Loaves & Fishes, 2019)[i]
- New York City, and many other cities across the nation such as Indianapolis and Syracuse, have launched programs to pay those who are homeless to clean the city streets, gardening and other municipal maintenance for work. One community benefit in implementing this practice has been a reduction of panhandling within communities (Braine, 2019).

Employment opportunities and supportive services designed for those experiencing homelessness leads to housing. Benefits of employment resources include:

- *Increasing local workforce in a community not only impacts individuals and families experiencing homelessness, but also contributes to the local economy*
- *Employment with living wages contributes to families exiting homelessness into stable housing*
- *Employment makes people feel a part of the community fabric and a contributing member of their local town*
- *Employment programs tap into talents and skills of those experiencing homelessness*

> *"People with mental illness experience homelessness for longer periods of time and have less contact with family and friends. In general, 30-35% of those experiencing homelessness, and up to 75% of women experiencing homelessness, have mental illnesses. 20-25% of people experiencing homelessness suffer from concurrent disorders (severe mental illness and addictions). People who have severe mental illnesses over-represent those experiencing homelessness, as they are often released from hospitals and jails without proper community supports in place."*
>
> *- Homeless Hub, 2019*

Behavioral health resources

Behavioral health care resources and services are needed by many people experiencing homelessness and are critical for all communities. Research has shown a significant link between chronic homelessness and mental health, substance abuse issues, and/or health care needs. Best practices related to behavioral health services include medication management, crisis intervention, counseling, support to make appointments and follow through to assist those experiencing homelessness on their journey to housing and self-sufficiency.

Some examples include:

- ❑ Ft. Myers FL**:** Bob Janes Triage Center & Low Demand Shelter is a place for individuals who are at risk for committing minor non-violent crimes and suffer from a behavioral health crisis. (http://triage.leegov.com/)
- ❑ Ocean Springs MS: Sue's home is a long-term residential program for women in recovery and their children. The Transitional Program is a comprehensive program designed to assist women who are dealing with the effects of abuse, homelessness, addictions and/or past incarceration. (Community Care Network, n.d.).

Benefits of increasing access to behavioral health resources include:

- *Reducing behavioral impact on business and public settings.*
- *Creating access to behavioral health services ensures those experiencing homelessness have the ability to access services that may lead to stabilization in housing.*
- *Prioritizing this population off the streets saves law enforcement personnel time and money.*
- *Population receives individual support, such as medication management, peer support and life skill coaching to main self-sufficiency.*

Health Care resources

Healthcare resources and services directed towards people experiencing homelessness are essential for the survival of living on the streets. Often times, on-going health care can prevent costly care for issues which go untreated. Access is essential to ensure health care issues are addressed in a timely manner for people experiencing homelessness. Recuperative beds for those who are homeless and being discharged from in-patient care within communities promote the opportunity for stronger collaboration between health care providers and housing/service providers.

Respite Care is defined by the National Health Care for the Homeless Council as, "acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but no longer need to be in a hospital" (National Health Care for the Homeless Council, 2019).

There are numerous ways to provide healthcare resources specifically for those experiencing homelessness. Some communities have practices in place that hire formerly homeless persons to serve as health care navigators to support those in need to access health care services, and some communities have health coaches which are volunteer nurses and other health care professionals that meet with persons in community settings.

> *"Those experiencing homelessness often live in conditions that adversely affect their overall short and long-term health. This also contribute to an increased mortality rate. Although deaths among individuals experiencing homelessness are occasionally due to freezing, they are mainly the result of injury, and the rigors of street life. Climatic conditions, psychological strain and exposure to communicable disease create and lead to a range of chronic and acute health problems, including injury from cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies, sleep deprivation, musculoskeletal pain and dental trouble"*
>
> - *Homeless Hub, 2019*

Some examples include:

- Pontiac, MI Inpatient "discharge to home" option for individuals experiencing homelessness. Nurses provide patient monitoring and education. Person-centered connection to vital documents, legal and housing resources through intensive case management (HOPE, Inc, n.d.).
- Salt Lake City created a mobile clinic to help the burden for some people that have impairments making it hard to walk from shelter to clinic and back.
- "The Catholic Charities Transitional Respite Program (Spokane WA) is a warm, safe place for homeless individuals to recover from injury and illness outside of the hospital setting. A transitional care model is used to facilitate safe discharge from the hospital and provide education and support for health self-management. In addition to respite services, clients are offered access to housing case management, legal services, mental health counseling, and substance abuse intervention" (National Health Care for the Homeless Council, 2019).
- Murphy Center in Ft. Collins engages volunteer nurses to serve as health coaches.

Health care services and housing designed for people experiencing homelessness is vital for this population to survive and find housing.

Benefits of accessible healthcare resources include:

- *Respite housing creates a healthier, sustainable transition from hospital to respite instead of short-term housing or the streets.*
- *Recuperative care creates space to heal and provides the opportunity to engage the patient into health education and supportive services and efforts to improve self-care and health.*
- *Communities with collaborative healthcare partnerships often result in fewer persons through local emergency rooms, less returned hospitalizations, a reduction of persons being discharged from in-patient care to the streets, and assists with successful recovery from intervention into housing with services as needed.*
- *Proactive healthcare and education better enable the population to improve self-care and self-sufficiency.*

GOAL 6: Develop Additional Housing Resources

Data from the Northern Colorado Coordinated Assessment and Housing Placement System (CAHPS), the Coordinated Entry system serving Larimer and Weld Counties, captured at the end of April 2019 showed that there was a total of 657 adults (non-Veterans) assessed in Larimer and Weld Counties (476 of those were assessed in Larimer County). Some of these adults have since been moved to the "inactive list," meaning these are households who have not been contacted within the last 90 days and/or their ROI has expired. As of this same date, 16 youth had been assessed in the two counties (10 in Larimer).

Data from 2018 shows that House of Neighborly Service served 494 households (477 individuals through 137 Connection and 17 families through Angel House).

According to the McKinney-Vento homeless liaison with the Thompson School District, at the end of the 2017-18 school year, 754 students qualified as eligible for McKinney-Vento services. The total number of accompanied youth (living with immediate family) was 687. Sixty-seven unaccompanied youth (not living with a parent or guardian) were identified. As of January 2019, numbers had already increased from the previous school year to 887 people. Of those, 114 students were sleeping outside, in a car, or staying in shelters.

> ***"The nation is currently facing one of the most severe affordable housing crises in history. Not surprisingly, those living in poverty are the most significantly affected. In the 1970s, communities had plenty of affordable housing. That meant that when a family or individual experienced a crisis and lost housing, they could quickly find another place to live. But by the mid-1980s, the supply of low-cost housing had shrunk significantly. Since then, rents have continued to rise and lower-income people in particular have experienced slow or stagnant wage growth. Today, 7.8 million extremely low-income households pay at least half of their income toward housing, putting them at risk of housing instability and homelessness"***
>
> *- National Alliance to End Homelessness, 2019*

Looking at data from various sources (*CHAS data (Comprehensive Housing Affordability Strategy); Colorado Division of Housing; Colorado Housing and Finance Authority; Loveland Housing Authority),* a housing inventory was performed for Larimer County and drilled down further to look at specific data for Loveland. The following Area Median Income (AMI) percentages were examined: 0-30% AMI - Extremely Low Income; 30-50% AMI -Very Low Income; 50-80% AMI -Low income.

There is a gap of 9,755 units for those in the extremely low-income bracket in Larimer County. There is a gap of 4,695 units in Larimer County for very low-income level bracket, and a gap of 845 units for people in the low-income bracket. Affordable housing is defined as a household's ability to pay 30% or less of their income for their housing. In Larimer County 76% of extremely low-income households spend more than 50% of their income on housing and 32% of very low-income households spend more than 50% of their income on housing.

The Loveland Housing Authority currently has a waitlist of 1,891 household applicants, with an average annual household income of around $18,000. The majority of the households on the waitlist earn below 30% of AMI in Loveland.

> *"Rent is over 50-65% of people's checks. If anything goes wrong, they are out on the street."*
>
> *- Provider specifically talking about issues serving families*

The Colorado Vacancy and Rent Survey (from the CDOH website) shows the vacancy rate in Loveland was 3.4% in the last quarter of 2018 (which was the last quarter reported). The report also shows the average rent in the Loveland market area was $1,368.21 during the same period.

Clearly there is a need for additional affordable housing in Loveland. While rents continue to rise, incomes levels are not keeping up and the housing affordability gap widens. In order to prevent more people from falling into homelessness and to keep people housed once they are able to move from homelessness into housing, there needs to be a strong housing continuum with different housing options to meet people's unique needs. The needs for someone who is low-income and working are very different from someone who is extremely low-income and struggling with mental health issues and/or addiction and needing supportive services. A workforce model on one end of the spectrum, permanent supportive housing on the other, and everything in between, such as leveraging a private owner/landlord network, will be necessary to address the myriad of housing needs that underly the homelessness issue in Loveland.

As noted in Goal 7 of the Plan (*Strengthen Prevention Efforts*), one way to do this is to continue working strategically with the Loveland Housing Authority (LHA), which has a very strong development pipeline and plan laid out for the next five years. Over the next three, goal 7.1 is to create at least 345 units of affordable housing to prevent extremely low-income and low-income households (0-60% AMI) from falling into homelessness. The recommendation for doing this is to work strategically with LHA, which is looking to build 765 new units and renovate another 128 (totaling 893) in the coming five years, to serve households earning at or below 60% AMI. As the need is great to serve both individuals and families, LHA will commit to housing at least 100 individuals who are extremely low-income and very low-income with a priority for youth (young people between the ages of 18-25). When housing people at the lowest incomes it is critical to provide support services on-site to help these households remain housed. These households typically have not had access to physical or behavioral health services and need these services to maintain housing stability.

In order for LHA to successfully house extremely low-income households they will want to develop formal service partnerships. Strong behavioral health partnerships with SummitStone Health Partners and North Range Behavioral Health can ensure success in stabilizing these economically vulnerable households.

Examples from other communities include:

- The Inn Between project in Longmont, CO aims to provide time-limited housing with case management and life skills training for people experiencing homelessness. The Inn Between also provides housing for youth, persons re-entering from the justice system, seniors, persons with disabilities, and veterans. (The Inn Between, n.d.).

- Gulfport, MS: Mercy Housing and Human Developments main goals are to help low-income families become first time homeowners. The program believes people have a basic right to safe, affordable shelter, and that homeownership empowers communities and the families who live there (Mercy Housing and Human Development, 2019).
- Olympia, WA: "We are a tiny house village that offers communal living with rich peer mentorship and support. Our staff work side-by-side with residents to help them reach their individual goals and to connect them with various community services. Our houses are economically efficient, costing less than half of what it costs to build your average apartment. We also leave a smaller footprint with our simple 144 sq. ft. homes" (Quixote Communities, 2019).
- Austin, TX: "Community First! Village is a 51-acre master planned community that provides affordable, permanent housing and a supportive community for men and women coming out of chronic homelessness." According to their website, "Mobile Loaves and Fishes (MLF) is a social outreach ministry that has been empowering communities into a lifestyle of service with the homeless since 1998." The agency is located in Austin, TX, and serves homeless households through three core programs: Truck Ministry providing basic needs such as food, clothing, hygiene products; Community First! Village, and Community Works a micro-enterprise initiative. (www.mlf.org)
- Camp Hope in Las Cruces, NM is one of the best models in the nation for designated encampment programs. This program was created several years ago by a group of people experiencing homelessness who did not feel safe in their scattered encampments and wanted to create a safe and stable alternative. Mesilla Valley Community of Hope in Las Cruces is the lead homeless service provider for the Las Cruces region and had access to land behind their services center to establish a camp. This initiative evolved slowly and started with a case manager to oversee the camp, peer camp managers and access to bathrooms. Over time the camp has added tent pads, structures for shelter, an outdoor kitchen facilities, permanent bathrooms and showers. The model is based on the layout of a KOA campground. Key to the success of the model is that there are behavioral expectations for campers and the camp itself is peer run with all campers having access to voluntary supportive services. There is no time limit for how long a camper stays, and campers are put on a waitlist for permanent housing at the beginning of their stay at Camp Hope. (http://www.mvcommunityofhope.org/camp-hope-2/)
- Redtail Ponds (Ft. Collins, CO) opened in 2015 to provide housing for a mix of incomes with its one- and two-bedroom apartments combined with onsite services that foster stability and independence. The complex is also designed to meet the special housing needs of formerly homeless individuals with disabilities and formerly homeless veterans. Since opening its doors, Redtail Ponds has helped 106 residents, among which 39 were veterans and 19 were women. (Redtail Ponds, 2019). "Redtail Ponds features 60 apartments along with a community kitchen, fitness area, computer room, community garden and several common areas for residents to congregate. New residents for this community are referred through partner agencies" (Housing Catalyst, 2019).

Establishing a housing continuum within communities increases the number of people exiting homelessness and entering housing. Creating diverse housing options better addresses individual needs. It is important to tap into the existing housing stock by engaging landlords to participate in local housing

efforts. Many publicly-funded housing programs are required to report housing retention measures, success discharges, as well as effectiveness of services associated with the housing.

Benefits of a housing continuum include:

- *Supportive housing for those with complex needs and a history of homelessness benefits the local community by lessening calls to local law enforcement, the reduction of people in jails and courts, fewer visits to emergency rooms, and housing stability.*
- *Providing different housing options for those living in instability creates time for stabilization to occur and to remain housed after short-term subsidy ends.*
- *Housing leads to better healthcare – better health outcomes of residents, less impact on healthcare systems, and improved overall community health.*

GOAL 7: Strengthen Housing Retention and Homelessness Prevention Efforts

Prevention and eviction services within communities around the nation create the ability to immediately serve individuals and families who may be at risk of homelessness or losing their housing. With prevention services in place, local communities can prevent people from utilizing homeless service systems if they have other resources and support systems in place. Prevention and eviction services assist communities in preventing homelessness. Around the nation there are numerous practices in place related to prevention and eviction efforts for those who are homeless. Many programs help with short-term loans, energy assistance and utility payments, rental assistance, as well as legal support.

> ***"Evictions prevention refers to any strategy or program designed to keep individuals and families in their home and that helps them avoid entering into homelessness. Usually eviction prevention programs are geared at renters, but the same programs are often effective for homeowners at risk of foreclosure. Eviction prevention is seen as an 'upstream' solution to homelessness by reducing the number of people who become homeless"***
>
> *- Homeless Hub, 2019*

Examples from other communities include:

- Waukegan, IL: PADS (Providing Advocacy Dignity and Shelter) and the Lake County Coalition are involved in prevention and diversion as well as a few of the religious organizations in the area, such as St. James Lutheran Church. A collaborative approach within the region assures people do not slip through the cracks and into the homeless system.
- Ft. Myers, FL: Lee County receives Emergency Solutions Grant (ESG) money for prevention, including emergency money for paying rent arrears if it would postpone or prevent the eviction from occurring; legal counseling and landlord/tenant mediation sessions can be held and paid for using ESG; rehousing costs, including to move the family, pay their security deposit, and lease application fees; and unpaid utilities may be paid, such as electric or water bills, if it keeps the family housed. ESG can allow for the provision of motel or free hotel vouchers in a crisis (Lee County, 2019).

Increasing prevention and eviction efforts within a local community creates a goal of preventing households from falling into homelessness. Around the nation various types of homeless prevention and eviction services provide local stability and support to be easily attainable for those in need. Being able to prevent and end homelessness in its tracks is beneficial for local communities to reach the goal of reducing homelessness. Providing local services aimed at assisting individuals and families to maintain housing not only benefits those experiencing the crisis, but the local community as well.

Benefits of prevention and housing retention services include:

- *Prevention services lessens the number of individuals and families entering the homeless services system.*
- *Eviction prevention creates the ability for households to maintain and create case plans to keep them housed.*
- *Prevention and eviction services impact the local community by lessening the number of households experiencing homelessness.*
- *Local senior and other vulnerable populations have a safety net to avoid homelessness.*

Financing and Resource Opportunities

Addressing homelessness can be costly and complex. The federal government - primarily the US Department of Housing and Urban Development - is a significant funder of housing vouchers to reduce homelessness. Cities do not often have the capacity or resources locally to effectively address homelessness, which highlights the importance of federal and state government funds, leveraging foundations and grant making bodies, partnerships with business, faith communities, and citizens as well as creative financing such as local taxes on food and beverages (City of Miami) or legalized cannabis (City of Aurora).

Communities have found that collaboration, including shared resources across counties and regions, not only consolidates often limited resources, but creates strategic synergy to invest in solutions and effectively prevent and end homelessness. It will be important for the City of Loveland to collaborate with funders, service providers, governments, faith communities and other stakeholders across the Northern Colorado region (Larimer and Weld Counties). The region contains service innovations and expertise, involved faith communities, as well as a range of investors and other entities committed to addressing homelessness.

Loveland and the Northern Colorado region are encouraged to pursue new and existing financing included below. The State of Colorado, through the Department of Local Affairs' Division of Housing will see increasing resources in the coming years to develop housing and services for citizens across Colorado who are facing homelessness. A detailed Resource Matrix can be found in Appendix D at the end of this report. Figure 15 provides an overview of resources that align with each recommended goal area and related strategies. A more detailed resource matrix can be found in Appendix D.

Figure 15: Resource Matrix

Goals and Strategies	Potential Costs
GOAL 1: INCREASE LOCAL CAPACITY	
Goal 1 Strategy 1: Increase local capacity	None
Goal 1 Strategy 2: Establish local lead agency	Range and up to $150,000
Goal 1 Strategy 3: Designate staff to support/guide plan implementation	0-$125,000
Goal 1 Strategy 4: Identify resources to help fund plan implementation	no costs unless seen as a separate function from strategy 2 (ie grant writer)
GOAL 2: INCREASE USE OF DATA IN UNDERSTANDING POPULATIONS	
Goal 2: Strategy 1: Support local provider implementation and use of a single data system	0-$50,000 for staff time
Goal 2 Strategy 2: Develop a data dashboard and implement a citywide reporting of local services and outcomes.	$0-$50,000
Goal 2: Strategy 3: Increase local coordinated entry system	$0-$150,000
GOAL 3: INCREASE EDUCATION AND COMMUNITY AWARENESS	
Goal 3: Strategy 1: Increase Education and Community Awareness	$0
Goal 3 Strategy 2: Implement regional/local education strategies	$0-$5,000
GOAL 4: REDUCE THE IMPACT OF STREET HOMELESSNESS	
Goal 4 Strategy 1: Establish local street outreach services	$150,000-$200,000
Goal 4 Strategy 2: Increases access to bathrooms	90,000 per bathroom facility
Goal 4 Strategy Cont....	Incentive cost could vary
Goal 4 Strategy 3: Develop a multi-family service center to address access, hygiene and storage needs of travels and local homeless	Costs vary - need to include physical space, operating costs, and staffing. A new shelter in Pueblo was budgeted at over 1 million dollars.
Goal 4: Strategy 4: Expand local short-term housing options	
Shelter	Varies but costs are typically $40 - $65 per bed per night
Camping Example: Camp Hope Las Cruces	$50,000 for one FTE. Camp pads, bathrooms, etc were provided in-kind
RV and Parking Lot Programs	$12,000 a month (CA model, could be less if done with faith community)
Tiny Home Villages	$17,000- $75,000 per tiny home based on plumbing and whether it is built by volunteer labor; location will determine scale; some villages are small 4-8 homes, others can hold over 100 homes.
Motel/hotel vouchers	On average, $70 a night
GOAL 5: INCOME, EMPLOYMENT AND SERVICES	
Goal 5. Strategy 1: Increase employment opportunities for those	Costs cannot be easily estimated.
Goal 5 Strategy 1 cont.	Potential funders
Goal 5 Strategy 1 cont.	Potential funders
Goal 5 Strategy 1 cont.	potential funders
Goal 5 Strategy 2: Increase access to behavioral healthcare services	Costs can be kept minimal if robust partnerships can be established through existing providers.
Goal 5 Strategy 3: Increase access to healthcare resources and discharge planning	Costs are usually covered by hospital or healthcare system
Goal 5 Strategy 4: Improve Public Benefits Access to Assist Eligible Households Toward Self-Sufficiency	County enrollment staff collaborate and co-locate to increase enrollment
GOAL 6: EXPAND HOUSING RESOURCES	
Goal 6 Strategy 1: Develop a private owner network and landlord	$15,000 - $30,000
Goal 6 Strategy 3: Expand Rapid Rehousing Resources	No cost other than staff time for packaging the request by agency
Goal 6 Strategy 4: Obtain at least fifty new federal or state rental subsidies	No cost other than staff time for packaging the request by agency
Goal 6 Strategy 4 continued	No cost other than staff from a local agency monitoring HUD CoC grantmaking process directed by HUD
Goal 6 Strategy 5: Build 40-60 units of "supportive housing"	Colorado Housing and Finance Authority
Goal 6 Strategy 5 continued	CO Division of Housing
GOAL 7: STRENGTHEN HOUSING RETENTION AND PREVENTION	
Goal 7 Strategy 1: Expand homeless prevention services through affordable housing development	TBD based on specific project
Goal 7 Strategy 2: Expand eviction prevention services	$25,000-$75,000
ADDITIONAL RESOURCES	
Daniels Fund	$50,000-$500,000
Adolph Coors Foundation	$12,200-$63,000
United Way of Larimer County	TBD
Local Funding Innovations	
Marijuana Taxes	TBD, Aurora example is 2% of sales tax

Goal 1: *Increase Capacity*

The strategies under Goal 1 all focus on establishing local/regional leadership and/or dedicating staff person(s) to oversee implementation of the plan. Currently, there are no dedicated funds at the state level for this type of function; plan implementation is typically funded through a contract for services with local governments, grants from private foundations or the dedication of a public funding source, such as the marijuana sales tax in Aurora, CO. The attached resource matrix contains links to Homeward 2020 in Fort Collins, a collaborative entity that has had a dedicated staff person in place for several years to manage their homeless coordination and a structure that is considered one of the best practices in the state of Colorado.

GOAL 2: *Improve Collection and Use of Data*

Strategy 1: Support local provider implementation and use of a single data system

The state of Colorado has engaged a new vendor to support a single statewide Homeless Management Information System (HMIS) data system. The Colorado Division of Housing's website does mention potential funding support for HMIS data systems management through their Emergency Solutions Grant Program. According to their website, "the Emergency Solutions Grant (ESG) provides funding to local governments, homeless service providers, and Continuum of Care regions for street outreach, emergency shelters, homeless prevention, rapid-rehousing, and the Homeless Management Information System (HMIS). Awarded to the Division of Housing through a federal formula grant, ESG funding is allocated on an annual basis through a competitive application process. In addition to state resources, HUD provides grants to support HMIS implementation and supports through their annual CoC funding competition." (https://www.colorado.gov/pacific/dola/emergency-solutions-grant-esg-program) With Northern Colorado becoming its own CoC in 2020, the region is eligible for federal resources to assist with HMIS implementation.

Strategy 2: Develop a data dashboard and implement citywide reporting of local services and outcomes.

There does not appear to be a government funding source for this activity, however, Homeward 2020's dashboard was funded through private donors and foundations. Local governments can also provide funding for the development of a data dashboard tracking system**.**

Strategy 3: Increase local coordinated entry (CE) capacity

This will become a requirement for any service provider receiving federal homeless funds. However, HUD-funded service providers are typically underfunded to perform these data collection and management functions. This is not an activity that needs immediate funding support during plan implementation. Federal and local government funds, as well as foundation and United Way resources could be requested to increase regional coordinated entry capacity.

GOAL 3*: Expand Community Education Efforts*

Strategies to expand community education efforts

Although some communities will fund education and awareness activities, many are able to undertake these critical activities by using community and faith volunteers who are already connected to homeless service providers. Educational activities often include open houses, gallery events where people who are homeless have shared their stories and been photographed, or through storyteller programs where people with lived experience share their stories at events. Close to Home, a campaign started by the Denver Foundation, is a great resource for materials and information (ClosetoHomeCo.org). The matrix also includes a link to Funders Together and their guidance on messaging the issue of homelessness in communities (Funder Together, n.d.). Consideration should be given to engaging local faith congregations and service clubs to assist with costs related to education campaigns.

GOAL 4: *Reduce the Impact of Street Homelessness*

Strategy 1: Establish local street outreach services

There are some government funds available for outreach services both through the Division of Housing and through the federal government through their homeless youth programming (Family and Youth Service Bureau, 2018). It is also common for business improvement districts and chambers of commerce to help cover the costs of street outreach as they often feel the impacts when these types of programs are not available at the local level (Seattle, 2018). Loveland should explore what federal or state programs are already being funded in the region and how these programs could be expanded into Loveland.

Strategy 2: Increase access to bathrooms

This is a very serious issue and can lead to significant public health issues if not addressed (Saccarelli, 2018). Unfortunately, there are not many successful models, but an intriguing approach is being developed in Portland called the Portland Loo. This public bathroom was designed to minimize the use of a public restroom for anything but what it is intended to be used for. The City of Portland had it engineered with no mirrors or running water and designed in a way that it does not allow for any other private activities. The City has also designed it to be indestructible; costs are estimated at $90,000 with $12,000 a year for maintenance. It is not clear whether CDBG or capital improvement funds could be used to cover this cost and it looks like the City of Portland used general fund dollars to cover the costs of this program (Metcalfe, 2012). Another potential resource might be to partner with parks and recreation departments to see if their bond funds could be used in partnership to provide these facilities.

There is a promising program being developed in Washington DC. Four D.C. Council members have introduced a bill that would designate locations for new public restroom facilities, and also pay city businesses a small amount to make their restrooms available to the public for free. This legislation is called the "Community Toilet Incentive." The financial incentive would be limited to 110 percent of the additional cost of maintenance and cleaning supplies resulting from the inevitable increase in the use of a business's restroom. Participating businesses would be required to post signs, provided by the District, in

a prominent location to indicate their facilities are open to the public for free. This initiative is not based on a specific program to address the needs of persons experiencing homelessness but may contain elements that could provide some program variations for persons experiencing homelessness (Neibauer, M., 2017).

Strategy 3: Develop a multi-service center to address access, hygiene and storage needs of travels and local homeless households.

Boulder established a multi-use service center called the Path to Home Navigation services and co-locates the existing Coordinated Entry services (managed by Boulder Shelter for the Homeless) and Bridge House daytime navigation services with Path to Home Navigation overnight sheltering and other support services. According to recent press: "Coordinated Entry and navigation services are key components of the city's Homelessness Strategy, and co-location of these services at this new location offers more seamless and accessible client support" (City of Boulder, 2018).

The Path to Home Navigation center and services are funded with operating grants from the city. The 30th Street site was purchased through a partnership with a private developer, Bridge House, and the City of Boulder, which provided $2.2 million in funding assistance. If Loveland is interested in a similar model it is likely that the Colorado Division of Housing would fund some of the capital costs of this center where sheltering services are provided. The remaining capital costs would need to be covered by local government or a capital campaign.

Strategy 4: Expand local short-term housing options

Overnight shelter is difficult to site and to fund but several communities have found creative ways to fund these services. The Division of Housing will help to fund capital costs of creating an overnight shelter, but they do not help pay for case management services. The Colorado Springs Rescue Mission has one of the most robust shelter programs in Colorado and it is funded through a combination of private foundations; individual donor campaigns, partnerships with local behavioral health agencies who provide some staffing through Medicaid reimbursable service models and volunteers in the community (Jackie Jaramillo interview, August 5, 2019). From an efficiency perspective, the Boulder model provides a more comprehensive approach to sheltering and the co-location of services moves people experiencing homelessness into housing in a systematic way.

Organized camping models: Camp Hope in Las Cruces, New Mexico is one of the best models in the nation for designated encampment programs. This program was created several years ago by a group of people experiencing homelessness who did not feel safe in their scattered encampments and wanted to create a safe and stable alternative. Mesilla Valley Community of Hope in Las Cruces is the lead homeless provider for the Las Cruces region and had access to land behind their services center to establish a camp. Minimum costs to start this model, assuming land is available and could be leased for free, would include hiring a case manager and provision of garbage containers and bathrooms (estimate of $50,000 for staff and another $20,000 for dumpsters and port-o-potties). Ideally existing bathroom facilities would be made available close to the camping facility. Funding for case management could be made available through the Division of Housing ESG grant program or existing case management resources from HUD's Continuum of Care grant program. Communities could also look for ways to link Medicaid funded services to the camp to minimize case management costs. The majority of Camp

Hope's improvements over the last five years have been done through donations and volunteer efforts in the community (Camp Hope, n.d.).

***RV and Parking Lot Programs*:** Safe Parking L.A. is one of a growing number of parking lot programs that provide a safe place for people to sleep in their vehicle, through the provision of a security officer, and access to a public bathroom and some services. It is estimated that this type of program can take advantage of smaller parking lots, and allows for the program to scale with each lot hosting between 10 and 30 cars. Costs are for security guards and case managers and other services are provided by existing homeless service provider agencies. This program was initially funded by private donors but is now funded through local government contracts. According to a recent article, start-up costs average approximately $12,000 per month per lot (Humphries, M., 2019).

Tiny Home Village: Colorado Village Collaborative, the nonprofit sponsor of the Beloved Community Village (BCV), is one of the first tiny home models geared towards providing temporary housing that has been successful in Colorado. Launched by an organizing group under the direction of the Interfaith Alliance, this initiative started by asking churches in Denver to provide parking lot space to create a tiny home village. The first village, Beloved Community Village, was eventually sited on land owned by Urban Land Conservancy. The units were constructed with discount labor and are simple units without bathrooms or kitchens and cost less than $20,000 a unit. The hardest costs to cover have been case management services, a core component of helping to stabilize residents living at BCV and assist them in moving into permanent housing. The community has received some funding from the Buck Foundation and the Barton Institute at DU as well as from other Denver-based foundations. Much of their initial start-up funding has come through crowdsourcing. As they look to grow the program, they are exploring access to Division of Housing state funds for construction and infrastructure needs. Estimates to start a village, based on this model, would be $20,000 per unit or less; free land, case management at around $50,000 a year and project management support, which could be in-kind if this effort was sponsored by an existing agency or faith group.

Issuing ***motel/hotel vouchers*** is a common practice for local communities to get people off the streets, especially during inclement weather. These programs are typically funded through private fundraising efforts or through contracts with local governments. The downside of this type of model is that some of the motels that will accept these vouchers are not safe due to rundown conditions and a lack of security measures. There are a few initiatives around the state looking to acquire motels, refurbish them, add case management, and transition these motels into transitional housing facilities. This option could be more viable for Loveland in the near future given the new housing trust fund sources.

GOAL 5: *Enhance Income, Employment and Service Supports*

Strategy 1: Increase employment opportunities for those experiencing homelessness

There are a number of strong supported employment models in Colorado including Ready to Work, based in Boulder and Aurora, Bayaud Enterprises based in Denver, and the Office of Behavioral Health's

statewide Individual Placement and Support (IPS) model, which they fund through partnerships with regional behavioral health partners. In Northern Colorado, the behavioral health partner is SummitStone Health Partners. The Individual Placement and Support (IPS) model of supported employment is one of many types of vocational programs for people with behavioral health issues, and research shows it is successful.

According to the Office of Behavioral Health's website, IPS is based on eight key principles:

1. "Anyone who wants to work can participate in the program, and job seekers are not excluded based on diagnosis, symptoms or history.
2. Employment specialists help job seekers look for competitive employment: jobs in the community paying at least minimum wage and not specified for people with disabilities.
3. Services are based on the job seeker's preferences and choices.
4. Services are integrated with mental health treatment teams to provide job seekers with collaborative, professional support.
5. Employment specialists help job seekers apply for employment quickly, rather than providing lengthy assessments or counseling.
6. Employment specialists develop an employer network and relationships based on job seekers' interests.
7. Professional counselors provide job seekers with information about how employment may affect their government benefits.
8. Job seekers get personalized support as long as they want it after obtaining employment" (Colorado Department of Human Services, 2019).

With three strong models in the region, Loveland should look first to partner with one of these agencies to see about program expansion in their community. These programs are funded by a mix of resources: IPS is funded through federal and state dollars and programs like Ready to Work are funded by major foundations such as the Daniels Fund, the Adolph Coors Foundation and the Anschutz Foundation. Ready to Work also brings in revenue through key service contracts with local governments by providing landscaping or food prep services. Another key funding source for Ready To Work in Aurora is the marijuana sales tax dedicated to homeless programming. Costs for supportive employment models are estimated by SAMSHA to be $2,000-$3,000 per person, per year (SAMHSA, 2009).

Strategy 2: Increase access to behavioral healthcare services

Many communities increase access to behavioral health services at the community level through greater coordination of resources and co-location of services. What services can be covered through Medicaid reimbursements typically dictate access to these services. In 2018, Larimer County voters approved an increase in local sales tax to address Behavioral Healthcare needs in the county. This fund will be key to addressing gaps in the current system. There is a rising interest in peer navigator positions which are cost effective ways of connecting people in need of services with existing programs. Currently, SummitStone Health Partners leverages federal Medicaid dollars to fund local peer positions. There is Foundation funding through groups like the Colorado Health Foundation to increase access to behavioral health services for low-income Coloradoans with significant behavioral health needs (Colorado Health Foundation, 2019). There are also specific Substance Abuse and Mental Health Services Administration (SAMHSA) competitive grant programs that will fund increased behavioral health services for persons experiencing homelessness. One grant program is SAMHSA's Projects for Assistance in Transition from

Homelessness (PATH) which funds services for people with serious mental illness (SMI) experiencing homelessness.

SummitStone Health Partners currently receives PATH funds in Larimer County. PATH funds can be used to provide any of the following services:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Substance use disorders treatment
- Referrals for primary health care, job training, educational services, and housing
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act (SAMHSA, 2019)

Another competitive program is the CABHI (Cooperative Agreements to Benefit Homeless Individuals). CABHI programs are competitive grant programs, jointly funded by the SAMHSA Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT). CABHI programs support state and local community efforts to provide behavioral health treatment and recovery-oriented services.

These services are provided within a permanent supportive housing approach for people with:

- Serious mental illness
- Serious emotional disturbance
- Substance use disorders
- Co-occurring mental and substance use disorders

CABHI's primary goal is to ensure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services. These individuals often include veterans, families, and youth (SAMHSA, 2019).

Strategy 3: Increase access to healthcare resources and discharge planning

The best methods for increasing healthcare for homeless populations is through strategic partnerships with local clinics and hospitals. More hospitals are analyzing their own data around homeless emissions and understand the impacts of discharging patients back into homelessness (Wilkins, 2016). Hospital systems across the country are looking for ways to increase coordination with local service agencies to minimize that practice and decrease emergency room visits by people experiencing homelessness. United States Interagency Council on Homelessness (USICH) has provided several ideas about how to implement greater coordination on their website (Wilkins, 2016). In Durango, CO the local hospital system has a new initiative called LINK. According to the Durango Herald; "In an effort to break the cycle of constant emergency room use, Mercy Regional Medical Center started the Life Interruptions Need Kindness program, or LINK, to provide patients the support and resources they need to manage their health." As part of the program, a social worker meets with patients to help them manage the most basic needs: food, housing, transportation, phone communication and more. This initiative was initially funded by the Mercy Foundation but will now be funded by the hospital moving forward. Since its inception in September 2016, the program has helped 128 patients and reduced emergency room visits by

47 percent and emergency room costs by 52 percent (Health, 2019). Loveland partners should consider an in-depth study on local homelessness and health care system impact. The study could identify related costs and strategies to reduce the impact on local health care systems and providers.

Strategy 4: Improve public benefits access to assist eligible households toward self-sufficiency

Often, persons experiencing homelessness have limited to no income coupled with disabling conditions (behavioral, physical, medical conditions) which prevent them from successful employment. Many communities work with those individuals who are unable to be successfully employed to secure public resources that will enable them to become housed. These public benefits include: SSI (Supplemental Security Income), SSDI (Social Security Disability Insurance), TANF (Temporary Assistance for Needy Families), food stamps, old age pension (OAP), Veteran Administration (VA) benefits, social security, Medicaid, and Medicare. Access to public benefits often improves the quality of life for those experiencing homelessness. Income allows for highly vulnerable households to access low-income and other housing resources. A national best practice for federal disability benefit enrollment is SOAR (SSI/SSDI Outreach Access and Recovery). The model has been replicated across the country which teaches applicants how to document needs for the benefit as well as pertinent information necessary for a successful application (SAMHSA, 2019). Some communities have local/state governments conduct on-site outreach and enrollment at homeless service provider sites for those in need.

GOAL 6: *Develop Additional Housing Resources*

Strategy 1: Develop a private owner network and landlord recruitment strategy

It is anticipated that creating or expanding landlord recruitment would range from 0-$75,000 depending on how extensive the programming would be. Other models of landlord recruitment, such as Brothers Redevelopment's regional landlord program, were started with state CDBG funding and are now supported through local government contracts and may soon be augmented with foundation support. The best practice is to have dedicated staff to recruit landlords to identify a pipeline of units for rapid rehousing and voucher clients as well as to seed a mitigation/security fund to provide additional incentives for landlords to participate and cover any costs when a unit has been damaged.

Strategy 2: Partner with Loveland Housing Authority to increase the stock of affordable housing for extremely low-income and low-income households

Loveland's local housing authority that is a strong collaborator that, as mentioned previously, has committed to developing over the next three to five years at least 100 units of affordable housing to prevent extremely low-income and low-income households (0-60% AMI) from falling into homelessness. This is advantageous timing to develop new housing as the Colorado Division of Housing will be significantly increasing its housing trust fund from $27 million to $100 million in the next three years. The Colorado Housing Finance Authority also has an increase in state tax credits which can be a funding source for new affordable housing. Most new affordable multi-family funding is financed through existing state and federal resources.

Strategy 3: Expand Rapid Rehousing Resources

This strategy ties into the State of Colorado's recent acquisition of two new housing trust fund sources that will increase DOH's state funding from $27 million in current fiscal year 2019-2020 to $100 million by fiscal year 2022-2023. Working with Division of Housing staff over the next two years will be critical for strategizing how these new dollars will be allocated and getting clarification on whether new funds can help with program delivery or will go simply to rental subsidies and case management. Working with existing housing providers to prepare program expansion for increased funding for 2022 is the first step in this process. HUD also provides rapid rehousing resources through continuum of care funding at the regional level.

Strategy 4: Obtain at least fifty new federal or state rental subsidies

This strategy relies heavily on coordination with the Loveland Housing Authority and behavioral health partners, who also have access to voucher program funds at DOH. The US Department of Housing and Urban Development (HUD) has been releasing a Notice of Funding Availability every year for new voucher resources; the housing authority could apply for these competitive voucher resources. The new state housing trust fund will also provide funding for vouchers and will be a viable source to increase rental vouchers for the Loveland community.

Strategy 5: Build 40-60 units of "supportive housing"

The state of Colorado (DOH) and the Colorado Housing Finance Authority (CHFA) have been managing a joint initiative since 2014 to increase permanent supportive housing statewide. Every year DOH releases a request for applications for vouchers which helps a supportive housing project to compete for low income housing tax credits through the Colorado Housing and Finance Authority. Loveland can support a supportive housing application by waiving fees, assist with obtaining land, assist with zoning for a project site and providing letters of support for the application. The Loveland Housing Authority is a key project partner and, if they can commit local vouchers, the project will have a competitive advantage at the state level.

GOAL 7: *Strengthen Housing Retention and Homelessness Prevention Efforts*

Strategy 1: Expand homeless prevention services

Preventing homelessness begins by increasing Loveland's affordable housing inventory and Loveland has one of the strongest, most innovative housing authorities in Colorado. It is well positioned to create up to 100 new affordable housing units over the next few years, especially given the 400% increase in state funding for housing that begins in 2023. The Colorado Housing Finance Authority has also received an increase in the state housing credit from $5 million a year to $10 million a year for the next several years, increasing capital funding for new affordable housing projects. Another prevention strategy is to provide emergency assistance to households at risk of homelessness. Regional providers likely have an emergency funding program in place; these programs can be funded by the Division of Housing, and through local fundraising efforts, such as faith communities or partnering with the local United Way on a specific homeless prevention campaign. Assessing program resources available to Loveland and actively fundraising to grow these resources is a cost-effective strategy to prevent homelessness.

Strategy 2: Expand housing retention services

Eviction programming has garnered more attention nationally as a critical programmatic solution to prevent homelessness. There are regional programs that could be expanded and funded through local fundraising efforts and foundations such as the Colorado Health Foundation (CHF). CHF has a funding opportunity focused on supporting ways to connect populations in need of affordable housing to housing opportunities or helping households to remain housed through supportive services such as eviction prevention (Colorado Health Foundation, 2019).

ADDITIONAL RESOURCES

There are a number of foundations that have an interest in funding affordable housing, supported employment services, homeless services or housing solutions for persons experiencing homelessness. These foundations are all listed in the resource matrix with links to their websites. Below is a brief description of some of the types of programs they have supported:

Daniels Fund

They have funded supportive employment programs and transitional housing programs such as Ready to Work.

Adolph Coors Foundation

They have funded supported employment programs in the metro Denver region.

The Colorado Health Foundation

This foundation funds services in affordable housing and homelessness programming and also funds behavioral health services and recovery programming statewide.

Community Foundations

Community foundations often engage in issues identified as priority by local community and fund donors. Community foundations have the flexibility and local focus to engage in resource areas that government often won't fund.

Local Funding Innovations

Most local funding innovations are focused on dedicating a sales tax, lodging tax or marijuana taxes to help fund homelessness services. One of the most robust models of this is in Aurora, Colorado where they have recently committed 2% of their marijuana sales tax to addressing homelessness in perpetuity. This sales tax raises around 1.5 million a year to support homeless services. Another innovative funding model is that local communities with high cost real estate markets often pass inclusionary zoning ordinances; these can generate revenue for affordable housing and a portion of this revenue can be committed to housing solutions for persons experiencing homelessness.

United Way of Larimer County

United Way can play a variety of roles in supporting local communities to address the issue of homelessness. Mile High United Way was a critical partner when Denver's Road Home was launched by assisting with community education, services coordination and fundraising support to this local government initiative.

Conclusion

Homelessness in Loveland appears to be increasing according to recent Point-in-Time counts and local McKinney Vento data. The impression that homelessness is an 'urban issue' is no longer the case. Many similarly-sized communities across the country are experiencing an increase of housing instability and homelessness partially due to increasing housing costs coupled with limited resources to effectively remedy underlying issues at the local level. Currently Loveland lacks comprehensive data necessary to understand the scope of the issue and population needs, as well as service interventions and outcomes.

Supporting providers in Loveland and the region to use a single data base will begin to gather information upon which strategic decisions can be made. The data will also be useful to inform stakeholders and community members of the scope, underlying causes and intervention outcomes related to homelessness.

According to a survey of Loveland staff and volunteers, the following are the top five challenges in addressing homelessness:

- Insufficient housing in the community, including permanent supportive housing
- Insufficient options for emergency services, such as emergency shelter or crisis mental health services
- Understaffed agencies
- Large caseloads
- Insufficient knowledge about best practices

Despite some of the challenges, the providers in the city and region continue to make impressive progress in housing persons in need. In particular, there are a few takeaways from coordinated entry data:

- There has been the greatest success to date with veterans, largely because there are more housing resources available to eligible veterans than to other populations.
- There is far greater need than the current resources available in the community are able to accommodate.
- The number of households assessed for housing does not represent the full need in the region - including families served through local McKinney Vento program. As new households become homeless, they are assessed for their housing needs and enter into this system. This highlights the need for better prevention efforts to reduce the inflow to the coordinated entry system.

Loveland and the Larimer/Weld county region have a number of opportunities on the horizon, which will assist in efforts to better address homelessness.

- Potential for regional collaboration across the region as well as consolidating Larimer county efforts in addressing homelessness and the underlying causes.
- Larimer/Weld region will be able to apply for HUD continuum of care funds beginning in 2020 to assist with housing, services, regional capacity and implementing a single data system.
- Larimer Behavioral Healthcare Initiative was passed in November of 2018, which will generate additional resources to better address mental health and addiction issues among those experiencing homelessness.

- Dedicated providers, involved faith communities, citizens and private landlords are engaged to be part of the solution.
- Increased state resources through the Colorado Division of Housing will be available in the coming years to assist with housing development, crisis response, data collection and management, and housing and service subsidies.
- Increasing interest and commitment from local governments in the region to pursue strategic, collaborative efforts toward desired solutions.

The City of Loveland is at a crossroads where collaboration across the county and region could be a strategic and efficient direction for everyone involved. Working regionally allows for shared services, consolidated resources, collaborative actions and consistent communication and messaging of the work and outcomes speaking to the return on investments.

At times, Loveland and other similarly-sized communities may consider quick fixes (criminalizing behaviors, putting individuals on one-way buses, forcing campers to move on) which often fall short of effectively addressing the underlying causes and resulting circumstances. Communities habitually blame the increase of local homelessness on persons migrating into the area. Research consistently shows that many of the local homeless population have a connection with the local community. Without strategic, collaborative efforts, communities like Loveland will continue to see a rise of homelessness in their community.

Appendix A: Report Citations

All Chicago. (2017) Making Homelessness History. Chicago's Dashboard to End Homelessness. Retrieved from, https://allchicago.org/dashboard-to-end-homelessness

Alliance for Housing. (2018). Oakland's County Continuum of Care. The Alliance for Housing Committees. Retrieved from, https://www.oaklandhomeless.org/committees

Alpha Project. (2015). Hospice for the Homeless. A Dying with Dignity and Living with Dignity Program. Retrieved from, https://www.alphaproject.org/programs/hospice-for-the-homeless

Aubry, T., Duhoux, A., Klodawsky, F., Ecker, J., & Hay, E. (2016). A longitudinal study of predictors of housing stability, housing quality, and mental health functioning among single homeless individuals staying in emergency shelters. *American Journal of Community Psychology*, *58*(1-2), 123-135.

Baldwin Center (2019). Feed, Clothe, Educate, Empower. Retrieved from, http://www.baldwincenter.org/services/

Bayaud Enterprises. (n.d.). Denver Day Works. Retrieved from, https://www.bayaudenterprises.org/employment-services/denver-day-works/

Black Bay Mission. (2019). About Us. Retrieved from, https://thebackbaymission.org/about-us/

Blue Ridge Continuum of Care. (2017). Business Plan. Local Community Making Homelessness Brief and One-Time. Retrieved from, https://www.roanokeva.gov/DocumentCenter/View/247/Homelessness-Business-Plan-PDF?bidId=

Bob Janes Triage Center & Low Demand Shelter. (2014). About. Retrieved from, http://triage.leegov.com/

Boulder Shelter for the Homeless. (2019). Programs. Housing-focused Shelter. Retrieved from, https://bouldershelter.org/our-programs/housing-focused/

Braine, Theresa. (2019). Cities Pay panhandlers and homeless people to clean up streets. New York Daily News. Retrieved from, https://www.nydailynews.com/news/national/ny-news-panhandlers-homeless-clean-streets-20190314-story.html

Bridge House. (2019). Ready to Work. Retrieved from, https://boulderbridgehouse.org/ready-to-work/

Byrne, T., Munley, E., Fargo, J., Montgomery, A., & Culhane, D. (2013). New Perspectives on Community-Level Determinants of Homelessness. *Journal of Urban Affairs, 35*(5), 607-625.

City of Boulder Colorado. (2019). Homelessness. Single Adult Homeless Services Dashboard. Retrieved from, https://bouldercolorado.gov/homelessness/homelessness-dashboard

City of Santa Fe. 2019. Affordable Housing. Retrieved from, Annual Action Plan

Colorado Springs. (2019). Homeless Outreach Team. Police Department. Retrieved from, https://coloradosprings.gov/police-department/page/homeless-outreach-team

Community Care Network. (n.d.). Sue's Home. Programs. Retrieved from, http://www.ccnms.org/programs

Community Housing Network. (2019). PATH – Projects for Assistance in Transition from Homelessness. Services. Retrieved from, https://communityhousingnetwork.org/services/path/

Delores Project. (2018). Introducing Arroyo Village. Retrieved from, https://www.thedeloresproject.org/arroyo-village/

Denver Public Library. 2017. Peer Navigators help demystify social service system. News. Retrieved from, https://www.denverlibrary.org/blog/chrish/peer-navigators-help-demystify-social-service-system

Dreams for Change. (2019). *Safe Parking Program. A Safe Environment*. Dreams for Change. Retrieved May 30, 2019, from, https://www.dreamsforchange.org/san-diego-nonprofit-organization/program-summary/

European Federation of National Organizations working with the Homeless. n.d. Peer Support: A Tool for Recover in Homelessness Services. Retrieved from, https://www.feantsa.org/download/peer_support_policy_paper29517235775484857776.pdf

Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, *19*(1), 62-73.

Family and Youth Services Bureau. (2016). Domestic Violence and Homelessness: Statistics (2016). *Administration for Children and Families.* Retrieved from: https://www.acf.hhs.gov/fysb/resource/dv-homelessness-stats-2016

Front Door. (2019). Our Mission. Coconino County. Retrieved from: http://frontdoorofcoconino.org/about/

Healing Hands. 2013. Speaking from Experiencing: The Power of Peer Specialists. HCH Clinicians Network. Retrieved from, https://www.nhchc.org/wp-content/uploads/2013/11/healinghandsfall2013.pdf

HMIS Lee County. (2007). Who are we? Retrieved from: http://hmis.leegov.com/who%20are%20we.html

Homeless Hub. (2019). Best, Promising and Emerging Practices. Retrieved from: https://www.homelesshub.ca/solutions/best-promising-and-emerging-practices

Homeless Hub. (2019). Case Management. Solutions. Supporting communities to prevent and end homelessness. Retrieved from, https://www.homelesshub.ca/solutions/early-intervention/case-management

Homeless Hub. (2019). Defining End to Homelessness. Can we end homelessness? Retrieved from, https://www.homelesshub.ca/solutions/ending-homelessness/defining-end-homelessness

Homeless Hub. (2019). Mental Health. About Homelessness. Supporting Communities to prevent and end homelessness. Retrieved from, https://www.homelesshub.ca/about-homelessness/topics/mental-health

Homeless Hub. (2019). Outreach. Solutions. Supporting communities to prevent and end homelessness. Retrieved from, https://www.homelesshub.ca/solutions/emergency-response/outreach

Homeless Hub. (2019). Prevention. Solutions. Supporting communities to prevent and end homelessness. Retrieved from, https://www.homelesshub.ca/solutions/prevention

Homeless Solutions for Boulder County. (2019). 1st Annual Report. Boulder County. Retrieved from: https://assets.bouldercounty.org/wp-content/uploads/2019/03/hsbc-year-one-annual-report.pdf

Homeless Solutions for Boulder County. (2019). Housing Crisis Resolution. HSBC Executive Board. Boulder County. Retrieved from: https://www.bouldercounty.org/government/boards-and-commissions/boulder-county-regional-homeless-systems-management/

Homeless Solutions for Boulder County. (2019). HSBC Program Information. Coordinated Entry, Navigation & Housing-focused Shelter. Boulder County. Retrieved from, https://www.bouldercounty.org/homeless/

Homeward 2020. (2019). Homeward 2020 believes in data-drive planning and actions. Retrieved from, http://www.homeward2020.org/data-dashboard/

HOPE, Inc. (n.d.). About HOPE. Retrieved from, http://www.hopewarmingpontiac.org/

HOPE, Inc. (n.d.). Recuperative Care Center. Retrieved from, http://www.hopewarmingpontiac.org/

Housing and Urban Development Exchange. (n.d.). Coordinated Entry and Homeless Management Information System (HMIS). Retrieved from, https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf

Housing and Urban Development Exchange. (n.d.). HMIS Requirements. Retrieved from, https://www.hudexchange.info/programs/hmis/hmis-requirements/

Knox HMIS. (2019). Knoxville Community Dashboard on Homelessness. Quarter 2 2019. Retrieved from, http://knoxhmis.sworpswebapp.sworps.utk.edu/dashboard/

Lake County Coalition for the Homeless. (n.d.). HMIS. Retrieved from, http://www.lakecountyhomeless.org/servicepoint-resources

Lake County Coalition for the Homeless. (2018). Summary Brief. Report on the State of Homelessness in Waukegan. Retrieved from, https://static1.squarespace.com/static/575f22facf80a129e0ad5d6c/t/5c17e36a758d463b97205aca/1545069418424/Summary+Brief+of+Waukegan+Report.pdf

Lake County Coalition for the Homeless. (n.d.). Our Work. Retrieved from, http://www.lakecountyhomeless.org/our-work

Lake County Coalition for the Homeless. (2018). System Coordination and Entry Policies and Procedures. Retrieved from, https://static1.squarespace.com/static/575f22facf80a129e0ad5d6c/t/5b9faa6388251babc989b220/1537190499794/System+Coordination+and+Entry+Policies+and+Procedures+Jan+2018+Update.pdf

Lati, M. (n.d.). This Novel Program Gives Homeless People Jobs in apartment buildings – and housing to go with them. Lifestyle. The Washington Post. Retrieved from, https://www.washingtonpost.com/lifestyle/2019/04/25/this-novel-program-gives-homeless-people-jobs-apartment-buildings-housing-go-with-them/?noredirect=on&utm_term=.5df7346e2da3

Lee County Homeless Coalition. (2018). About. Retrieved from, https://www.leehomeless.org/about/

Lee County Homelessness Coalition. (2018). Coordinated Entry System. Brochure. Retrieved from, https://www.leehomeless.org/wp-content/uploads/2018/10/CES-Brochure.pdf

Lee County. (2019). Homeless Services. Retrieved from, http://www.leegov.com/dhs/fss/homeless

Marshall, C. A., Lysaght, R., & Krupa, T. (2017). The experience of occupational engagement of chronically homeless persons in a mid-sized urban context. Journal of Occupational Science, 24(2), 165-180.

Mercy Housing and Human Development. (2019). Programs. Retrieved from, https://www.mhhd.org/programs

Metro Denver Homeless Initiative. (2017). Peer Navigation Program. Retrieved from, https://www.mdhi.org/peernav

Miller, P. M. (2015). Families' experiences in different homeless and highly mobile settings: Implications for school and community practice. *Education and Urban Society*, *47*(1), 3-32.

Minnery, John. (2007). Approaches to Homelessness Policy in Europe, the United States, and Australia. Journal of Social Issue. 63, 3. 641-655. Retrieved from, https://spssi.onlinelibrary.wiley.com/doi/pdf/10.1111/j.1540-4560.2007.00528.x

Mobile Loaves & Fishes. (2019). Community Works. Retrieved from, https://mlf.org/community-works/

Murphy Center. (2019). Empowering People to Escape Homelessness. Retrieved from, https://www.murphycenter.org/

Nagendra, Cynthia. (2017). How Local Governments Can Build an Effective homelessness System. Blog Post. International City/County Management Association. Retrieved from, https://icma.org/blog-posts/how-local-governments-can-build-effective-homelessness-system

National Alliance to End Homelessness (2019). Chronically Homeless. Retrieved from: https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/

National Alliance to End Homelessness. (2011). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families. Center for Capacity Building. Retrieved from, http://endhomelessness.org/wp-content/uploads/2011/08/creating-a-successul-diversion-program.pdf

National Alliance to End Homelessness. (2019). Housing. Homelessness in America. What Causes Homelessness? Retrieved from, https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/housing/

National Health Care for the Homeless Council. (2019). Catholic Charities Transitional Respite. Retrieved from, https://www.nhchc.org/medical-respite-directory/33854/catholic-charities-transitional-respite/

National Homeless Coalition. (2019). Who Are We. Building a movement to end homelessness. Retrieved from, https://nationalhomeless.org/about-us/who-we-are/

NH HMIS. 2019. HMIS. Retrieved from, http://www.nh-hmis.org/.

**Information retrieved from this website is no longer available to the public please see,* https://www.icalliances.org/new-hampshire

O'Toole, T. P., & Pape, L. (2015). Innovative efforts to address homelessness among veterans. *North Carolina medical journal*, *76*(5), 311-314.

Open Doors Homeless Coalition. (2016). HMIS. Retrieved from, http://www.opendoorshc.org/HMIS.aspx

Outreach Fort Collins. (n.d.). A Program of the Colorado Nonprofit Development Center. Respond, Engage, Connect. Retrieved from, https://www.outreachfortcollins.org/

PADS Lake County. (2016). Emergency Shelter, Retrieved from, https://www.padslakecounty.org/emergency-shelter

Quixote Communities. (2019). We are Quixote Communities. Retrieved from, http://www.quixotecommunities.org/

Safe Housing Partnerships (2019). Employing Key Approaches. Retrieved from: https://safehousingpartnerships.org/key-approaches

Schwartz, S. (2017). Data finds a meaningful role in fight against homelessness in the United States. Retrieved from, https://www.tableau.com/about/blog/2017/6/data-finds-meaningful-role-fight-against-homelessness-united-states-71494

Slesnick, N., Feng, X., Guo, X., Brakenhoff, B., Carmona, J., Murnan, A., ... & McRee, A. L. (2016). A test of outreach and drop-in linkage versus shelter linkage for connecting homeless youth to services. *Prevention Science*, *17*(4), 450-460.

Substance Abuse and Mental Health Services Administration. (n.d). HMIS 101 Homeless Management Information System. Retrieved from, https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hmis-101-webinar-path-providers-presentation.pdf

Stevens, Taylor. (2019). Health care on Wheels; Fourth Street Clinic unveils mobile clinic to serve Utah's dispersed homeless population. The Salt Lake Tribune. Retrieved from, https://www.sltrib.com/news/politics/2019/05/09/health-care-wheels-fourth/

The Inn Between. (n.d.). What We're Doing. Retrieved from, https://www.theinnbetween.org/supportive-housing.html

U.S. Department of Housing and Urban Development. (2014). Homeless Data. Retrieved from, https://homelessdata.com/

United States Interagency Council on Homelessness. (2018). Home, Together: The Federal Strategic Plan to Prevent and End Homelessness. Retrieved from, https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

United States Interagency Council on Homelessness. (2018). Strengthening Systems for Ending Rural Homelessness: Promising Practices and Considerations. Retrieved from,

https://www.usich.gov/resources/uploads/asset_library/Strengthening_Systems_for_Ending_Rural_Homelessness._Promising_Practices_and_Considerations_.pdf

United Way of Denton County, Inc. (2018). 2018 Point-In-Time Count Exhibition. Retrieved from, https://www.unitedwaydenton.org/civicrm/event/info?reset=1&id=1457

West Texas Homeless Network. (n.d.). Home Again West Texas. Retrieved from, https://www.homeagainwtx.com/

YWCA. (2019). Homeless Employment Program. Retrieved from, https://www.ywcaworks.org/programs/homeless-employment-program

Appendix B: Participants Involved in the Process

Steve Adams | City of Loveland
Affordable Housing Commission | City of Loveland
Kim Akeley-Charron | Thompson Education Foundation
Andrea Akin | Fort Collins Municipal Court
Paola Appleby | House of Neighborly Services
Doug Ashbaugh | House of Neighborly Service - 137 Homeless Connection
Robert Ayala | City of Loveland Library
Andrea Baker | Worklife Partnership
Blair Bacon | Colorado State University student
Darlene Bassett | Aspire 3D
Carolyn Benson | Loveland Human Services Commission
Mary Boevers | Society of St. Vincent de Paul
Claire Bouchard | United Way of Larimer County
Tim Brown | Loveland Police Department
Katherine Bullard | Pastor in City of Loveland
Craig Callan | SummitStone Health Partners, Namaqua Center
Deb Callier | Loveland Housing Authority
Mary Carraher | Former Executive Director of Project Self-Sufficiency and social worker
Julie Chandler | North Colorado Health Alliance CO-SLAW
Michelle Christenson | Housing Catalyst
Jessi Colehour | One Community One Family
Sethry Connor | Rez Church
Judy Davison | One Community One Family & LifeSpring Covenant Church
Joe Domko | Catholic Charities of Larimer County
Olga Duvall | Salvation Army
Geri Echelberger | Loveland Housing Authority
Amy Smith-Edwards | Together Colorado
Kelly Evans | Neighbor2Neighbor
Katie Evering | Food Bank for Larimer County
Sonia Faber | Catholic Charities of Larimer County
Melanie Falvo | United Way of Weld County
Jeff Feneis | Loveland Housing Authority
Val Fisher | House of Neighborly Service - 137 Homeless Connection
Craig Fowler | Food Bank of Larimer County
Melissa Frasure | Neighbor to Neighbor
Cal Gabelman | Loveland Citizen
Valerie Gallegos | Loveland Municipal Court Jumpstart Program
Fred Garcia | Larimer County Behavioral Health Technical Advisory Committee, Loveland Human Services Commission
Katherine Gonzales | North Colorado Health Alliance

Will Gresham | Loveland Affordable Housing Commission
Alison Hade | City of Loveland
Amber Hamilton | SummitStone Health Partners
Lisa Harris | Loveland Citizen
Marilyn Hilgenberg | Loveland City Parks & Open Space
Ali Hinkeldey | Together Colorado
Moli Hinrichs | SummitStone Health Partners
Dixie Huff | City of Loveland Library
Human Services Commission | City of Loveland
Heather Inrig | North Colorado Health Alliance CO-SLAW
Jeremy Jersvig | City Council of Loveland
Leah Johnson | City Council of Loveland
Teresa Jones | Loveland Citizen
Judge Geri Joneson | Loveland Municipal Court Jumpstart Program
Kelso Kelly | Loveland Housing Authority
Kasey King | Volunteers of America
Mike Kromeg | Together Colorado
Holly LeMasurier | Homeward 2020
Julie Lindsay | Thompson School District
Sara Lipowitz | Loveland Human Services Commission
Katie MacDougall | Loveland Sunrise Community Health
Becki Magrum | House of Neighborly Service/Angel House
Glorie Magrum | House of Neighborly Service
Jacki Marsh | Mayor & City Council of Loveland
Mark Mason | Thompson School District
Judith Mattoon | Together Colorado
Pam McCrory | Loveland Citizen
Denise Meyer | Disability Resource Services
Vicki Mirowski | Disabled Resource Services
Lisa Moore | Food Bank for Larimer County
Karen Nagle | Loveland Citizen
Emma Noland | Catholic Charities of Larimer County
Steve Olson | City Council of Loveland
Don Overcash | City Council of Loveland
Nicole Paslo | Loveland Human Services Commission
Steve Paslo | Loveland Citizen
Amy Phillips | Loveland Library
Maria Powers | Colorado Nonprofit Development Center
Tim Rakow | Inn-Between
Jana Ramchander | Thompson Valley School District
Alison Reid | Loveland Citizen
Lauren Rhoades | Food Bank for Larimer County
Sara Rhoten | Larimer County Department of Health & Environment
Penny Riehm | Loveland Citizen
Alea Rodriquez | Neighbor to Neighbor

Carmen Rodriguez | North Colorado Health Alliance
David Routt | Howard Alliance
Jeremy Schroeder | House of Neighborly Service - 137 Homeless Connection
Jody Shadduck-McNally | Loveland Human Services Commission
Stephanie Slayton | Aspire 3D
Maren Sordeide | United Way of Larimer County
Doug Stewart | Together Colorado
Jill Stoffer | Together Colorado
Laurie Stolen | Larimer County government
Gwen Stephenson | Catholic Charities
Doug Stewart | Together Colorado
Jill Stoffer | Together Colorado
Betsy Sullivan | Volunteers of America
Scott Sundheim | McKee Medical Center - Emergency Room
Rebecca Thorp | Loveland Human Services Commission
Dena Trumbo | House of Neighborly Service - 137 Homeless Connection
Mary Vander Top | Loveland Vineyard Church
Nick Verni-Lau | SummitStone Health Partners – Outreach Fort Collins
Margie Wagner | Front Range Community College
Eileen Walker | Loveland Citizen
Dan Willadsen | Loveland City Parks & Open Space
Jo Anne Warner | Loveland Human Services Commission
Rod Wensing | City of Loveland Deputy City Manager
Chris Wertheim | Loveland Habitat for Humanity
Kayla Williams | Northern Colorado Health Alliance CO-SLAW
Kathy Wright | City Council of Loveland
Sandra Wright | Community Kitchen

Appendix C: Practices to Inform Local Efforts

Matrix of Practices from other Communities

The Burnes Center on Poverty and Homelessness has researched numerous best, emerging, good, and promising practices related to issues surrounding homelessness and housing insecurity throughout the Unites States. Due to the lack of affordable, safe and stable housing within the nation, individuals and families are seeking assistance in order to survive, such as, finding housing, employment and many other supportive services. The United States Interagency Council on Homelessness states, "To reduce these impacts and end homelessness as quickly and efficiently as possible, communities are increasingly focused on using evidence-based practices to streamline connections to housing opportunities and to provide people with the appropriate level of services to support their long-term housing stability" (United States Interagency Council on Homelessness, 2018).

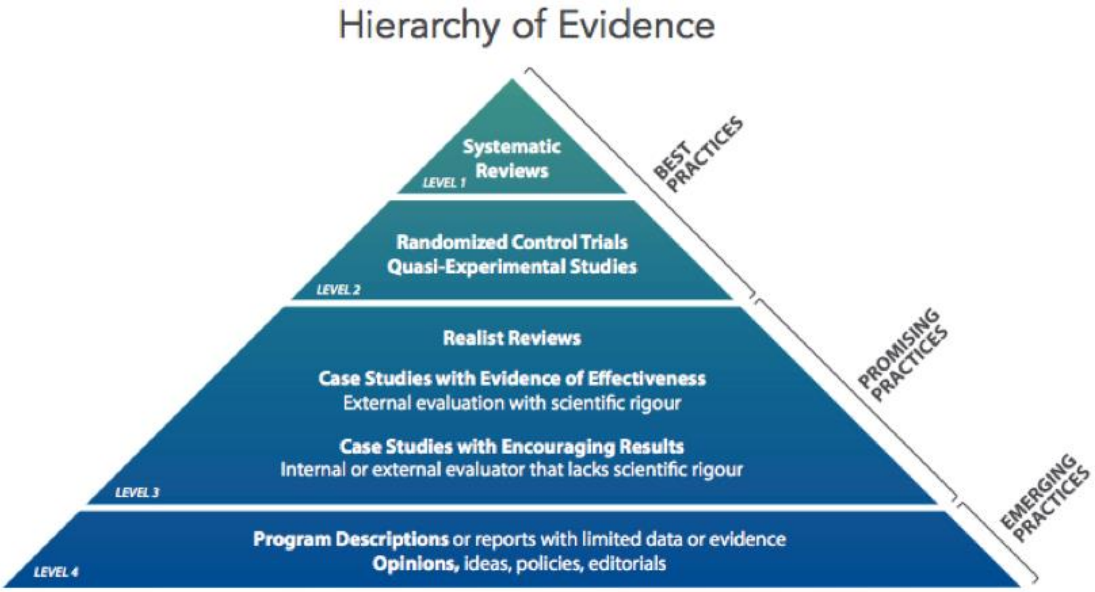
It is important to understand that every practice's implementation and outcome related to individuals and families experiencing homelessness vary depending on location, region and local community. To better understand the complexity of the various practices within the field of homelessness, it is recommended to understand that there are numerous terms related to 'practices' such as, best, emerging, good, and promising. The following are definitions created by the *Canadian Observatory on Homelessness* (Homeless Hub, 2019) and the *Journal of Social Issues* (Minnery, 2007) to illustrate the difference between best, emerging, good and promising practices:

"Best practices are an intervention, method, or technique that has consistently been proven effective through the most rigorous scientific research, and which has been replicated across several cases or examples. To be a 'best practice', an intervention must be able to show that it produces better results than other approaches and that it is a practice that can potentially be adapted with success in other contexts and/or scaled up to a systems-wide approach" (Homeless Hub, 2019).

"Emerging practices are interventions that are new, innovative, and which hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice. In some cases, this is because an intervention is new and there has not been sufficient time to generate convincing results. Nevertheless, information about such interventions is important because it highlights innovation and emerging practices worthy of more rigorous research" (Homeless Hub, 2019).

"Good practices policies and programs involve combinations of prevention, early intervention, crisis intervention, and long-term support strategies aimed at facilitating independence. They should provide services that focus on clients acquiring a set of skills that will lead to social competence, securing a 'home,' maintaining financial stability, and exiting social exclusion" (Minnery, 2007).

"Promising practices are when there is sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome, consistent with the goals and objectives of the activity or program. Ideally, promising practices demonstrate their effectiveness through the most rigorous scientific research, however there is not enough generalizable evidence to level them 'best practices. They do however hold promise for other organization and entities that wish to adapt the approaches based on the soundness of evidence" (Homeless Hub, 2019).



Within this section of the Loveland Strategic Plan there is an overview with specific examples of how best, emerging, good, and promising practices are being implemented within the United States, state of Colorado, and similarly sized communities as Loveland, CO. The Burnes Center on Poverty and Homelessness examined and researched cities similar in size to Loveland; Roanoke, Virginia, Waukegan, Illinois, Santa Fe, New Mexico, Fort Myers, Florida, Gulfport, Mississippi, and Pontiac, Michigan. In addition to these cities, multiple other cities and communities around Colorado, and the country were researched to find the best possible practices that suit Loveland.

"Ending homelessness means doing things differently, and not simply managing the problem through emergency services and supports such as shelters and soup kitchens. When people come to depend on emergency services without access to permanent housing and necessary supports, this leads to declining health and well-being, and most certainly an uncertain future. An alternative is to look at approaches that emphasize prevention and/or interventions that lead to appropriate housing options with supports. Ending homelessness means that no one should be in this emergency situation for any longer than a few weeks" (Homeless Hub, 2019).

Below table represents the cities researched and their most recently recorded population size.

Cities researched for matrix practice examples

Loveland, CO	**76,701**
U.S. Cities Researched	
City	**Population**
Mapleton, IA	1,500
Vienna, VA	16,544
Ocean Springs, MS	17,682
Olympia, WA	51,607
Pontiac, MI	59,797
Gulfport, MS	71,822
Flagstaff, AZ	71,975
Fort Myers, FL	79,943
Santa Fe, NM	83,766
Waukegan, IL	87,729
Santa Barbara, CA	92,101
Longmont, CO	94,341
Roanoke, VA	94,572
Boulder, CO	107,125
Abilene, TX	121,885
Denton, TX	136,268
Fort Collins, CO	165,080
Knoxville, TN	187,347
Salt Lake City, UT	200,544
Spokane, WA	217,108
Colorado Springs, CO	464, 474
Denver, CO	619,968
Seattle, WA	724,745
Austin, TX	950,715
San Diego, CA	1.42 Million
Chicago, IL	2.716 Million
New York City, NY	8.623million

The following matrix provides examples framed within report recommendations developed by the Burnes Center on Poverty and Homelessness in partnership with the city and community of Loveland for the community to consider regarding better serving those that are experiencing homelessness. The practices researched are purposely aligned and correlated with the seven goal areas highlighted in the Loveland Strategic Plan.

Goal 1: INCREASE CAPACITY

Strategy	**Establish Local/Regional Governing Body**
Narrative	**"Local leaders need to be *conveners*. They need to help identify those sectors of the community that are impacted by homelessness, as well as the 'usual suspects' (social services, nonprofits, philanthropy, etc.), to align as many cumulative resources as possible, and utilize them in a strategic and coordinated way instead of putting them into siloes or separate programs."** (Nagendra, 2017)[ii]. Homeless Coalitions throughout the United States at national, state and local levels are collectives of people working together to help prevent and end homelessness within their specific community. The National Homeless Coalition (NHC) has been the leader on addressing issues related to homelessness and poverty for 30 years (NHC, 2019). Following the model of NHC, cities across the country have created homeless coalitions, or a lead governing body which takes action addressing issues about homelessness. Also, in some communities there may possibly be a lead agency that the county coalition advises and supports. Every community operates their coalitions and governing bodies differently based on economic, societal and environmental factors (NHC, 2019). Regional approaches to Homeless Coalitions and Governing bodies create the ability to establish a body of leaders to guide the assistance and services for those experiencing homelessness. Establishing regional communication generates the opportunity for information, resources, and services to be streamlined the best way possible. A community network of people who are currently homeless, have experienced homelessness, service providers, stakeholders, faith-based members, advocates, local / regional governments, business community and others provide the opportunity for every voice within a community to be heard in making decisions and plans for the future. It is important to convene a body with broad representation and with a clear role regarding plan oversight and implementation. Different approaches to governing bodies and homeless coalitions across the nation vary in concept and style. There are many examples of current Governing Body practices in place throughout the country and in similarly sized communities as Loveland, CO.

Practice	**Roanoke, VA** - Roanoke, Virginia is a part of the Blue Ridge Continuum of Care, which is a local planning group working to end homelessness locally. To best understand this form of governing body, the Blue Ride Continuum of Care states, "The lead entity for the Blue Ridge Continuum of Care planning process is the Blue Ridge Interagency Council on Homelessness (BRICH). This leadership group includes twenty-one members, drawn from the general public, three local governments, mental health programs, state and federal programs, nonprofit organizations, businesses, and colleges/universities throughout the Roanoke region, including a formerly homeless person" (Blue Ridge Continuum of Care, 2017). - This governing body is the leader of efforts within the region of Roanoke, VA to help those experiencing homelessness. The Blue Ridge Continuum of Care plan states, "They have a plan to end homelessness by the end of 2021 they plan to do this by: Decreasing the mean length of homelessness to fewer than 20 days. Also, Reduce the percentage of individuals and families returning to homelessness within 2 years to less than 5%**"** (Blue Ridge Continuum of Care, 2017). - **Contact Information**: Carol Tuning: carol.tuning@roanokeva.gov - **Website**: https://www.endhomelessnessblueridge.org/ **Pontiac, MI** ❑ Oakland County Continuum of Care has created housing committees to better serve its region and those in need: ❑ **Strategic Plan Implementation, Funding & Partnership Committee** – Serves to set goals and action steps to move the adopted strategic plan forward. This committee creates and completes planning documents; research and apply for funding opportunities; and to attract and create new partnerships to advance Oakland County's goal of ending homelessness (Alliance for Housing, 2018). ❑ **Project Monitoring and Performance Outcomes Committee** - Promotes the quality of all funded projects by evaluating project proposals, making funding recommendations, and monitoring progress (Alliance for Housing, 2018). ❑ **Advocacy and Public Awareness Committee** - Informs the community of issues regarding homelessness, provide a platform for advocacy and public awareness of current political and legislative issues (Alliance for Housing, 2018). ❑ **Systems Coordination and Implementation** - Develops resources to implement community strategies, provide member agencies with access to technical assistance/training, and establish best practices, referrals and other tools (Alliance for Housing, 2018).

	❑ **Finance and Audit Committee** - This committee will make a recommendation to the full board of the selection of and auditor, will review the interim annual statements as well as the audited statements then bring a recommendation to the full board for approval (Alliance for Housing, 2018). - **Website**: https://www.oaklandhomeless.org/ - **Annual Report:** https://docs.wixstatic.com/ugd/fbcbe2_b1893aa4fc4842509e2e453639bdd467.pdf **Fort Myers, FL** - Fort Myers, Florida is a part of Lee County Homeless coalition, which is its own 501(c)3 non- profit organization with the goal of planning, networking and monitoring the services administered to people experiencing homelessness. - This governing body in Lee County is made up people from the community, faith-based members, service providers, local businesses, people who are currently homeless or have experiencing homelessness and many other diverse advocates (Lee County Homeless Coalition, 2018). - Florida Law regarding establishing local coalitions to address homelessness http://www.flsenate.gov/Laws/Statutes/2012/420.623 - **Website**: https://www.leehomeless.org/about/ **Waukegan, IL** - The governing body for Waukegan, IL is the Lake County Coalition for the Homeless (LCCH). LCCH is a collective of individuals and organizations that work to ensure people experiencing homelessness have access to services in need. Since 2015 when LCCH was selected by the Built for Zero initiative the coalition has been working to identify issues within the county communities and hopes to lessen duplication of services by having the ability to share data and information ongoing. (Lake County Homeless, n.d.). - **Website**: http://www.lakecountyhomeless.org/our-work
Benefits and Outcomes	**"Evaluate existing resources and how they are being used. Are they supporting interventions and activities that make measurable progress toward system outcomes to end homelessness? Align local spending with evidence-based interventions and established federal priorities and strategies for ending homelessness. This approach brings the potential to leverage a combination of local and federal funds and helps ensure that you are investing in proven, evidence-based solutions."** (Nagendra, 2017). Working collaboratively, communities are able to find a consensus around emerging issues and decision points to lead the community into the best possible decision for

	those experiencing poverty and homelessness. It is important to convene a body with broad representation and with a clear role regarding plan oversight and implementation. For people's needs to be met, it is necessary for communication to be clear and concise throughout the community. A governing body with broad representation agencies could: - **Reduces duplication of services,** - **Increases the variety of voices toward local solutions,** - **Ensuring participation from persons with lived experience,** - **Promotes collaboration,** - **Lead efforts regarding practice innovations,** - **Promote use of data in decision making,** - **Increases efficiency of services,** - **Provides the ability for better coordination between service providers and agencies.**

Goal 1: INCREASE CAPACITY

Strategy	Local Government Roles
Narrative	**"The key to ending homelessness is establishing a systemic response in your community – a system that is transparent, inclusive, goal-oriented, and fundamentally accountable for getting people into housing so that all instances of homelessness in your community are rare, brief, and nonrecurring."** (Nagendra, 2017). The role of local government entities varies in supporting a community to address and end homelessness. Cities can play one or more roles such as convener, leader, facilitator, collaborator and or funder. Increasing local capacity for communities is often accompanied some type of support from local government. Communities which have political will to proactively address homelessness often see more active government involvement. Through research it is shown that when local government is proactive in their leadership communities can better organize, secure funding, and establish governing bodies to mobilize stakeholders towards solutions of ending homelessness.
Practice	**Santa Fe, NM** - The City of Santa Fe works closely with the community and local organizations to create ways to end homelessness within their community. - "The City of Santa Fe's expenditures of funds – federal and local – supports projects and programming that serve the spectrum of housing needs from the homeless to the homeowner. The City needs and evaluates existing housing gaps to ensure that programs and projects increase and improve the City's housing opportunities." (City of Santa Fe, 2019). - **Santa Fe's Affordable Housing Action Plan**: Annual Action Plan

	Boulder, CO - Boulder County Governments, Housing Solutions for Boulder County Executive Board is the leader, convener and funder for the community regarding issues related to homelessness and poverty. - "Homeless Solutions for Boulder County (HSBC) is an innovative, systems approach to addressing homelessness across the county that was launched in October 2017. Participants include government agencies from Boulder County and the Cities of Boulder and Longmont, nonprofits working to impact homelessness, and the faith community. This new approach is organized around the Housing First model; an evidence-based approach that prioritizes helping individuals and families experiencing homelessness obtain a stable housing solution as quickly as possible. The goal of HSBC is to provide adults experiencing homelessness with targeted, responsive services to support quick, stable housing solutions" (Homeless Solutions for Boulder County, 2019). - **Website**: https://www.bouldercounty.org/government/boards-and-commissions/boulder-county-regional-homeless-systems-management/ - **Boulder, CO – Annual Report** - https://assets.bouldercounty.org/wp-content/uploads/2019/03/hsbc-year-one-annual-report.pdf
Benefits and Outcomes	The roles of cities regarding the efforts to end homelessness within communities varies across the country. Where local city governments are actively involved benefits may occur: - **Consistent messaging from city leadership and employees** - **Clear role for local government** - **Local government influence in leveraging necessary resources** - **Promote collaboration across public systems (police, healthcare, parks, emergency response teams, etc.)** - **Serve as a bridge between local community and state and federal government** - **Advocating for the vision of local solutions for homelessness** - **Assist in engaging faith, business, neighborhood and other stakeholder groups**

Goal 1: INCREASE CAPACITY

Strategy	Hiring formerly homeless individuals
Narrative	**"Peer support (sometimes also referred to as mutual support) is a supportive relationship between people who have a lived experience in common. Peer workers (sometimes also referred to as peer support workers) may be volunteers or paid members of staff, but what is important is that they have formal roles and work tasks which they are expected to complete at regular times and to a certain standard. They are people with lived experience of homelessness who have an employee or employee-type relationship with the organization. Peer worker roles are different from peer support roles and require different support mechanisms and systems from the host organization"** (European Federation of National Organizations working with the Homeless, n.d.). **"Peer recovery supports are essential in the modern health care system. Provider shortages; an increasingly complex health system; population changes—including an increase in diversity and younger cohorts of individuals from low-income families; and the need for cultural understanding and community education are factors contributing to the need for peer specialists. Peers provide navigation and advocacy to underserved and vulnerable populations across the continuum of the recovery process, and their services help individuals and families initiate and stabilize early recovery and sustain long-term recovery"** (Healing Hands 2013).
Practice	**Denver, CO** - **Metro Denver Homeless Initiate**: - "MDHI's Peer Navigator Program hires individuals with lived experience in homelessness to provide direct service to clients who may otherwise be reluctant to engage with service providers. These navigators establish a rapport with clients and connect individuals experiencing homelessness to housing, healthcare, employment, and other resources. A secondary goal of this program is to provide professional development opportunities to these navigators through supportive employment" (Metro Denver Homeless Initiative, 2017). - **Website**: https://www.mdhi.org/peernav - **Denver Public Library:** - "The peers will provide referrals to resources such as housing, mental health and/or substance abuse services and assist with benefit acquisition for library customers experiencing poverty and homelessness. The program is funded by a $41,000 grant from the Justice Assistance Grant through the U.S. Department of Justice and is administered locally by Denver Human Services and the Colorado Mental Wellness Network. Peer navigators are individuals with 'lived experience,' meaning they are in recovery and have found stabilization in regard to housing, mental health and/or substance abuse. The peers will meet with library customers to help them navigate the social service system in Denver and

	also lead peer discussion groups to increase support to vulnerable populations, such as customers experiencing homelessness. The navigators are trained and employed by the Colorado Mental Wellness Network, which oversees the program. The Network is a statewide grassroots organization which seeks to eliminate stigma and discrimination in mental health care and promote person-centered whole healthcare" (Denver Public Library, 2017). - **Website**: https://www.denverlibrary.org/blog/chrish/peer-navigators-help-demystify-social-service-system
Benefits and Outcomes	The benefits of incorporating persons with lived experience include: - **Unique perspective to contribute to solutions** - **The ability for trust and relationship building to occur which results in engagement, better follow through and positive outcomes.** - **Feedback is available to be able to obtain the trust in need of services available** - **Peers can provide the general community with an understanding of the experiencing of being homelessness** - **Can bring in other persons with lived experience to contribute to solutions** - **You move from a place of us vs them to a place of just us, all working together**

Goal 2: IMPROVE COLLECTION AND USE OF DATA

Strategy	**Implement city-wide use of Homeless Management Information System (HMIS)**
Narrative	Homeless Management Information System (HMIS), is a national, state and local class of software database applications that are used to collect information related to individuals and families experiencing homelessness and housing insecurity. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in 2009 created the requirement that the United States Department of Housing and Urban Development (HUD) implement HMIS in communities receiving HUD funding. HMIS is most commonly administered locally within the communities Continuum of Care (CoC) by one primary agency which is responsible for setting standards and rules mandated by HUD and other funders (SAMHSA, 2019). Communities using HMIS have a reported advantage of being able capture the holistic picture of the population being served, and the needs, services, and outcomes within their specific community. The goal of HMIS is for a community to be able to collect information for organizations and projects serving homeless families and individuals as a part of their needs analyses and to help establish funding priorities (HUD Exchange, 2019). Recently, Colorado has engaged a new vendor for a statewide HMIS system, Bitfocus. With Larimer and Weld County becoming their own Continuum of Care in 2020, there is an opportunity for the local implementation of HMIS with support. It has yet to be determined by the Balance of State CoC if there will be user fees be associated with the new HMIS user system. This new HMIS system in Colorado will positively impact the data collected to inform funding, grants and the community about people experiencing homelessness.
Practice	**Gulfport, MS** ❑ The Open Doors Homeless Coalition is the lead agency in implementing a single-use HMIS within the region. The use of data and community input helps the region plan and implement housing and services in southern Mississippi. ❑ The Open Doors Homeless Coalition works to raise awareness and building bridges within the community around homelessness by using information gathered from HMIS. They also have been able to use HMIS to check the system weekly for newly homeless veterans in order to continue their goal in ending veteran homelessness by 2020. (Open Doors Homeless Coalition,2016). ❑ **Website**: http://www.opendoorshc.org/HMIS.aspx **Fort Myers, FL** ❑ HMIS of Lee county is a project of the Lee County Department of Human Services. Fort Myers uses a single data HMIS used by providers, and the

	local and regional data dashboard. Within the county there is significant provider participation. (HMIS Lee County, 2007). ❑ **Website**: http://hmis.leegov.com/who%20are%20we.html **Waukegan, IL** ❑ Lake County Coalition for the Homeless is the regional system coordinator for HMIS. Using a single-use HMIS for the region, Lake County is able to create reports and data pertaining to the issues surrounding homelessness. (Lake County Coalition for the Homeless, n.d.). ❑ **Website**: http://www.lakecountyhomeless.org/servicepoint-resources
Benefits and Outcomes	**HMIS is a nation-wide best practice that is implemented in numerous ways in different communities. A common theme among HMIS is the concept of creating a single-use data system within a community to streamline services. HMIS creates the opportunity for cities to implement single-use data system. A reported advantage with a single city-wide data system is the opportunity for local organizations and service providers to share data and information pertaining to families and individuals experiencing homelessness. HMIS promotes local and state collaboration with service providers working with those experiencing homelessness. Not only does HMIS positively impact those experiencing homelessness, but also the community:** ❑ **"For the Client** - Improved coordination of care and services; improved knowledge about service availability; reduced duplication of information; protection of client confidentiality" (NH-HMIS, 2019). ❑ "**For the Provider Who Participates in the HMIS** - Automated reporting; reduction in number of reports produced; improved internal and external data; improved ability to serve clients; automated information for management and case managers; improved client tracking; potential to streamline referral processes; potential for strengthened partnerships through participation; meet HUD reporting requirements" (NH-HMIS, 2019). ❑ "**For the Continuum of Care** - Improved information about system and system needs for funding, decision-making and policy; improve information for the Continuum of Care Exhibit 1 application to HUD and other funding applications; improved ability to identify and quantify gaps in the system; credibility; potential for strengthened partnership among components of the community system" (NH-HMIS, 2019). ❑ "**For HUD and Other Funders** - Improved information about system and system needs for funding, decision-making and policy" (NH-HMIS, 2019). ❑ "**For the General Community** - Better information about people who are experiencing homelessness, the causes and the trends and future needs will help the general community to better plan for affordable housing and support for people who are at-risk of becoming or returning to homelessness; better information about housing and support needs will

	enable interested parties to better market these needs to potential funders and policy–makers" (NH-HMIS, 2019).

Goal 2: IMPROVE COLLECTION AND USE OF DATA

Strategy	Develop a Data Dashboard
Narrative	***"To end homelessness, a community must know the scope of the problem, the characteristics of those who find themselves homeless, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts."*** *(U.S. Department of Housing and Urban Development, 2014).* Data Dashboards are implemented to inform various stakeholders and the general community of the need, as well as local strategies and interventions by identifying individuals and families experiencing homelessness. Data can provide insights of local strengths and challenges of programs and organizations within communities. Proactive communication and transparent data are essential for communities to understand the local issues of homelessness. Data Dashboards contribute to efforts to secure additional resources due to the ability to evaluate and demonstrate program effectiveness. Communities across the country have created and implemented a wide range of online data-dashboards accessible to the general public to learn about homelessness within their community.
Practice	**Fort Collins, CO** ❑ Homeward 2020 in Fort Collins, CO, utilizes a Data Dashboard in order to inform local service providers and community members about the populations experiencing homelessness within their community. This specific data dashboard has two sections: a population data dashboard and a system data dashboard. ❑ "These accessible, interactive dashboards are used by the Homeward 2020 Collaborative and the broader community to monitor data to help our community realize our vision to make homelessness rare, short-lived and non-recurring." (Homeward 2020, 2019). ❑ **Contact Information**: Holly LeMasurier at Homeward 2020, (970) 325-3125. ❑ **Website**: http://www.homeward2020.org/data-dashboard/ **Boulder, CO:** ❑ Boulder, CO has created a data dashboard that is user-friend with an "at-a-glance" informational resource technique that informs the community on the utilization and outcomes of adult homelessness and services (City of Boulder Colorado, 2019). The data dashboard has helped the community become

	better at collecting data and has helped Boulder secure grants and has been successful in getting vouchers and grants (City of Boulder Colorado, 2019). ❑ **Website**: https://bouldercolorado.gov/homelessness/homelessness-dashboard **Chicago, IL:** ❑ Chicago's Dashboard to End Homelessness was created to, "…empower the housing and homeless services system to access their progress and take action to prevent and end homelessness in Chicago" (All Chicago, 2017). Information on the data dashboard in Chicago is primarily information from HMIS to accurately tell the story of homelessness within the city. Every week the dashboard is updated to allow for real-time analysis to stay up to date and continue prevention efforts (All Chicago, 2017). ❑ Website: https://allchicago.org/dashboard-to-end-homelessness **Knoxville, TN** ❑ Knoxville, TN's Knoxville Community Dashboard on Homelessness provides the community a comprehensive overview of quarterly and annual reports regarding homelessness within their community (Knox HMIS, 2019). ❑ **Website**: http://knoxhmis.sworpswebapp.sworps.utk.edu/dashboard/
Benefits and Outcomes	"Insights from data can be used for more than funding; the data can help agencies focus resources or improve clients' services to be more effective and cost-efficient." (Schwartz, 2017). Data Dashboards generate the ability to access local and county wide data regarding the scope of the issue and outcomes of local and regional interventions, helping communities better understand the current population and needs of those experiencing homelessness. ❑ **Data can help communities see a return on investments, and investors and community members are able to see how investments are making an impact.** ❑ **Data Dashboards increase community awareness and education among the general public regarding those experiencing homelessness.** ❑ **Services outcomes reported in dashboards generate a more informed community, which promotes better collaboration, coordination and communication of efforts to serve those experiencing homelessness.** ❑ **Information displayed on data dashboards help to engage stakeholders and community members, volunteers, business owners, faith-based congregations to discuss solutions regarding the end to homelessness.**

Goal 2: IMPROVE COLLECTION AND USE OF DATA

Strategy	Increase Local Coordinated Entry Capacity
Narrative	"**Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**" (Housing and Urban Development Exchange, n.d.). Coordinated Entry (CE) also known as Coordinated Assessment and Housing Placement System (CAHPS) is an effective best practice used across the nation in a variety of ways to assess and prioritize persons in need for services pertaining to housing. In conjunction with implementing a single-use data system, HMIS contains a CE module which allows for data sharing across providers and removes duplicative efforts (intake, assessment, case management) to streamline access to housing and services. Within Coordinated Entry, the VISPDAT is the regional assessment tool currently in use to assess those experiencing homelessness and those at risk of homelessness. With Coordinated Entry in place, communities often dedicate case managers, or housing navigators to help expedite housing and services for households in need. Often times CE is the starting point for communities to create city-wide case management to continue the goal to prioritize the most vulnerable and creating open communication within service providers to best serve those experiencing homelessness. **"Viewing case management as a key factor for strategies to end homelessness, and can be looked at as a strengths-based *team* approach with six key dimensions: 1, Collaboration and cooperation — a true team approach, involving several people with different backgrounds, skills and areas of expertise; 2, Right matching of services — person-centered and based on the complexity of need; 3, Contextual case management — Interventions must appropriately take account of age, ability, culture, gender and sexual orientation. In addition, an understanding of broader structural factors and personal history (of violence, sexual abuse or assault, for instance) must underline strategies and mode of engagement; 4, The right kind of engagement — Building a strong relationship based on respectful encounters, openness, listening skills, non-judgmental attitudes and advocacy; 5, Coordinated and well-managed system— Integrating the intervention into the broader system of care; and 6, Evaluation for success — The ongoing and consistent assessment of case managed supports"** (Homeless Hub, 2019).
Practice	**Waukegan, IL** ❑ The Lake County Coalition for the Homeless is the primary leader of the System Coordination and Entry Committee for the region. The coalition was created to meet the goals to develop an appropriate process for coordinated entry for Lake County. The Coordinated Entry Process established by the

Lake County Coalition for the Homeless/CoC is the only referral source for housing vacancies and services funded by CoC and ESG Programs within the region. PADS (Providing Advocacy Dignity and Shelter), a local organization, uses a HMIS (Service Point) to track individuals. Every person is entered into the system upon completion of an intake with PADS (Providing Advocacy Dignity and Shelter) and is a part of the regional single-use entry point system. (Lake County Coalition for the Homeless, 2018).

- ❑ Website: https://static1.squarespace.com/static/575f22facf80a129e0ad5d6c/t/5b9faa6388251babc989b220/1537190499794/System+Coordination+and+Entry+Policies+and+Procedures+Jan+2018+Update.pdf

Fort Myers, FL

- ❑ Lee County embraces a "no-wrong door" approach to ensure that any person who is homeless and seeking assistance has access to the Coordinated Entry System within Lee County, which Forty, Myers, FL is a part of. Lee County currently has more than 20 points of access that provide coordinated entry assessments to individuals and families (Lee County Homelessness Coalition, 2018).
- ❑ **Website**: https://www.leehomeless.org/wp-content/uploads/2018/10/CES-Brochure.pdf

Boulder, CO

- ❑ Within the City of Boulder, coordinated entry is the first stop and a key element of the adult homeless service system and Homelessness Strategy. In order to receive services from Boulder County, people must go through the coordinated entry process. Boulder uses a single-entry point method and has one location in Boulder, and one location in Longmont open seven days a week and during the week (Homeless Solutions for Boulder County, 2019).
- ❑ **Website:** https://www.bouldercounty.org/homeless/

Flagstaff, AZ

- ❑ The goal of the Front Door Program is to divert and prevent homelessness when possible, reduce the amount of time homeless individuals and families spend on waitlists, as well as, place individuals and families with the most appropriate agency for their housing needs in the quickest and most cost-effective way possible (Front Door, 2019).
- ❑ "Flagstaff Shelter Services serves individuals, and Catholic Charities serves families. Those seeking housing-related services can visit one of those two entities and be screened for all services provided across the Coconino County Continuum of Care. Additionally, Flagstaff Shelter Services and Catholic Charities staff a mobile team that provides services on a daily basis for those with transportation issues, physical disabilities or those experiencing domestic violence" (Front Door, 2019).

	❑ **Website**: http://frontdoorofcoconino.org/about/
Benefits and Outcomes	**"Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs."** (Housing and Urban Development Exchange, n.d.). Coordinated entry has been a successful best practice method within the nation to best serve those experiencing homelessness or at imminent risk of homelessness. ❑ **Coordinated entry creates the capacity to provide navigation and case management which leads to quicker housing placements and service engagement, therefore lessening length of time in homelessness.** ❑ **Communities that implement the use of coordinated entry generate the opportunity for services to be streamlined and the duplication of services to diminish. Serving the most vulnerable creates the ability for those in need of housing and immediate services to be served immediately.** ❑ **The open communication around coordinated entry helps communities have one waitlist for housing to ensure individuals and families are being efficiently served and the process is clear and concise to the community and those being served.**

Goal 3: EXPAND COMMUNITY EDUCATION EFFORTS

Strategy	Develop Local Education Strategies
Narrative	Local Community Education Strategies aimed at the community and general public design the opportunity to appropriately educate people about those experiencing homelessness within their specific community. There is no right or wrong community strategies to implement due to the broad range of possibilities for communities. Education about homelessness within communities is essential in order to create community understanding and support for those experiencing homelessness. The use of demographic information, household history and service data are key elements to an effective community education campaign. Local education strategies should involve persons with lived experiences pertaining to the issue of homelessness, which can provide valuable insights of homeless experience which is often misunderstood by community members. Education strategies should be made up of a diverse group of people including stakeholders and, faith community to help deliver messages out into the community. Helping the local community better understand the circumstances and complexities surrounding homelessness can better empower members to be a part of the solution.
Practices	**Waukegan, IL:** ❑ Lake County Coalition works to educate not only the community but is also helping PADS (Providing Advocacy Dignity and Shelter) become more effective at what they do. Report produced inform the community on those experiencing homelessness. This brief report discusses what can be done by not only PADS (Providing Advocacy Dignity and Shelter) but also the city and the Lake County Coalition to help with homelessness (Lake County Coalition for the Homeless, 2018). ❑ **Report**: https://static1.squarespace.com/static/575f22facf80a129e0ad5d6c/t/5c17e36a758d463b97205aca/1545069418424/Summary+Brief+of+Waukegan+Report.pdf **Gulfport, MS:** ❑ The Black Bay Mission strengthens neighborhoods through ministries like education and empowerment programs and housing rehabilitation programs. These vital ministries help the people being served be a part of, and build, their communities on the Mississippi Gulf Coast. As volunteers take what they learn at Black Bay Mission home with them, they have the opportunity to strengthen their own neighborhoods (Black Bay Mission, 2019). ❑ **Website**: https://thebackbaymission.org/about-us/

	Abilene, Texas ❑ Abilene, Texas launched the Home Again West Texas initiative and website to educate their community about Coordinated Entry and how it is positively impacts those experiencing homelessness, but also the community (West Texas Homeless Network, n.d.). ❑ **Website**: https://www.homeagainwtx.com/ **Denton, Texas** ❑ The United Way of Denton County used their annual Point in Time Count data to create an Art Exhibit that was open to the general public and the media in order to increase awareness and help the community better understand homelessness (United Way of Denton County, Inc.). ❑ **Website**: https://www.unitedwaydenton.org/civicrm/event/info?reset=1&id=1457
Benefits and Outcomes	Local community education strategies create the opportunity for communities to be strategic in educating the general public about those experiencing homelessness: ❑ **Using outcome measures, data, and stories that will inform the public helps tell the stories of those experiencing homelessness.** ❑ **Data driven education materials, coupled with personal stories can better engage communities' members involvement** ❑ **Consistent messaging across the community** ❑ **Dispelling myths and stereotypes of homelessness** ❑ **Effective community education efforts can lead to those experiencing homelessness to feel recognized and have their voices be heard rather than feeing disenfranchised and invisible.**

Goal 4: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy	Establish Local Street Outreach Services
Narrative	"**Street outreach involves moving outside the walls of the agency to engage with people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well. This is incredibly important work designed to help establish supportive relationships, give people advice and support, and hopefully enhance the possibility that they will access necessary services and supports that will help them move off the streets"** (Homeless Hub, 2019).
Practice	**Fort Collins, CO** - Outreach Fort Collins ❑ Outreach Fort Collins is a community-drive approach to help maintain downtown Fort Collins as a safe and inviting place for community members, all while helping vulnerable people connect to resources and support systems (Outreach Fort Collins, n.d.). ❑ Website: https://www.outreachfortcollins.org/ **Pontiac, MI** ❑ PATH – (Projects for Assistance in Transition from Homelessness) is a federally funded, community outreach strategy to engage with people experiencing homelessness who have mental health issues. ❑ Within Pontiac, MI, PATH is the community's street outreach team that works in collaboration with community partners, to locate the most vulnerable in the local community, who are on-the-street homeless and have a serious mental illness (Community Housing Network, 2019). ❑ Website: https://communityhousingnetwork.org/services/path/ **Fort Myers, FL** ❑ Lee Health has their own outreach team who follow clients that are seen frequently. Outreach workers are engaged in community wide collaboration. ❑ Human and Veteran Services in Lee County has an outreach worker who does more general outreach with toilets and supplies to build relationships and connect with services. ❑ The local PATH outreach worker is program specific to working with chronically homeless individuals. **Colorado Springs, CO** ❑ The Homeless Outreach Team (HOT) was created within the Colorado Springs Police Department to help coordinate efforts among an increasing number of advocacy groups and service providers. The HOT cops provide those experiencing homelessness with information, referrals, and guidance to find housing (Colorado Springs, 2019).

	❑ **Website**: https://coloradosprings.gov/police-department/page/homeless-outreach-team
Benefits and Outcomes	"**Outreach that merely helps support people who are living independently but without any shelter may be a necessary and important first step in relationship building, but the overall goal of street outreach should be tied to the larger goal of helping people move off the streets as quickly as possible. In order to achieve this goal, outreach workers need to be familiar with, and have access to, a range of mainstream and community services. Outreach services that are run by an agency whose goal is simply to link the person to that agency, are not seen as effective. Workers need to be seen as doing the work of the sector, and not simply of the agency they work for. This requires a higher degree of interagency collaboration**." (Homeless Hub, 2019). Street outreach services help communities accurately direct individuals and families experiencing homelessness to immediate services. The use of street outreach creates the ability for communities to support those living on the streets and meet them where they are at and direct them to correct services and housing opportunities. Benefits of street outreach include: ❑ **Outreach services designed in communities working towards ending homelessness assists the movement of individuals and families exiting living on the streets and entering permanent housing.** ❑ **Communities with street outreach programs often times experience fewer calls to police departments, less of an impact on the jails and courts, and less impact around loitering and people sleeping outside.** ❑ **Outreach services can better coordinate and expedite services for those in need.** ❑ **Outreach staff often serve as a bridge between the streets and the community** ❑ **Outreach can dispatch and respond in a timely manner to address a crisis situation on the streets** ❑ **Street outreach teams serve as affective partners for downtown business districts, local police departments, local courts, and local non-profit agencies.**

Goal 4: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy	Increase access to bathrooms
Narrative	"The National Law Center on Homelessness and Poverty found that some 20 to 30 percent of homeless respondents had been cited or arrested for public urination, funneling them into a criminal-justice system that threatens to leave them even more destitute and with less access to housing and employment in the future." (Shure, 2019) Shure, Natalie. (2019). The Politics of Going to the Bathroom. The Nation. History. Retrieved from, https://www.thenation.com/article/toilet-urination-disability-access/
Practice	**Portland, OR** - The Portland Loo is a stand-alone bathroom that is free and accessible to the public at all hours. The concept of this public restroom is to help with issues that arise with individuals needing to use public restrooms that may not be available for use when needed. The restroom is easy to clean, durable and inexpensive solution. (Portland Loo, 2018). **Portland Loo.** (2018). The Portland Loo. Designed by the City, for the City. Retrieved from, https://portlandloo.com/ - The bathrooms are created to eliminate crime. They are designed to have no running water inside, no mirrors, bars at the top and bottom for police to see through, there is a graffiti-proof coating on the walls and the walls are made with heavy grade stainless steel and are essentially indestructible (Metcalfe 2012). Metcalfe, John. (2012). Why Portland's public toilets succeeded where others failed. City Lab. Retrieved from,https://www.citylab.com/design/2012/01/why-portlands-public-toilets-succeeded-where-others-failed/1020/
Benefits and Outcomes	**Bathroom access will:** - **Lessen human waste within the city and public parks** - **Accessible safe place to address personal needs** - **Reduce unlawful uses of public restrooms**

Goal 4: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy	Develop multi-service center
Narrative	Day centers and multi-service cents are specifically designed for those experiencing homelessness and vary in management and style in every community across the country. Day centers create a safe space for individuals and families experiencing homeless to access immediate services, and also have a place during the day-time hours of operation to access bathroom facilities, and other necessary needs. Day centers and multi-service centers provide the opportunity for individuals and families to have a place to create a plan to exit homelessness. The goal of a day center is to continually direct people in the correct direction and provide daily provisions and resources needed to service while being homeless. Many resources provided at day centers may include; access to restrooms, showers, laundry, coordinated entry intake services, clothing, food, hygiene items, and supplies needed to survive outside such as blankets, sleeping bags, etc. Day centers are spaces where those experiencing homelessness have to be utilizing resources or being productive on creating a plan towards exiting homelessness. A local day center can help local homeless households receive assessments, services and referrals in one-stop setting. Many day centers across the nation utilize services directed towards helping individuals and families continue on their path to their chosen destination. Sometimes people experiencing homelessness pass through communities in need of support to move on to their home and chosen destination. Funds in place to purchase bus tickets and gas vouchers help people move on to their home. This practice is looked at as diversion, defined as, **"Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists. Diversion programs can also help communities achieve better outcomes and be more competitive when applying for federal funding"** (National Alliance to End Homelessness, 2011).
Practice	**Boulder, CO** ❑ The City of Boulder has adopted the concept of using Navigation Services which are intended to eliminate or reduce time in local homelessness services for lower-need persons that may be able to resolve their housing crisis with limited short-term assistance. ❑ "Navigation Services provide short-term support for lower-needs individuals who require limited assistance to get back into permanent housing. Individuals will work with a case manager to develop a housing plan and can receive mediation support, financial assistance, legal assistance, assistance

	reunifying with support networks, and links to county and other community programs as needed. Overnight sleeping space will also be available to qualified navigation participants who need a place to stay in the short term. Boulder Navigation Services will begin as an extension of Bridge House's existing Path to Home program, which uses faith community space for overnight sleeping, morning meal service, and case management. Clients will be referred to Navigation Services through the Coordinated Entry screening" (Homeless Solutions Boulder County, 2019). **Fort Collins, CO** ❑ The Murphy Center in Fort Collins, Colorado was created to help facilitate services and collaboration between 20 organizations and over 40 programs aimed at serving those currently homeless or experiencing housing instability. The center now serves more than 160 individuals per day with over 40,000 guest visits annually (Murphy Center, 2019)[iii]. ❑ "Our goal is to provide a continuum of services, in a single location, to help people to survive through crisis, move forward into stabilization and ultimately to thrive in a return to self-sufficiency while helping our community fulfill its vision to make homelessness rare, short-lived and non-recurring"(Murphy Center, 2019). ❑ **Website**: https://www.murphycenter.org/ **Pontiac, MI** ❑ The Baldwin Center within Pontiac, Michigan is a soup kitchen and day center created to help the Pontiac Community have the ability to access food, clothing, education and empowerment classes. The Center provides food and clothing, in addition to school programs, summer camps, laundry, shower and hygiene products, AA meetings, and many more daily necessities (Baldwin Center, 2019). ❑ **Website**: http://www.baldwincenter.org/services/
Benefits and Outcomes	Day centers and multi-service centers create a safe space for people experiencing homelessness to access during day time business hours. ❑ **The use of a day center within a community reduces the number of people on the streets during the day and provides immediate assistance if needed.** ❑ **Communities that have implemented day centers have been able to assist 'travelers' to move on to their destination.** ❑ **Essential needs and services can be met within the operations of a day center and generates the ability for communities to have a location designated for those experiencing homelessness to go when in need of support and have questions regarding housing and services.**

	❑ **Day center brings together all provider and other resources available in a one-stop-shop setting, which reduces duplication and creates efficiencies towards solutions.**

Goal 4: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy	**Expand local short-term housing options**
Narrative	Short-term housing options across the nation are designed in numerous ways to best serve those experiencing homelessness within communities. Many cities are changing how their emergency shelters operate to a more effective up to date model to most efficiently and effectively assist people to develop exit plans and strategies out of homelessness and into housing. Often times, emergency shelters are facilities that provide overnight sleeping accommodations, and the primary purpose of which is to provide temporary shelter for those experiencing homelessness. Short-term housing options are the practice of offering a safe space to sleep, but also a guided outlined plan of exiting homelessness. Expanding options of short-term housing options for communities is critical due to the rising housing market and numerous other factors leading to housing instability within cities across the nation. Examples of short-term housing options vary depending on location and often times, funding. One essential practice of short-term housing options is, inclement weather housing, which offers a space to house people experiencing housing instability during unsafe weather conditions within a community. Another option for providing short-term places to stay is Safe Parking Lot programs, which provide access to secure, legal overnight parking for individuals and families living in their vehicles, along with case management and outreach. Implementing Safe Parking Lot programs within local municipalities, nonprofit organizations and faith-based congregations can create opportunities for growth to be created within communities. An application, such as a Safe Parking Lot program would help Loveland further assist those experiencing homelessness living within all socio-economic levels of society. There are numerous reasons people may not choose to check in to an emergency shelter at night due to limited space, safety, and may find more comfort in their vehicle. Even though no one should have to live in their car, but for those who choose to or must, providing a safe, legal place to sleep at night provides stability on the path towards finding permanent housing.
Practice	**Boulder, CO** ❑ "Boulder Shelter for the Homeless is providing housing-focused shelter (HFS) in the new system. HFS is year-round, ongoing shelter for moderate- and high-need people that are longer-term local residents unable to resolve

their housing crisis without significant support. These residents are screened through the coordinated entry system before acceptance into HFS. HFS participants stay in shelter, with support to develop a housing plan, until permanently housed at other locations. HFS replaces the previous lottery system where people with various needs entered on a night-by-night basis without screening, assessment or ongoing programming. This change is based on national best practices and policy to effectively address homelessness, stabilize residents with the most need, get them into housing more quickly, and reduce demand on overall emergency systems" (Boulder Shelter for the Homeless, 2019).

- ❑ Boulder shelter aims to prioritize local homeless residents and vulnerable populations through coordinated entry. If you come to the Boulder HFS you have to engage with coordinated entry within 24 hours, once you are in and get assessment can stay in shelter with reserved bed until you get housed (Boulder Shelter for the Homeless, 2019).
- ❑ With a Housing Focused Shelter mission, all residents have to be in Boulder for longer than 6 months and have to be working on a housing plan. In winter there is seasonal shelter that is low barrier, which adds supplemental beds based on the needs during severe weather conditions (Boulder Shelter for the Homeless, 2019).
- ❑ **Website**: https://bouldershelter.org/our-programs/housing-focused/

Pontiac, MI
Multi-Purpose Day and Shelter Center
HOPE Adult Shelter

- ❑ "In 2010, HOPE (Helping, Oaklands People Every day) purchased a foreclosed building across the street. With the help of more than half-a-million dollars of volunteer labor and in-kind donations, the space has been transformed into an effective resource for those experiencing homelessness. From 2011 to 2014, HOPE expanded services to cover the cold months of the year. By 2014, the shelter was prepared to operation year-round. In 2015, HOPE acquired the vacant lots adjacent to the shelter property. This lot will someday house a Family Shelter and Community Resource Center. Their current shelter is a multipurpose day center" (HOPE Inc., n.d.).
- ❑ HOPE Shelter works with a trauma-informed approach and has embedded services through community partners.
- ❑ **Website**: http://www.hopewarmingpontiac.org/

Waukegan, IL

- ❑ Year-round shelter through PADS (Providing Advocacy Dignity and Shelter), the only emergency shelter for Lake County uses rotating faith organizations for their sheltering program. There is no fixed facility. Faith organizations help house individuals October-April and provides limited shelter during the summer months (PADS Lake County, 2016).

- PADS (Providing Advocacy Dignity and Shelter) operates a summer program which operates every night from May through September. Nightly capacity is limited to about 25 individuals, and limited to the most vulnerable of our clientele, usually persons with disabilities. Summer program participants have inherently more difficult barriers to overcome, and the program is more structured during these months to help get them into housing (PADS Lake County, 2016).
- **Website**: https://www.padslakecounty.org/emergency-shelter

Safe Parking Lot Programs

- The first Safe Parking Lot program was founded in 2004 in Santa Barbara by New Beginnings Counseling Center in partnership with city officials, local churches, and non-profits. The New Beginnings Counseling Center has published a Safe Program Parking Manual (2017) for any community and agency interested in implemented this specific intervention successful in Santa Barbara. Since the birth of this program within Santa Barbara, many similar programs have been popping up across Los Angeles, San Francisco, and around Seattle, Washington
- The organization Dream for Change in San Diego, California has assisted 2,650 people since 2010, with 65% of participants moving into housing or permanent housing programs within three months (Dreams for Change, 2019).

Denver, CO

- Arroyo Village provides an example of coupling short-term housing with long-term housing all on the same property. "The Delores Project and Rocky Mountain Communities – an affordable housing developer – joined forces to redevelop our current site. We built a new shelter facility as well as 35 units of low-income permanent supportive housing and 95 units of affordable housing for individuals and families in the workforce. This project, called Arroyo Village, is made possible through the federal Low-Income Housing Tax Credit program. The project will be publicly funded and will not require a traditional capital fundraising campaign. This means that the Delores Project can continue to apply our privately raised dollars directly to our vital programs and operations" (Delores Project, 2018).
- **Website**: https://www.thedeloresproject.org/arroyo-village/

Mapleton, IA

- Using innovative sheltering, "... four local churches decided to partner on managing the use of a two-bedroom house, which was at one time a parsonage. Through an arrangement with the local utility companies, utilities are charged only when the house is occupied, reducing annual operating costs. The churches manage concessions at the local baseball fields during the summer. This revenue provides all the funds needed for ongoing maintenance of the building. This informal relationship grew into a sustainable formal

	partnership and filled a gap in the community's homelessness response system" (United States Interagency Council on Homelessness, 2018). ❑ **Website**:https://www.usich.gov/resources/uploads/asset_library/Strengthening_Systems_for_Ending_Rural_Homelessness._Promising_Practices_and_Considerations_.pdf **Jefferson and Arapahoe Counties, Colorado** - "Severe Weather Shelter Network (SWSN) provides shelter for single men, single women, and couples without children living on the streets on life threatening winter nights. We work alongside community organizations to provide this shelter starting October 1st and going through April 30th. The Host Churches open when overnight temperatures are going to be 32 degrees or colder and wet or 20 degrees or colder and dry." (SWSN, 2019). - Severe Weather Shelter Network (SWSN). (2019). Severe Weather Shelter Network. Retrieved from, https://swshelternetwork.com
Benefits and Outcomes	Expanding local short-term housing options decreases the amount of people sleeping outside and experiencing homelessness within a community. A structured place to sleep at night brings the sense of safety for vulnerable populations, and the ability for communities to assist and efficiently serve those in need. ❑ **Short-term housing options often times is the entry point for someone facing homelessness and housing instability in a time of crisis, and during inclement weather conditions not safe for human exposure.** ❑ **Services provided at short-term housing options can provides the ability for referrals to take place and knowledge on housing and next steps to be given.** ❑ **Creating a sustainable option for a community for a need of short-term housing will help limit the number of calls to law enforcement, and also reduce the issues surrounding people sleeping outside.** ❑ **Supervised short-term housing is important for vulnerable populations such as single women, youth, elderly, those with mental illness and trauma.** ❑ **Creative community partnerships can reduce operational costs of short-term housing efforts (i.e., use of volunteers, involvement of local congregations, food provided through donations, providers providing on-site services)**

Goal 5: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy	Increase employment opportunities for those experiencing homelessness
Narrative	"**Education and sustainable employment can make an enormous difference in people's ability to pay for housing. Most people who are at risk of or experiencing homelessness want to work. In fact, many are employed but earn too little to meet their basic needs. Unfortunately, it is not always clear how best to help people experiencing homelessness to improve their incomes. One of the most effective strategies to support individuals to move out of homelessness and into permanent housing is increasing access to meaningful and sustainable job-training and employment"** (Housing and Urban Development Exchange, n.d.). Employment services directed for those experiencing homelessness and housing instability create the opportunity for individuals and families to locate jobs and increase income to obtain housing. Employment support helps prevent and address numerous underlying causes of homelessness within communities. Employment and housing are directly linked together, and it is critical to have both to maintain a healthy and sustainable life. Many people experiencing homelessness have jobs that do not pay enough to exit homelessness and find affordable housing. HUD states, Services directed towards supporting people maintain employment is essential for those who have been out of the workforce for a number of years or who have physical/cognitive limitations and need coaching and other supports to stay successfully employed. Practices around the nation utilize local partnerships and agencies to implement employment supportive service programs to increase the number of those experiencing homelessness to have access to stable, steady income.
Practice	**Denver, CO** ❑ Denver Day Works is operated by Bayaud Enterprises and is an employment program contracted through the City and County of Denver. Denver Day Works provides a low-barrier work experience for adults experiencing or at risk of homelessness. The program offers accessible work options and connects individuals to benefits navigation and employment services through a work crew model. Crews are hired on by cities to carry out services (Bayaud Enterprises, n.d.). ❑ **Website**: https://www.bayaudenterprises.org/employment-services/denver-day-works/ ❑ **News Article**: https://www.therenewalproject.com/this-denver-program-gives-homeless-individuals-a-job-and-a-pathway-to-a-stable-future/ **Boulder, CO** ❑ "Ready to Work provides adults experiencing homelessness a unique opportunity to rebuild their lives through work. Our holistic approach combines three elements - paid work in a Ready to Work social

enterprise, dormitory housing at Ready to Work House, and case management support" (Bridge House, 2019).

- Ready to Work is the first stepping stone to self-sufficiency. After one year, trainees graduate to mainstream jobs and permanent housing. **Ready to Work has a success rate of 75% and uses work crews that are hired on through contractors such as municipalities rather than individually hiring people to complete the job** (Bridge House, 2019).
- **Website:** https://boulderbridgehouse.org/ready-to-work/

Seattle, WA

- "YWCA's Homeless Employment Program provides people experiencing homelessness or people who are at risk of homelessness with a full range of individualized employment and support services needed to achieve self-sufficiency and stable housing. The Homeless Employment Program provides people experiencing homelessness or people who are at risk of homelessness with a full range of individualized employment and support services needed to achieve self-sufficiency and stable housing" (YWCA, 2019).
- **Website**: https://www.ywcaworks.org/programs/homeless-employment-program

Vienna, VA

- "Shelters to Shutters screens job candidates recommended by local nonprofit partners and refers them to property management companies that hire them for maintenance and leasing positions. The model is meant to push people toward self-sufficiency by offering full-time employment and discounted housing at the buildings where they work" (Iati, n.d.).
- **Website:** http://shelterstoshutters.org/
- https://www.washingtonpost.com/lifestyle/2019/04/25/this-novel-program-gives-homeless-people-jobs-apartment-buildings-housing-go-with-them/?noredirect=on&utm_term=.a22255fe8a48

Austin, TX

- Community Works – "provides micro-enterprise opportunities that enable our friends who have experienced homelessness to earn a dignified income. This program empowers Mobile Loaves & Fishes volunteers to serve alongside our friends as they develop new skills, while also building enduring relationships. Micro-enterprise opportunities available through Community Works include gardening, art, blacksmithing, woodworking and concessions" (Mobile Loaves & Fishes, 2019).
- **Website**: https://mlf.org/community-works/

New York City, New York:

- New York City, and many other cities across the nation, such as, Indianapolis and Syracuse, have been launching programs to pay those who are homeless to clean the city streets, gardening and other municipal maintenance for work.

	Often times communities have implemented this practice to reduce the amount of panhandling going on within communities (Braine, 2019). ❑ "The idea grew out of the understanding that people are not unemployed or homeless by choice, and that people in general like to give back. Their plight may be more due to lack of opportunity to gain a foothold rather than a lack of a desire to work, is the underlying theme" (Braine, 2019). ❑ **Website**: https://www.nydailynews.com/news/national/ny-news-panhandlers-homeless-clean-streets-20190314-story.html
Benefits and Outcomes	Employment opportunities and supportive services designed for those experiencing homelessness increase the employment rate within communities, and many times assists participants with housing. ❑ **Increasing a local workforce of a community not only impacts individuals and families experiencing homelessness, but greatly impacts the economy and community of a region.** ❑ **Increasing the chances for those experiencing homelessness to become employed will also increase the amount of families exiting homelessness to obtain permanent housing of their own.** ❑ **Employment makes people feel a part of the community fabric, and a contributing member of their local society.** ❑ **Being able to tap into local talents of general public**

Goal 5: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy	Increase access to behavioral health care services
Narrative	"**People with mental illness experience homelessness for longer periods of time and have less contact with family and friends. In general, 30-35% of those experiencing homelessness, and up to 75% of women experiencing homelessness, have mental illnesses. 20-25% of people experiencing homelessness suffer from concurrent disorders (severe mental illness and addictions). People who have severe mental illnesses over-represent those experiencing homelessness, as they are often released from hospitals and jails without proper community supports in place."** (Homeless Hub, 2019). Behavioral health care resources and services are needed by many people experiencing homelessness and are critical for all communities. Research has shown the link of homelessness related to mental health, substance abuse issues and lack of health care. Providing resources and specific best practices related to behavioral health services include medication management, crisis intervention, counseling, support to make appoints and follow through assists those experiencing homelessness on their journey to housing and self-sufficiency.
Practice	**Ft. Myers, FL** - Bob Janes Triage Center & Low Demand Shelter is a place for individuals who are at risk for committing minor non-violent crimes and suffer from a behavioral health crisis. Individuals are accepted from the hours of 9:00 a.m. until 12:45 a.m. The Triage Center is staffed by medical and behavioral health professionals from Salus Care, The Salvation Army, and Lee Memorial Health System. The goal is to reduce the number of individuals with known mental illness or substance use disorders who are arrested and taken to the County jail for low level offenses. The facility is operated as a multi-agency collaborative effort between Salus Care, Lee Memorial Health System, Lee County Human Services, local law enforcement and other additional vital partners (Bob Janes Triage Center & Low Demand Shelter, 2014). ❑ The Lee County public defender is involved with diversion in context of the legal system. Public defender helps triangulate mental health and other service needs within their role in the criminal justice system. ❑ **Website**: http://triage.leegov.com/ **Ocean Springs, Mississippi** ❑ Sues Home – is a long-term residential program for women and children. ❑ "We accept women who have graduated from residential drug or alcohol treatment facilities or have been released from incarceration. We also accept women and children who find themselves homeless due to various economic situations. They are able to remain in Sue's Home for 6 months and may,

	after successfully completing the program, receive assistance with relocation, partial rent and utility deposits. The Transitional Program is a comprehensive, faith-based program designed to assist women who are dealing with the effects of abuse, homelessness, addictions and/or past incarceration. Our desire is to provide a safe, nurturing environment for women and their families as they work to become self-sufficient, productive citizens in our communities and positive role models for their families. We focus on providing the necessary educational tools and mentors needed to assist our clients and their families as they begin to make changes toward self-discipline, self-motivation, and good decision-making pertaining to their individual and family needs" (Community Care Network, n.d.). ❑ **Website**: http://www.ccnms.org/programs
Benefits and Outcomes	"**Community-based mental health services play an important role. Homelessness could be drastically reduced if people with severe mental illness were able to access supportive housing as well as other necessary community supports. They encounter more barriers to employment and tend to be in poorer health than other people experiencing homelessness. Housing outreach services that provide a safe place to live are a vital component of stabilizing the illness and helping individuals on their journey to recovery."** (Homeless, 2019). Increasing access to behavioral health resources and services within communities working towards ending homelessness will significantly impact the community by: ❑ **Reducing behavioral impact on business and public settings** ❑ **Creating access to behavioral health services ensures those experiencing homelessness have the ability to access services that may lead to the stabilization of persons in housing.** ❑ **Prioritizing this population off the streets saves law enforcement personal time and money.** ❑ **Population receives individual support, such as medication management, peer support and life skill coaching to main self-sufficiency.**

Goal 5: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy	Increase access to healthcare resources and discharge planning
Narrative	"**Those experiencing homelessness often live in conditions that adversely affect their overall short and long-term health. This also contribute to an increased mortality rate. Although deaths among individuals experiencing homelessness are occasionally due to freezing, they are mainly the result of injury, and the rigors of street life. Climatic conditions, psychological strain and exposure to communicable disease create and lead to a range of chronic and acute health problems, including injury from cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies, sleep deprivation, musculoskeletal pain and dental trouble**" (Homeless Hub, 2019). Healthcare resources and services directed towards people experiencing homelessness are essential for the survival of living on the streets. People experiencing homelessness often have difficulty accessing on-going medical care, which leads to over use of local hospital emergency rooms within their community. Often times, on-going health care can prevent costly care for issues which go untreated. Access is essential to ensure healthcare issues are addressed in a timely manner for people experiencing homelessness. Recuperative beds for those who are homeless and being discharged from in-patient care within communities create the collaboration of local health care providers and housing/service providers to work together to best serve those in need. Respite Care is defined by the National Health Care for the Homeless Council as, "Medical Respite Care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but no longer need to be in a hospital" (National Health Care for the Homeless Council, 2019). There are numerous ways to provide healthcare resources specifically for those experiencing homelessness. Some communities have practices in place that hire formerly homeless persons to serve as health care navigators to support those in need to access health care services, and some communities have health coaches which are volunteer nurses and other health care professionals that meet with persons in community settings.
Practice	**Pontiac, MI** **Recuperative Care Center** - Inpatient "discharge to home" option for individuals experiencing homelessness. Nurses provide patient monitoring and education. Person-centered connection to vital documents, legal and housing resources through intensive case management (HOPE, Inc, n.d.). - **Website**: http://www.hopewarmingpontiac.org/

	Salt Lake City, UT **Mobile Clinic** - Salt Lake City created a mobile clinic to help the burden for some people that have impairments making it hard to walk from shelter to clinic and back. - "We wanted to provide services at the resource centers as well as other homeless community service providers to meet them where they're at — meet our clients where they're at," said Michele Goldberg, a medical doctor at the clinic, "as opposed to having everyone having to come to our main hub" (Stevens, 2019). - **Website**: https://www.sltrib.com/news/politics/2019/05/09/health-care-wheels-fourth/ **Spokane, WA** - "The Catholic Charities Transitional Respite Program is a warm, safe place for homeless individuals to recover from injury and illness outside of the hospital setting. A transitional care model is used to facilitate safe discharge from the hospital and provide education and support for health self-management. In addition to respite services, clients are offered access to housing case management, legal services, mental health counseling, and substance abuse intervention" (National Health Care for the Homeless Council, 2019). **San Diego, CA** - "In 2007, Alpha Project launched Hospice for the Homeless to provide assistance to homeless veterans, homeless and indigent people diagnosed with chronic and terminal illnesses. This program caters to those that have been told by a physician that they have 6 months or less to live. As funding allows, Alpha Project provides rental assistance, support services and case management, while local hospice providers provide medical care, medications and hospice specific services" (Alpha Project, 2015). - **Website**: https://www.alphaproject.org/programs/hospice-for-the-homeless
Benefits and Outcomes	Health care services and housing designed for people experiencing homelessness is vital for this population to survive and find housing. - **Respite housing creates a healthier, sustainable transition from hospital to respite instead of a short-term housing bed.** - **Recuperative care creates space to heal and provides the opportunity to engage the patient into health education and supportive services and efforts to improve self-care and health.** - **Communities with collaborative partnership with healthcare providers often result in fewer persons through local emergency rooms as well as returned hospitalizations, reduction of persons being discharged from in-patient care to the streets and assists with successful recovery from intervention into housing with services as needed.**

	- **Proactive healthcare and education better enables the population to improve self-care and self-sufficiency.**

Goal 6: DEVELOP ADDITIONAL HOUSING RESOURCES

Strategy	**Increase housing options**
Narrative	**"The nation is currently facing one of the most sever affordable housing crisis in history. Not surprisingly, those living in poverty are the most significantly affected. In the 1970s, communities had plenty of affordable housing. That meant that when a family or individual experienced a crisis and lost housing, they could quickly find another place to live. But by the mid-1980s, the supply of low-cost housing had shrunk significantly. Since then, rents have continued to rise and lower-income people in particular have experienced slow or stagnant wage growth. Today, 7.8 million extremely low-income households pay at least half of their income toward housing, putting them at risk of housing instability and homelessness"** (National Alliance to End Homelessness, 2019). Housing can be seen as necessary in order to survive, be self-sufficient and sustainable. The numerous housing options available throughout the country designed to serve low-income individuals and families and those experiencing homelessness are creating best practices in place to most effectively serve those in need. A term often used when discussing housing options for people who are homeless is "Housing First," or the idea of providing housing without preconditions. Numerous housing best practices within the country are rooted within the mission and goal of a housing first approach to better serve those with severe disabilities and other barriers to accessing housing. Examples of a practice of different housing options being used across the nation include, diverse supportive housing options, rapid re-housing programs, tiny homes, Micah homes, transitional housing accessory dwelling units, and many more sustainable solutions.
Practice	**Boulder, CO** ❑ They have relied on a Housing first model. After one year of Homeless Solutions for Boulder County (HSBC) implementation a total of 383 individuals received assistance and transitioned out of the shelter system, including 188 who moved into Permanent Supportive Housing. 66 new rental assistance vouchers became available and 82 housing units are being added to the affordable housing stock. HSBC staff also prioritized grant writing, one leading to a $2.4 million award for Permanent Supportive Housing services from the U.S. Substance Abuse and Mental Health Services Administration. This project is supported by government officials and non-profit agencies. (Homeless Solutions for Boulder County, 2019).

- Link to full report: https://assets.bouldercounty.org/wp-content/uploads/2019/03/hsbc-year-one-annual-report.pdf

Longmont, CO

- The Inn Between project in Longmont, CO aims to provide time-limited housing with case management and life skills training for people experiencing homelessness (The Inn Between, n.d.).
- Time-limited, Affordable rent ~ 1/3 of income. 72 units at four sites: 22 Single Room Occupancy Units, and 50 ~ 1-2-3 Bedroom Apartments (The Inn Between, n.d.).
- The mission of Inn Between believes that education is essential to life self-sufficient and to break the cycle of homelessness. The program offers life skills classes in, Life skills, Job readiness, Financial management, Effective communication, Landlord Relationships, Resume' workshops, and more (The Inn Between, n.d.).
- Micah homes – "United Church of Christ Longmont committed to transfer 1/4-acre parcel of church land to the Inn Between to construct six permanent, supportive apartment units for low-income, elderly or disabled individuals. The project is known as Micah Homes; a name is derived from the Book of Micah about overcoming injustice and defending the rights of the poor. The Micah Home project has become a true community effort and serves as a model for how community partnerships can serve those in need." (The Inn Between, n.d.).
- **Website**: https://www.theinnbetween.org/home.html
- https://www.theinnbetween.org/micah-homes-project.html

Fort Collins, CO - Redtail Ponds

- Redtail Ponds opened in 2015 to provide housing for a mix of incomes with its one- and two-bedroom apartments combined with onsite services that foster stability and independence. The complex is also designed to meet the special housing needs of formerly homeless individuals with disabilities and formerly homeless veterans. Since opening its doors, Redtail Ponds has helped 106 Residents, which 39 were veterans and 19 were women (Redtail Ponds, 2019).
- "Redtail Ponds features 60 apartments along with a community kitchen, fitness area, computer room, community garden and several common areas for residents to congregate. New residents for this community are referred through partner agencies" (Housing Catalyst, 2019).
- **Website:** https://housingcatalyst.com
- Housing Catalyst. (2019). About Permanent Supportive Housing (PSH). Redtail Ponds. Retrieved from, https://housingcatalyst.com/programs/permanent-supportive-housing/

- Redtail Ponds. (2019). Redtail Ponds Report March 2015-2019. Retrieved from,https://2ql9piqdz1w47gyd62hl6tgg-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/3.19-Redtail_Ponds_Infographic.pdf

Santa Fe, NM

- ❑ The City of Santa Fe, New Mexico identifies needs and evaluates existing housing gaps through an Affordable Housing action plan. The funding projects in the plan serve the homeless both through public services that provide support and referral to housing. They are building affordable housing rental units with an emphasis on sustainable designs. Delivery of these services is provided through the City's network of nonprofit partners which ensures they are effective, responsible and timely. The city and local housing authorities are working together to address the needs of residents of public housing, Housing Choice Voucher holders and other low-income residents. Funds will be used to rehabilitate public housing units to bring them up to current code requirements, improve energy efficiency and update other quality of life amenities (City of Santa Fe, 2019).

Gulfport, MS

- ❑ Mercy Housing and Human Developments main goals is to help low-income families become first time homeowners. The program believes people have a basic right to safe, affordable shelter, and that homeownership empowers communities and the families who live there (Mercy Housing and Human Development, 2019).
- ❑ **Website**: https://www.mhhd.org/programs

Olympia, WA

- ❑ "We are a tiny house village that offers communal living with rich peer mentorship and support. Out staff work side-by-side with residents to help them reach their individual goals and to connect them with various community services. Out houses are economically efficient, costing less than half of what it costs to build your average apartment. We also leave a smaller footprint with our simple 144 sq. ft. homes" (Quixote Communities, 2019).
- ❑ "We are teaming up with the Washington State Department of Veterans Affairs and the Puget Sound Veterans Hope Center to create a Tiny Home Village in Orting, Washington. The Department of Veterans Affairs has leased us 5+ acres at the Washington Soldiers Home in Orting, in Pierce County. We hope to break ground in fall 2019" (Quixote Communities, 2019).
- ❑ **Website**: http://www.quixotecommunities.org/

Austin, TX

- ❑ "Community First! Village is a 51-acre master planned community that provides affordable, permanent housing and a supportive community for men

	and women coming out of chronic homelessness. A development of Mobile Loaves & Fishes, this transformative residential program exists to love and serve our neighbors who have been living on the streets, while also empowering the surrounding community into a lifestyle of service with the homeless" (Mobile Loaves & Fishes, 2019). ❑ **Website**: https://mlf.org/community-first/
Benefits and Outcomes	Establishing a housing continuum within communities increases the number of people exiting homelessness and entering housing. Creating diverse housing options may better address individual needs. It is important to tap into the existing housing stock by engaging landlords to participate in local housing efforts. Many housing programs are required to report housing retention measures, success discharges, as well as effectiveness of services associated with housing. ❑ **Providing different housing options for those living in instability creates time for stabilization to occur and the number of people to remain housed after short-term subsidy and case management services might possibly end.** ❑ **Housing those who are experiencing homelessness positively impacts individuals and families and befits the local community by lessening the calls to local law enforcement, the reduction of people in the jails and courts, less visits to emergency rooms, and a higher housing retention rate.** ❑ **Diverse housing options better address individualized needs rather than one size fits all type of housing.** ❑ **Housing is healthcare – better health outcomes of residents, less impact on healthcare systems, and improved overall community health.**

Goal 7: STRENGTHEN HOUSING RETENTION AND HOMELESSNESS PREVENTION EFFORTS

Strategy	Expand prevention services and eviction services
Narrative	**"Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness"** (Homeless Hub, 2019). "**Evictions prevention refers to any strategy or program designed to keep individuals and families in their home and that helps them avoid entering into homelessness. Usually eviction prevention programs are geared at renters, but the same programs are often effective for homeowners at risk of foreclosure. Eviction prevention is seen as an 'upstream' solution to homelessness by reducing the number of people who become homeless"** (Homeless Hub, 2019). Prevention and eviction services create the ability to immediately service individuals and families who may be at risk of homelessness or losing their housing. With prevention services in place, local communities have the intent to help prevent people from utilizing homeless service systems if they have other resources and support systems in place. Prevention and eviction services assist communities to best serve those in need of supportive services regarding possibly falling into homelessness or losing their housing. Services in place decrease the number of individuals and families who may experiencing homelessness within their lifetime. Around the nation there are numerous practices in place relate to prevention and eviction efforts for those who are homeless. Many programs help with short-term loans, energy assistance and utility payments, rental assistance, and legal support.
Practice	**Waukegan, IL** ❑ PADS (Providing Advocacy Dignity and Shelter) and the Lake County Coalition are involved in prevention and diversion as well as a few of the religious organizations in the area, such as St. James Lutheran Church. A collaborative approach within the region assures people do not slip through the cracks and into the homeless system. **Ft. Myers, FL** ❑ Lee County receives Emergency Solutions Grant money for prevention, including: Emergency money for paying rent arrears if it would postpone or prevent the eviction from occurring. Legal counseling and landlord/tenant mediation sessions can be held and paid for using ESG. Rehousing costs, including to move the family, pay their security deposit, and lease application fees. Unpaid utilities may be paid, such as electric or water bills, if it keeps

	the family housed. ESG can allow for the provision of motel or free hotel vouchers in a crisis (Lee County, 2019). ❑ **Website**: http://www.leegov.com/dhs/fss/homeless **Gulfport, MS** ❑ The Salvation Army of Mississippi Gulf Coast provides assistance to individuals and families who are in need of assistance with electric, water, or gas bills. This service is available by appointment only by phone call.
Benefits and Outcomes	**Increasing prevention and eviction efforts within a local community creates a goal of assisting those experiencing housing instability to not fall into the system of homelessness. Creating prevention and eviction services within communities increases the number of households diverted from homelessness and remain housed.** Around the nation all different types of homeless prevention and eviction services provide local stability and support to be easily attainable for those in need. Being able to prevent and end homelessness in its tracks is beneficial for local communities to reach the goal of ending homelessness. Providing local services aimed at assisting individuals and families maintain housing not only benefits those experiencing the crisis, but also the local community. ❑ **Prevention services lessens the number of individuals and families entering the homeless system** ❑ **Eviction prevention creates the ability for households to maintain and create case plans to keep housed** ❑ **Prevention and eviction services impact the local community by lessening the amount of those experiencing homelessness in the community** ❑ **Local senior populations have a safety net to prevent homelessness.**

Appendix D: Resource Matrix

Goals and Strategies	Potential Costs	Description of Current Resources Available	Website Link	Contact Info
GOAL 1: INCREASE LOCAL CAPACITY				
Goal 1 Strategy 1: Increase local capacity	None	Not Applicable	Not Applicable	Not Applicable
Goal 1 Strategy 2: Establish local lead agency	Range and up to $150,000	Locally funded examples include homeward 2020, city of Denver	http://www.homeward2020.org	970-325-3125
Goal 1 Strategy 3: Designate staff to support/guide plan implementation	0-$125,000	There are no current funds dedicated to help staff coordination functions at the state level. local models like Fort Collins Homeward 2020 pays for part-time coordination ($44,000 a year).	http://www.homeward2020.org	970-325-3125
Goal 1 Strategy 4: identify resources to help fund plan implementation	no costs unless seen as a separate function from strategy 2 (ie grant writer)	This matrix identifies federal and state resources for plan implementation	websites listed under specific goals	follow website link under specific goal and strategy
GOAL 2: INCREASE USE OF DATA IN UNDERSTANDING				
Goal 2: Strategy 1: Support local provider implementation and use of a single data system	0-$50,000 for staff time	Funding is available from the Division of Housing	Division of Housing ESG Page	Zac.Schaffner: zac.schaffner@state.co.us
Goal 2 Strategy 2: Develop a data dashboard and implement a citywide reporting of local services and outcomes.	$0-$50,000	There are no current state or federal funds dedicated to help create dashboards; this is typically funded by private resources, foundations or local government general fund.	Not Available	Not Applicable
Goal 2: Strategy 3: Increase local coordinated entry system	$0-$150,000	There are no currently state or federal funds dedicated to help create dashboards; this is typically funded by private resources, foundations, United Ways or local government general fund.	https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/coordinated-entry-samples-toolkit/#access	There are a number of great websites with best practices and the CO Division of Housing homeless initiatives team is also a great resource: Zac.Schaffner: zac.schaffner@state.co.us
GOAL 3: INCREASE EDUCATION AND COMMUNITY AWARENESS				
Goal 3: Strategy 1: Increase Education and Community Awareness	$0	It is assumed that key data is available and that a local communications committee could put together materials and a grassroots educational campaign. Some communities have partnered with local media to receive coverage on the issue.	http://www.fundertogether.org/how_to_frame_homelessness_messaging	See website link for more information.
Goal 3 Strategy 2: Implement regional/local education strategies	$0-$5,000	Current funding would likely come from private donors, the faith community or regional/state foundations.	Not a specific source identified, see resource narrative description	Not Applicable
GOAL 4: REDUCE THE IMPACT OF STREET HOMELESSNESS				
Goal 4 Strategy 1: Establish local street outreach services	$150,000-$200,000	New funding is available from the Division of Housing ESG and they also manage specific funding for youth.	Youth Outreach Dollars	Zac.Schaffner: zac.schaffner@state.co.us
Goal 4 Strategy 2: Increases access to bathrooms	90,000 per bathroom facility	The Portland Loo is a very durable model that addresses bathroom facilities offered unsupervised to the public.	The Portland Loo	https://portlandloo.com/contact/
Goal 4 Strategy Cont....	Incentive cost could vary	Incentive program for existing private bathrooms to be opened to the public with signage etc.	Washington DC Bathroom Policy	https://pffcdc.org/what-we-do/public-restrooms/
Goal 4 Strategy 3: Develop a multi-family service center to address access, hygiene and storage needs of travels and local homeless households	Costs vary - need to include physical space, operating costs, and staffing. A new shelter in Pueblo was budgeted at over 1 million dollars.	Funding for capital could exist if there is shelter located on site as well. Operating funds are not available from DOH; this could be staffed by trained volunteers and in close coordination with mental health service providers.	https://bouldercolorado.gov/newsroom/overnight-sheltering-to-begin-at-new-homeless-services-center	Wendy Schwartz, 1-303-441-1818
Goal 4: Strategy 4: Expand local short-term housing options				
Shelter	Varies but costs are typically $40 - $65 per bed per night	Shelter costs are primarily for staffing; capital costs can be primarily covered by DOH capital grants.	https://www.colorado.gov/pacific/dola/programs-0	Zac.Schaffner: zac.schaffner@state.co.us
Camping Example: Camp Hope Las Cruces	$50,000 for one FTE. Camp pads, bathrooms, etc were provided in-kind	Infrastructure costs to establish a camp are minimal but best practices identifies at least 1 FTE to ensure some supervision. Average number of campers per staff is 30-35 per 1 FTE	https://hopevillagelascruces.wordpress.com/	1-575-571-2087
RV and Parking Lot Programs	$12,000 a month (CA model, could be less if done with faith community)	Costs include night time security, access to bathroom facilities. Average size of a lot can be 10-75 spaces. Most people stay at least six months in this model.	California Parking Lot Model	https://www.safeparkingla.org
Tiny Home Villages	$17,000- $75,000 per tiny home based on plumbing and whether it is built by volunteer labor; location will determine scale; some villages are small 4-8 homes, others can hold over 100 homes.	There are costs of the actual homes; costs for case management in the village, infrastructure and common spaces for meetings and service provision.	Colorado Village Collaborative	https://www.coloradovillagecollaborative.org

Goals and Strategies	Potential Costs	Description of Current Resources Available	Website Link	Contact Info
Motel/hotel vouchers	On average, $70 a night	Vouchers are typically paid for through fundations, local government funding and faith communities.	Denver Motel Vouchers	720-944-4DHS (4347)
GOAL 5: INCOME, EMPLOYMENT AND SERVICES				
Goal 5. Strategy 1: Increase employment opportunities for those experiencing homelessness	Costs cannot be easily estimated.	Contact a regional supported employment provider to see if they would be willing to expand to Loveland.	Transitional Jobs Toolkit	See website link for more information.
Goal 5 Strategy 1 cont.	Potential funders	Colorado Foundations	Daniels Fund	Kerrie Bentfield: KBentfield@DanielsFund.org
Goal 5 Strategy 1 cont.	Potential funders	Contracts for Services with Local Governments	Various examples such as Denver and Aurora	smckittr@auroragov.org
Goal 5 Strategy 1 cont.	potential funders	Office of Behavioral Health	https://www.colorado.gov/pacific/cdhs/behavioral-	See website link for more information.
Goal 5 Strategy 2: Increase access to behavioral healthcare services	Costs can be kept minimal if robust partnerships can be established through existing providers.	Some funding is available from Substance Abuse and Mental Health Services Administration	https://www.samhsa.gov/homelessness-programs-resources	See website link for more information.
Goal 5 Strategy 3: Increase access to healthcare resources and discharge planning	Costs are usually covered by hospital or healthcare system	Please see hyperlink with a best practices on discharge planning.	https://www.nhchc.org	See website link for more information.
Goal 5 Strategy 4: Improve Public Benefits Access to Assist Eligible Households Toward Self-Sufficiency	County enrollment staff collaborate and co-locate to increase enrollment	Costs should be minimal with outreach by benefits department at service location	https://www.urban.org/sites/default/files/publication/28626/412089-Strategies-for-Improving-Homeless-People-s-Access-to-Mainstream-Benefits-and-Services.PDF	See website link for more information.
GOAL 6: EXPAND HOUSING RESOURCES				
Goal 6 Strategy 1: Develop a private owner network and landlord recruitment strategy	$15,000 - $30,000	Costs can be minimal but typically include marketing and outreach efforts and a small damage fund that is made available to landlords willing to take higher risk tenants	https://www.homelesshub.ca/sites/default/files/attachments/LANDLORD%20TOOLKIT_ENG_web.pdf	See website link for more information.
Goal 6 Strategy 3: Expand Rapid Rehousing Resources	No cost other than staff time for packaging the request by agency	Colorado Division of Housing has a few new RRH RFP's; several target persons at-risk justice involved and/or experiencing homelessness	https://www.colorado.gov/pacific/dola/programs-0	Zac Schaffner: zac.schaffner@state.co.us
Goal 6 Strategy 4: Obtain at least fifty new federal or state rental subsidies	No cost other than staff time for packaging the request by agency	CDOH has additional funding for state-funded vouchers.	https://www.colorado.gov/pacific/dola/programs-0	Zac Schaffner: zac.schaffner@state.co.us
Goal 6 Strategy 4 continued	No cost other than staff from a local agency monitoring HUD CoC grantmaking process directed by HUD	The federal budget from congress shows a potential increase in several voucher programs; these few voucher resources are awarded through competitive RFP's.	https://www.hud.gov/program_offices/public_indian_housing/programs/hcv	See website link for more information.
Goal 6 Strategy 5: Build 40-60 units of "supportive housing"	Colorado Housing and Finance Authority	CHFA preference for PSH projects can be found in the annual Qualified Allocation Plan.	https://www.chfainfo.com/eNews/Pages/12172018-taxcredit.aspx	sjohnson@chfainfo.com
Goal 6 Strategy 5 continued	CO Division of Housing	DOH has an annual competition for vouchers and GAP funding for PSH	https://www.colorado.gov/pacific/dola/open-request-applications-rfa	Zac Schaffner: zac.schaffner@state.co.us
GOAL 7: STRENGTHEN HOUSING RETENTION AND PREVENTION				
Goal 7 Strategy 1: Expand homeless prevention services through affordable housing development	TBD based on specific project	Colorado Division of Housing Grant Programs and CHFA tax credits	https://www.colorado.gov/pacific/dola/division-housing	303-953-3600
Goal 7 Strategy 2: Expand eviction prevention services	$25,000-$75,000	Colorado Health Foundation	https://coloradohealth.org/funding-opportunities/responsive-grants-program	303-953-3600
ADDITIONAL RESOURCES				
Daniels Fund	$50,000-$500,000	Start with a call with the regional manager.	https://www.danielsfund.org/grants/funding-	Kerrie Bentfield: KBentfield@DanielsFund.org
Adolph Coors Foundation	$12,200-$63,000	Funding is primarily for employment services.	https://coorsfoundation.org/grant-priorities/	contact info not provided, main line is 1-303-388-1636
United Way of Larimer County	TBD	United Ways can play a number of roles, establishing community impact funds, providing grants for community collaborative efforts, increase capacity, etc.	https://uwaylc.org/Our-Work	970-407-7000
Local Funding Innovations				
Marijuana Taxes	TBD, Aurora example is 2% of sales tax	Aurora has a set-aside of marijuana taxes for affordable housing and homeless services. This is a permanent sales tax revenue	https://www.denverpost.com/2018/12/28/aurora-marijuana-taxes-benefits-homeless/	smkittr@auroragov.org

Appendix E: Implementation Plan

Below are examples of actionable items within each strategy. This is not an exhaustive list but one for stakeholders to review, discuss and edit as needed.

Short term: 1-6 months; Medium term: 6-24 months; Long term: 25 – 60 months

***GOAL ONE:* INCREASE CAPACITY**
Strategy 1: Create local and regional infrastructure to implement strategic plan which could include creation of a local/regional governing body

Desired Outcome	Action Items
Functioning governing body with broad representation and driver of plan implementation	**Goal:** Establish a local and/or regional governing body which will guide implementation of strategic plan. Cities/County government may consider appointing members to a local / regional governing body. **Implementers:** City of Loveland, City of Ft. Collins, Larimer County, providers, faith communities, persons with lived experience, other stakeholders, lead agency **Considerations:** Many communities convene local governing bodies to provide guidance and support of implementation efforts. It is important to convene a body with broad representation and with a clear role regarding plan oversight and implementation. Loveland Office of Community Partnerships will commit to convene community members (business, city/county staff, elected officials, faith, non-profit, health care providers, unaffiliated) to start the process of establishing a governing body and finding a lead agency. Meet with individual faith-based groups to ensure participation. The governing body should consider adopting a charter to guide efforts and provide transparency. Primary roles of the body could be keeping the plan alive and relevant which may include setting priorities and modifying the plan, establishing and directing committees and ensuring those with lived experiences have an active role.

Funding:

- Anticipated annual cost range: $0 - 1,000 minimum administrative costs related to meetings and communications

Success measures

- Established governing body which is representative of the Loveland community

Short-term (S) Objectives	Action Items
S1.1.1.	Identify how governing body will contribute to plan implementation
S1.1.2.	Develop role description of governing body
S1.1.3.	Determine representation areas for governing body
S1.1.4.	Ascertain how governing body members will be selected
S1.1.5.	Disseminate information regarding how stakeholders become members
S1.1.6.	Invite/appoint stakeholders to governing body
Medium-term (M) Objectives	**Action Items**
M1.1.1.	Convene governing body
M1.1.2.	Review body role description and edit according to vision
M1.1.3.	Determine body leadership needs and role
M1.1.4.	Identify committee needs for governing body
M1.1.5.	Establish meeting frequency and location(s)
M1.1.6.	Establish communication strategies to keep stakeholders informed
Long-term (L) Objectives	**Action Items**
L1.1.1.	Conduct regularly scheduled public meetings
L1.1.2.	Hold annual retreat for governing body to review progress and future goals
L1.1.3.	Share annual report with stakeholders including local, regional governments and elected officials

GOAL ONE: INCREASE CAPACITY
Strategy 2: Establish local/regional lead agency to guide plan implementation

Desired Outcome	**Action Items**
Effective oversight and leadership of local plan to address homelessness	**Goal:** Secure commitment from an entity to guide implementation of the strategic plan **Implementers:** Governing body, City of Loveland, service providers, faith community, regional partners, business community, local residents, persons with lived experience **Considerations:** A lead agency will provide leadership, serve as a convener and facilitator focused around plan implementation. Important to designate a lead agency to maintain momentum among stakeholders needed to implement recommendations. Governing body can identify agencies to approach regarding lead agency role. A small group may be tasked by governing body to meet one-on-one with potential lead agencies. Meet with interested faith-based groups to explore leadership opportunities. Questions as well as lead agency role description should be developed prior to meeting with potential lead agencies. Consider lead agency reporting to governing body.
Funding	
Incentivize agencies to consider this role might include start-up funding to assist with staff and other logistical costs. Anticipated one-time cost range: $0 - $150,000	
Success measures	
Established lead agency	
Short-term (S) Objectives	**Action Items**
S1.2.1.	Define role of lead agency
S1.2.2.	Identify local/regional options for a lead agency
S1.2.3.	Determine steps to secure lead agency
S1.2.4.	Develop a description of role and responsibilities for public dissemination
S1.2.5.	Meet with agencies to identify and engage a lead agency for the plan
S1.2.6.	Issue a press release announcing selected lead agency
Medium-term (M) Objectives	**Action Items**
M1.2.1.	Establish communication strategies to keep stakeholders informed
M1.2.2.	Determine leadership role(s) needed for plan implementation
M1.2.3.	Develop an annual scorecard for the strategic plan that measures progress and provides a report to the community on an annual basis
M1.2.4.	Assess effectiveness of process at one-year
M1.2.5.	Identify implementation challenges
M1.2.6.	Convene quarterly stakeholder meetings to review progress

Long-term (L) Objectives	Action Items
L1.2.1.	Convene quarterly stakeholder meetings to review progress

GOAL ONE: INCREASE CAPACITY
Strategy 3: Designate staff to support/guide plan implementation

Desired Outcome	**Action Items**
Adequate staff resources to oversee and implement tasks relative to the plan as well as supporting local governing body	**Goal:** Secure resources to hire staff to support governing body and implementation of the strategic plan **Implementers:** Lead agency, governing body **Considerations:** Dedicated staff of the lead agency will be essential in supporting the governing body and providing support and guidance in implementation of strategic plan. Staff may be secured through specific funding or lead agency may assign existing staff to support implementation efforts. Short-term staffing strategies may include use of agency loaned staff, university interns, pro-bono volunteer, paid peer positions or retired professional volunteer.
Funding	
Staff may be secured through specific funding or lead agency may assign existing staff to support implementation efforts. Short-term staffing strategies may include use of agency loaned staff, university interns, pro-bono volunteer or retired professional volunteer. Anticipated annual cost range: $0 - $150,000	
Success measures	
Staff person designated to support implementation efforts	
Short-term (S) Objectives	**Action Items**
S1.3.1.	Develop job description(s) for staff and/or volunteer role(s)
S1.3.2.	Determine who will supervise staff and where they will be housed
S1.3.3.	Identify potential investors and requirements to secure funding
S1.3.4.	Consider immediate staffing options while securing resources (loaned staff, intern, pro-bono volunteer, retired professional, formerly homeless peer position)
S1.3.5.	Pursue opportunities to secure resources to hire staff
S1.3.6.	On-board staff
Medium-term (M) Objectives	**Action Items**
M1.3.1.	Explore securing an AmeriCorps VISTA grant or partnering with local AmeriCorps project to secure additional staff support for initial implementation efforts
M1.3.2.	Expand staff as needed
Long-term (L) Objectives	**Action Items**
L1.3.1.	Consider long-term interagency funding agreement to secure long-term funding for lead staff to implement the plan

GOAL ONE: INCREASE CAPACITY

Strategy 4: Identify resources to strengthen local capacity

Desired Outcome	**Action Items**
Expanded base of funders and private investors to increase local service and resource capacity for those in need	**Goal:** Secure resources to effectively address local homelessness **Implementers:** City of Loveland, local providers, faith communities, persons with lived experience, other local stakeholders, governing body, local lead agency staff **Considerations:** Establish resource committee of governing body to prioritize local service and resource needs which will guide future investment strategies. Reach out to national, state and local investors to identify opportunities and develop a pipeline of resources. Meet with individual faith-based groups to discuss current limited capacity of efforts and explore investment opportunities.

Funding

Costs paid under Strategy 2 as well as donated time from local agency grant writers.
Anticipated annual cost range: $0 - $50,000

Success measures

Acquired funding to support implementation efforts and increase local agency capacity.

Short-term (S) Objectives	**Action Items**
S1.4.1.	Identify funding opportunities available in next 12 months
S1.4.2.	Determine role and authority for Resource Committee

Medium-term (M) Objectives	**Action Items**
M1.4.1.	Establish Resource Committee under governing body for planning purposes
M1.4.2.	Assess gaps and areas for increased service capacity
M1.4.3.	Work with governing body to establish funding priorities at the local level for implementation of the strategic plan.
M1.4.4.	Prioritize local resources for state and federal grant matches to increase resources and local service provider capacity.
M1.4.5.	Meet with investors to identify resource opportunities (i.e., investment priorities, timing, requirements, match, etc.)
M1.4.6.	Update matrix of local needs and available investment strategies and review quarterly progress.
M1.4.7.	Identify lead applicant for investment opportunities
M1.4.8.	Submit 5 grant applications

Long-term (L) Objectives	**Action Items**
L1.4.1.	Pursue investments through submitting 10 grant applications

***GOAL TWO:* IMPROVE COLLECTION AND USE OF DATA**
Strategy 1: Support local provider implementation and use of single data system

Desired Outcome	**Action Items**
Local and regional service providers are using a single data system.	**Goal:** Implement Homeless Management Information System (HMIS) for city-wide use **Implementers:** Colorado Balance of State CoC, Regional CoC, HMIS vendor, local provider agencies, governing body, local lead agency staff **Considerations:** Many communities have a single data system in use among local providers. Colorado recently secured a new HMIS (Homeless Management Information System) vendor to improve local and statewide data collection and reporting. Colorado is one of few states which has designated one HMIS vendor for use across the state.
Funding	
Waiting to obtain user cost information from the Continuum of Care. Funding could come from the Division of Housing, local agencies or United Way of Larimer County. Anticipated annual cost range: $0 - $50,000	
Success measures	
One data system is utilized by all service agencies across the community.	
Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES
Medium-term (M) Objectives	**Action Items**
M2.1.1.	Convene a meeting between HMIS BoS staff, HMIS vendor and local providers
M2.1.2.	Establish a local committee under governing body to plan HMIS implementation
M2.1.3.	Determine costs associated with local providers using Colorado HMIS
M2.1.4.	Develop strategies to ensure local providers have access regardless of cost
M2.1.5.	Committee provides recommendations to governing body regarding HMIS implementation
M2.1.6.	Committee develops implementation time line and submits to governing body
M2.1.7.	Committee works with BoS CoC, vendor, providers to develop HMS user manual
M2.1.8.	HMIS user manual approved by vendor, CoC and local providers

Long-term (L) Objectives	Action Items
L2.1.1.	CoC manages on-going new user training and help desk for local HMIS users
L2.1.2.	Work with CoC to secure free HUD technical assistance to improve HMIS use
L2.1.3.	Identify data collection methods to capture outcome data (i.e., housing retention, increased income, improved health, employment, other areas)

<u>GOAL TWO</u>: IMPROVE COLLECTION AND USE OF DATA
Strategy 2: Develop a data dashboard and implement citywide reporting of local services and outcomes

Desired Outcome	Action Items
Local data dashboard and citywide reporting informs stakeholders and general public about nature of local homelessness as well as resourced interventions and related outcomes	**<u>Goal</u>:** Work with local and regional partners to develop an outward facing data dashboard capturing demographic information, types of service interventions and related outcomes. **<u>Implementers:</u>** Colorado Balance of State CoC, Regional CoC, HMIS vendor, governing body, service providers, Homeward 2020, staff. **<u>Considerations</u>:** Public sources providing information about local homelessness improves community understanding and service effectiveness

Funding
Collaborate with Homeward 2020 to replicate Fort Collins dashboard. Explore joint dashboard development and maintenance costs. Identify local resources (pro-bono, grants) to support development of a dashboard. <u>Anticipated annual cost range: $0 - $50,000</u>

Success measures
Accessible local and county wide data regarding scope of the issue and outcomes of local and regional interventions.

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M2.2.1.	Meet with Homeward 2020 to explore potential partnership
M2.2.2.	Research dashboards in other communities and identify key elements to be included in local dashboard
M2.2.3.	Meet with HMIS vendor and CoC to identify strategies for data extraction, generating reports and analysis
M2.2.4.	Develop strategies to capture demographic information as well as outcome metrics (i.e., housing retention, reduced recidivism/returns to homelessness, increased income, improved health and wellness)
M2.2.5.	Determine costs associated with dashboard development and maintenance
M2.2.6.	Develop procedures and capacity for generating city-wide reports
M2.2.7.	Present findings to governing body, local providers and other stakeholders
M2.2.8.	Develop local plan to implement data dashboard
Long-term (L) Objectives	**Action Items**
L2.2.1.	Secure staff/volunteer resource(s) to manage and update dashboard
L2.2.2.	Identify staff to generate citywide reports
L2.2.3.	Provide on-going updates to local and regional governing bodies

GOAL TWO: IMPROVE COLLECTION AND USE OF DATA
Strategy 3: Increase local coordinated entry (CE) capacity

Desired Outcome	Action Items
Coordinated entry system is adequately staffed and resourced to ensure any person in need can complete assessment within 48 hours of request	**Goal:** Work with local and regional partners to increase local coordinated entry capacity to include assessors, navigators and case managers **Implementers:** Colorado Balance of State CoC, Regional CoC, HMIS vendor, governing body, local service providers, Homeward 2020, local lead agency **Considerations:** Coordinated entry is an effective strategy to assess and prioritize persons in need for services. HMIS contains a CE module which allows for data sharing across providers and removes duplicative efforts (intake, assessment, case management) to streamline access to housing and services. VISPDAT is the regional assessment tool currently in use.

Funding

Funds may need to be secured to hire staff to work with CE referred individuals. Other strategies could include utilization of college interns, AmeriCorps VISTA members, local volunteers.
Anticipated annual cost range: $0 - $150,000

Success measures

Increased capacity to provide of CE navigation and/or case management will lead to quicker housing placements and service engagement, therefore, lessening length of time in homelessness.

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M2.3.1.	Assess current capacity of VISPDAT assessors
M2.3.2.	Conduct training for other local professionals to become VISPDAT administrators
M2.3.3.	Develop peer navigator job description and work with Summit Stone to establish peer navigator positions supported by Medicaid funds to assist persons in navigating local and regional resources
M2.3.4.	Develop case manager role for CE which would manage local by-name list of those assessed. The case manager would track assessed persons progress in accessing local/regional resources.
M2.3.5.	Secure resources to increase local CE efforts

Long-term (L) Objectives	Action Items
L2.3.1.	Review progress and adjust strategies as needed

<u>GOAL THREE:</u> EXPAND COMMUNITY EDUCATION EFFORTS
Strategy 1: Identify data to be used in educational materials

Desired Outcome	Action Items
Local and regional data is an integral part of community education efforts	**<u>Goal</u>:** Incorporate demographic and service data in educational materials **<u>Implementers:</u>** Colorado BoS CoC, regional CoC, governing body, service providers, persons with lived experience, other stakeholders, faith communities **<u>Considerations</u>:** Demographic and service data are key elements to an effective community education campaign

Funding

The bulk of this work can be conducted by members of the advisory body or an appointed committee.
<u>Anticipated annual cost range: $0</u>

Success measures

Data identified to be used for local education efforts.

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M3.1.1.	Governing body appoints education committee to develop and guide local education efforts
M3.1.2.	Committee reviews current and historical local educational tools
M3.1.3.	Committee reviews educational tools used in other communities including print material, social media, websites, educational events, speaker's bureau
M3.1.4.	Committee reviews city-wide reports and other data for use
M3.1.5.	Prioritize educational tools and strategies for local and regional use
M3.1.6.	Identify related costs to proposed education strategies
M3.1.7.	Determine how efforts will be staffed
M3.1.8.	Present recommendations to governing body for approval
Long-term (L) Objectives	**Action Items**
L3.1.1.	Identify local sponsors that will assist in underwriting education campaign
L3.1.2.	Work with local / regional partners to develop education tools

GOAL THREE: EXPAND COMMUNITY EDUCATION EFFORTS
Strategy 2: Implement regional / local education strategies

Desired Outcome	Action Items
Public education strategies are varied and on-going	**Goal:** To develop community education which is aligned with regional efforts and involves diverse partners in facilitating various informational strategies **Implementers:** Regional CoC, governing body, service providers, persons with lived experience, faith congregations, local government, other stakeholders **Considerations:** Public education strategies should be diverse and involve various community stakeholder as the messengers. Involving persons with lived experience humanizes the issue and provides valuable insights of homeless experience which is often misunderstood by community members.

Funding

Explore opportunities for faith communities to take a leadership role as well as active involvement in developing and implementing education strategies (i.e., speakers bureau, events, dialogue forums, dissemination of print materials, etc.)
Anticipated annual cost range: $0 - $5,000

Success measures

- Number of education events and speaking engagements
- Production of education materials
- Speaking engagements
- Evaluation results from event participants after event and 3-6 months later

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M3.2.1.	Local education committee reviews effective education strategies in other communities
M3.2.2.	Committee proposes education strategies for implementation (speakers' bureau, art exhibit, community dialogue, data dashboard, educational flyers
M3.2.3.	Committee determines anticipated costs with each identified strategy
M3.2.4.	Committee develops time line for education campaign efforts
M3.2.5.	Committee presents recommendations to governing body
M3.2.6.	Committee meets with regional partners to introduce recommendations and to identify alignment (messages, data points, strategies) with region
M3.2.7.	Committee pursues and secures necessary resources (in-kind donations, pro-bono consultation, volunteer roles, funds for efforts) for two strategies
M3.2.8.	Governing body works with committee to implement two strategies in local community
Long-term (L) Objectives	**Action Items**
L3.2.1.	Committee evaluates effectiveness of strategies (collect feedback from audiences, conduct community survey, identify initial outcomes of efforts)
L3.2.2.	Committee works with regional partners to develop and support regional education activities
L3.2.3.	Work with region to support annual event which promotes education around the issues, effective strategies which create community solutions, celebrate accomplishments including those who have exited the streets and are on path toward self-sufficiency, and recognize partners and community supporters

GOAL FOUR: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy 1: Establish local street outreach services

Desired Outcome	Action Items
Operational street outreach services which work with local law enforcement to reduce street homelessness	**Goal:** Over five years, assist individuals to exit homelessness **Implementers:** Local nonprofit agencies, Loveland Police Department, Outreach Fort Collins, City of Loveland Community Partnership office, governing body **Considerations:** Incorporate best practices such as formal law enforcement relationship, business community partnerships, training for outreach team and LPD, incentives for outreach team to engage street population into services, as well as, employing formerly homeless person(s) as team members
Funding	
Anticipated annual cost range: $150,000 - $200,000	

Success measures

- Fewer calls to and interactions with Loveland Police department
- Less impact upon justice system (jail, courts)
- Less impact upon downtown business district measured by police calls and surveys
- Connecting street population with housing and services
- Reduction of persons sleeping outside

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M4.1.1.	Meet with Fort Collins Outreach team to explore local short-term partnership
M4.1.2.	Convene local agencies with FC Outreach to identify short-term options (FC Outreach operate in Loveland, local agency staff rotate on outreach team, hire formerly homeless individual to assist with local street outreach, recruit volunteers to work with paid staff) Explore potential partnership supports (funding, incentives, donations) with Loveland
M4.1.3.	PD and Downtown Business Partnership office Develop policies and procedures for local outreach efforts
M4.1.4.	Establish data collection expectations
M4.1.5.	Determine key service connections and paths out of current situation
M4.1.6.	Identify lead agency and pursue funding opportunities to build local efforts
M4.1.7.	Acquire funding to support local street outreach efforts
M4.1.8.	Implement local outreach in targeted areas (downtown) with specific goals (reduction of
M4.1.9.	street homelessness / police calls / disruptive behaviors)

Long-term (L) Objectives	Action Items
L4.1.1.	Review first year efforts – lessons learned, what worked, challenges, opportunities, effectiveness of local partnerships
L4.1.2.	Meet with local/regional partners to solicit feedback and ideas for improvement Revise
L4.1.3.	(if needed) policies, protocols to strengthen outreach services

***GOAL FOUR:* REDUCE THE IMPACT OF STREET HOMELESSNESS**

Strategy 2: Increase access to bathrooms

Desired Outcome	**Action Items**
Reduce incidence of human waste, and personal belonging in public areas	**Goal:** Provide access to bathroom, hygiene facilities and storage options **Implementers:** Governing body, Local non-profit agencies, Loveland Office of Community Partnerships, City of Loveland and associated agencies **Considerations:** Provide access to existing facilities in short-term with goal of developing capacity at existing and/or new facilities. It will be important to establish 'security measures' to ensure facilities are safe, clean and not used for other purposes. Security strategies could include installation of partial stall doors, camera monitoring, persons accompanied by staff, hire formerly homeless individual to supervise/assist with strategies. It will be important to establish strategies which prevent inappropriate behaviors (drug use, sex, sleeping, damage/unsanitary actions) of the few.

Funding

Anticipated cost range: $0 - TBD

Success measures

- Less human waste in the community
- Expanded access (hours) to facilities for persons in need

Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES
Medium-term (M) Objectives	**Action Items**
M4.2.1.	Identify practices in other communities to replicate in Loveland (rotating hours at existing facilities, placement of port-o-lets in key areas, partner with churches/ recreation centers / local businesses / Life Center to access facilities)
M4.2.2.	Develop security measures for identified locations (partial stall doors, active supervision, peer monitoring, cameras)
M4.2.3.	Obtain input from persons with lived experiences regarding hygiene needs and how to manage short-term facilities
M4.2.4.	Review short-term storage practices in other communities
M4.2.5.	Identify short-term storage strategies
M4.2.6.	Develop policies for short-term storage
M4.2.7.	Meet with individuals in need and introduce short-term storage strategies and obtain feedback
M4.2.8.	Implement one short-term storage strategy
Long-term (L) Objectives	**Action Items**
L4.2.1.	Assess impact of medium-term efforts

GOAL FOUR: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy 3: Develop multi-service center to address hygiene, storage and services needs of travelers and local homeless household

Desired Outcome	**Action Items**
Reduce local impact of persons sleeping outside as well as daytime loitering	**Goal:** Develop multi-service center to address needs of travelers and local homeless households. **Implementers:** Governing body, regional/local non-profit agencies, local faith congregations, business community, Office of Community Partnerships and other city agencies **Considerations:** Creating a 'hub' of local/regional service providers will provide assessment opportunities and entry point for service interventions. Travelers often get stuck in cities due to transportation or other issues and typically aren't interested in becoming permanently housed. Brief interventions (reunification, transportation and document assistance) will often assist travelers in continuing on to their destination. A local service 'hub' can be helpful for local homeless households to receive assessment, services and referrals in one-stop setting. The local governing body should discuss short-term strategies such as identifying existing community/church space which could be used on a short-term basis. Initially, the 'services hub' could be open with established hours on certain days of the week and could be staffed by local agency personnel, volunteers and interns. Long-term goal might be including space for a 'services hub' in future housing developments particularly in a campus setting.

Funding

Anticipated cost range: $0 - TBD

Success measures

- Number of persons served
- Assess return on investments regarding traveler population

Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M4.3.1.	Review service center hub practices from other cities (Murphy Center, Boulder Bridge House, Longmont Our Center, Denver St. Francis Center) which provide various services at an accessible location.
M4.3.2.	Explore expansion of current 137 Day Center or new location (Life Center?) to serve as a pilot multi-service center and entry point for those traveling through the area and those experiencing local homelessness.
M4.3.3.	Identify pathways off the streets for both populations (travelers, local homeless) through collaborative agreements between local/regional providers and other stakeholders.
M4.3.4.	Include laundry, shower/bathroom facilities and storage options in center.
M4.3.5.	Engage local/regional agency staff, volunteers, paid peer positions, interns, AmeriCorps VISTA to staff facility. Services may include assessment, prevention strategies, landlord mediation, rent and utility assistance, short-term housing, access to health care services, referral to local services.
M4.3.6.	Develop navigation program in partnership with local/regional providers.

Long-term (L) Objectives	Action Items
L4.3.1.	Review efforts after six months
L4.3.2.	Address challenges and other issues
L4.3.3.	Revise policies/procedures as needed

GOAL FOUR: REDUCE THE IMPACT OF STREET HOMELESSNESS

Strategy 4: Expand local short-term housing options

Desired Outcome	**Action Items**
Local short-term housing addresses needs of local population on the streets	**Goal:** Create short-term housing options that serves unaccompanied men and women, 365 nights a year. Considerations should be given for specialized services for households with pets, youth and single women. **Possible implementers:** Local / regional agencies, governments, faith communities **Considerations:** Loveland does not currently have year-round short-term housing in place for local individuals experiencing homelessness. There is a temporary shelter open during the winter months, dependent on inclement weather and there is a rotating overnight shelter program for families. A year-round, short-term housing resource for unaccompanied individuals has been identified as a significant gap in the Loveland community. Short-term goal might be expansion of current sheltering through 137 Connection. Other options for consideration include: Partnerships with Fort Collins/Greeley shelters, Safe Parking initiative; sanctioned camp site with supervision and peer driven model (Camp Hope - Las Cruses); use of local hotel vouchers; expanded church sheltering. Long-term considerations could include development of short-term beds within a future housing development.

Funding

Anticipated total annual cost range for year-round night shelter: $200,000 - $250,000
Current costs: $125,000 (including $35,000 from city)
Anticipated annual cost range: Sanctioned camping: Staff ($50,000-$75,000) which would include faith community, local provider and volunteer support.

Success measures

- Reduction of persons sleeping outside
- Fewer phone calls to law enforcement
- Reduction of tickets issued to persons sleeping outside
- Bed utilization and feedback from persons using short term housing options

Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M4.4.1.	Identify local/regional partners to implement year-round, short-term housing
M4.4.2.	Review short-term housing practices from other cities (cold weather shelter plan, rotating churches, Boulder navigation center, purchase beds from regional shelters with transportation) to provide short-term housing
M4.4.3.	Consult with regional shelters regarding short-term housing collaborations
M4.4.4.	Convene stakeholders to assess and inform short-term housing strategies (determine lead agency, location of short-term housing, identify funding sources, develop year-round operational budget, as well as policies and procedures)
M4.4.5.	Explore local / regional options: a stand-alone short-term housing incorporated into a service hub at a new or existing site; an integrated approach to create short-term housing within the Recuperative Care Center for people coming off the streets into a time-limited space where they can be assessed and referred to the most appropriate housing intervention; build short-term housing on the ground floor of a local supportive housing project.
M4.4.6.	Select pilot model, determine acquisition and/or operating costs, identify potential funding sources and time frame for implementation
M4.4.7.	Identify and pursue funding and partnerships
Long-term (L) Objectives	Action Items
L4.4.1.	Implement pilot model
L4.4.2.	Review and evaluate pilot efforts on quarterly basis

GOAL FIVE: *ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS*

Strategy 1: Increase employment opportunities for those experiencing homelessness

Desired Outcome	Action Items
Persons facing homelessness have access to employment training, job placement and support opportunities	**Goal:** Create a path for those experiencing homelessness toward employment opportunities which will lead to self-sufficiency **Implementers:** Local providers, regional work force center, regional employment efforts, business community, faith congregations, other stakeholders **Considerations:** Many households experiencing homelessness have jobs which don't provide enough resources to exit homelessness. Supported employment will be important for those who have been out of the workforce for a number of years or who have physical/cognitive limitations or mental health issues and need coaching and other supports to stay successfully employed. Explore partnership with local and regional agencies which are interested in developing a supported employment program. Initial employment opportunities could focus on city and community needs (trash pick-up; graffiti clean-up; road and landscape maintenance; etc.) Housing component is critical for participant success. Consider seeking technical assistance from projects with successful track record. Pilot with existing high-performing provider.

Funding

- Anticipated cost range: TBD

Success measures

- Employed persons experiencing homelessness
- Program participants are in housing
- Employment partners report quality work
- Local organizations engaging in employment programs

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M5.1.1.	Review current employment strategies in the region and other communities.
M5.1.2.	Convene stakeholders to review strategies to increase employment opportunities and /or supports for those in need
M5.1.3.	Meet with existing employment focused agencies (local work force center, Murphy Center, Goodwill, ARC, Boulder's Ready to Work, Bayaud Denver Day Works, Work Options for Women) to explore potential short-term partnerships for replication
M5.1.4.	Identify employment program models with wrap around supports for replication and scaling
M5.1.5.	Determine budget for employment program which includes access to job preparation skills development – interviewing skills, job search strategies, resume building, key attitudes and performance expectations by employers
M5.1.6.	Identify funding resources, time frames and persons to lead effort
Long-term (L) Objectives	**Action Items**
L5.1.1.	Establish pilot program with wrap-around supports
L5.1.2.	Review project after six months
L5.1.3.	Adjust program based upon feedback and related data

GOAL FIVE: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy 2: Increase access to behavioral healthcare resources

Desired Outcome	Action Items
Access to in-patient and out-patient services which are affordable and effective for population	**Goal:** To expand capacity and improve access to mental health services, substance addiction treatment and medical health care resources **Implementers:** Local health care providers, SummitStone Health Partners, Larimer County Behavioral Health Task Force, local providers, persons with lived experience **Considerations:** In-patient substance abuse treatment resources are often limited for persons experiencing homelessness who are struggling with addiction issues. In order to be effective in engaging persons in need into MH/SA services, navigation supports can assist with intake/paperwork requirements, appointment follow-through, transportation, health education, as well as working to remove barriers toward health living.

Funding

Anticipated cost range: TBD

Success measures

- Number of people served
- Reduction of behavioral issues in public settings
- Stabilization of persons in housing

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M5.2.1.	Assess population needs regarding mental health issues to be used for local education as well as planning by Larimer County Behavioral Health Task Force
M5.2.2.	Collaborate with Summit Stone and local service providers to develop strategies to better address MH needs (i.e., medication management, crisis intervention, individual/family counseling, group counseling)
M5.2.3.	Determine existing path for those needing on-going MH treatment
M5.2.4.	Consider implementing peer navigation project to assist with outreach, engagement and on-going support of persons in need
M5.2.5.	Identify service and capacity gaps
M5.2.6.	Pursue additional funding to increase local capacity

Long-term (L) Objectives	Action Items

L5.2.1.	Partner with SummitStone Health Partners in developing supportive housing units for homeless populations with mental health issues

GOAL FIVE: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy 3: Increase access to healthcare resources and discharge planning

Desired Outcome	**Action Items**
Access to local health care which is affordable and effective for population	**Goal:** Expand capacity and improve access to local health care services **Implementers:** Local health care providers, local providers, persons with lived experience **Considerations:** Persons experiencing homelessness often have difficulty access on-going medical care which leads to over use of local hospital emergency rooms. On-going health care can prevent costly care for issues which go untreated. Access is essential to ensuring health care issues are addressed in a timely manner. Recuperative beds for those who are homeless and being discharged from in-patient care should be established in collaboration with local health care providers and housing/service providers. Some communities have hired formerly homeless persons to serve as health care navigators to support those in need to access health care services. Some communities have health coaches which are volunteer nurses and other health care professionals that meet with persons in community settings.

Funding

Anticipated cost range: $0 - TBD

Success measures

- Fewer persons through local emergency rooms as well as returned hospitalizations
- Reduction of persons being discharged from in-patient care to the streets
- Collaborative partnership with health care to address local issues and needs
- Successful recovery from intervention into housing with services as needed

Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES

Medium-term Objectives	**Action Items**

M5.3.1.	Assess population needs and experiences accessing local health care services
M5.3.2.	Collaborate with local health care providers to develop a plan to better address population needs
M5.3.3.	Determine existing path for those needing health care services
M5.3.4.	Develop process for households to enroll in Medicaid
M5.3.5.	Explore potential partnerships with health care providers in the region to increase access
M5.3.6.	Consider implementing peer navigation project to assist with outreach, engagement and on-going support of persons in need
M5.3.7.	Meet with Murphy Center to explore replication of nurses serving as health coaches, on-site immunization program, and access to mobile medical van.

Long-term Objectives	**Action Items**
L5.3.1.	Partner with local health care providers to develop respite beds for populations in need

GOAL FIVE: ENHANCE INCOME, EMPLOYMENT AND SERVICE SUPPORTS

Strategy 4: Improve public benefits access to assist eligible households toward self-sufficiency

Desired Outcome	**Action Items**
Persons eligible for public assistance have local supports to obtain needed income/resource	**Goal: To support eligible persons to access public benefits to support exit from homelessness** **Implementers: Local providers, state and local governments, staff** **Considerations:** Public benefits can support individuals to obtain / retain housing and necessary essentials. Many benefits can lessen community impact (i.e., Medicaid, food stamps, SSI/SSDI, TANF, AND, OAP, child care, etc.) as well as, providing those in need with essential resources to obtain/remain housed. Some communities recognize that public benefits of cash returns to the community through rent, groceries, other goods which contributes to local economy. Existing staff and volunteers could assist with benefit enrollment or a dedicated position could be hired.

Funding

Anticipated cost range: TBD or $0 - $75,000 if a dedicated navigator staff is hired. Should not have an initial cost because current resources could be utilized. Re-evaluate after a year.

Success measures

- Number of formerly homeless individuals housed due to benefit acquisition
- Measure of how public benefits contribute to local economy and lessen impact (i.e., fewer ER visits, less dependency on food banks, employed persons)

Short-term Objectives	**Action Items**

	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M5.4.1.	Strengthen local assistance with benefit enrollment (VA, SNAP, AND, Social Security, SSDI/SSI, Medicaid, Old Age Pension)
M5.4.2.	Explore needs for payee system for homeless households receiving benefits

Long-term (L) Objectives	Action Items
L5.4.1.	Assess effectiveness of efforts

GOAL SIX: DEVELOP ADDITIONAL HOUSING RESOURCES

Strategy 1: Develop a private owner network and landlord recruitment strategies

Desired Outcome	Action Items
Develop a private owner network with local/regional incentives to rent to those experiencing homelessness	**Goal:** Continue to grow a network of landlords and private owners in the region who are willing to rent their homes/available units to people experiencing homelessness. **Possible implementers:** LHA, SummitStone Health Partners, North Range Behavioral Health, City of Loveland, Larimer County, local residents. **Considerations:** There are a few citizens in Loveland who have already taken it upon themselves to address the homeless crisis in Loveland by opening up rooms in privately owned houses. This model needs additional support to truly become sustainable. Incentives from the City/County (i.e., deposits, damage remediation fund, public recognition, property improvement), LHA (navigation services through ASPIRE 3D), SummitStone and North Range Behavioral Health (for behavioral health services) along with the State (Homeless Solutions Funding, vouchers and tenancy support dollars through DOH) should be considered for landlords who are reluctant to rent to persons experiencing homelessness. Consider setting up master leases with these landlords to ensure rent payment is consistent and sustainable.

Funding

Anticipated cost range: TBD or $0 - $75,000 if a dedicated navigator staff is hired. Should not have an initial cost because current resources could be utilized. Re-evaluate after a year.

Success measures

- Number of landlords participating in housing people
- Amount of money spent on damage mitigation
- Feedback from participating landlords
- Number of vouchers/tenancy support dollars coming into the City of Loveland

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items

M6.1.1.	Develop a plan to build out a formal "Private Owner/Landlord Network" with support from the City of Loveland and Loveland Housing Authority, ASPIRE 3D, SummitStone and North Range Behavioral Health
M6.1.2.	Establish fund (i.e., donations, grant, fundraising) to assist with deposits and unit damages when occupied by referred persons experiencing homelessness.
M6.1.3.	Determine key support services (i.e., case management, crisis intervention, rent assistance) that could be offered through local organizations.
M6.1.4.	Host landlord forums to discuss housing strategies and available supports/ incentives.
M6.1.5.	Identify opportunities for a master lease with specific properties.
M6.1.6.	Explore opportunities with Oxford Houses in Loveland, Greeley and Ft. Collins.
M6.1.7.	Meet with North Range Behavioral Health to determine capacity for administering additional vouchers (tenant-based)
Long-term (L) Objectives	**Action Items**
L6.1.1.	Apply for vouchers from CDOH (and tenancy support service dollars, if available) and LHA to help subsidize rents in these units.

GOAL SIX: EXPAND HOUSING RESOURCES

Strategy 2: Partner with Loveland Housing Authority to increase the stock of affordable housing for extremely low-income and low-income households

5 Year Goal	Action Items
Create at least 100 units of affordable housing for households earning at or below 60% AMI	**Goal:** In the next 3-5 years, create at least 100 units of affordable housing to prevent extremely low-income and low-income households (0-60% AMI) from falling into homelessness and to keep people from returning to homelessness once they are housed. **Implementers:** Local nonprofit agencies, Loveland Housing Authority, local/state government agencies, service providers and other stakeholders. **Considerations:** The Loveland Housing Authority already has a plan to develop upwards of 1,000 new and rehabbed units of affordable housing through 2025. Leverage the existing partnership with LHA to build out 100 units for individuals and families experiencing and at-risk of homelessness. With 69 units planned for the Edge II (recently awarded 4% LIHTC), another 66 planned for the Edge III, and 200+ units planned for Grace and Crossroads parcels, now is the time to work with the LHA to have these units built into their pipeline and set aside for special needs populations.

Funding

Anticipated cost range: $0 - $50,000 to be used to assist landlords with a safety-net. Other communities that have a fund have not used much money but lets landlords know they have a partner.

Success measures

- Reduction of street homelessness
- Housing retention measures
- Employment measures
- Feedback from housed persons and host community

Short-term Objectives	Short-term Objectives
	NO SHORT-TERM OBJECTIVES
Medium-term (M) Objectives	**Medium-term (M) Objectives**
M6.2.1.	Work with LHA to plan for affordable units dedicated to those experiencing homelessness and at-risk populations
M6.2.2.	Explore set-aside units for youth at one of LHA's future developments, with Matthew's House as service provider

Long-term (L) Objectives	Long-term (L) Objectives
L6.3.1.	Apply for tenant-based vouchers from CDOH for units for youth at the Edge Phase II and additional VASH vouchers from VA for Veterans.

GOAL SIX: DEVELOP ADDITIONAL HOUSING RESOURCES

Strategy 3: Expand rapid rehousing resources

Desired Outcome	Action Items
Expand rapid rehousing resources	**Goal:** Increase the number of families, individuals and youth receiving temporary rental assistance and case management through Rapid Rehousing program. **Possible implementers:** One Community, One Family; City of Loveland; CDOH; VOA (COR3 program), other funders. **Considerations:** The Human Services Commission currently funds a Rapid Rehousing program. Explore opportunities to expand program with additional staff, other non-profits, etc. VOA currently oversees the COR3 program, targeting justice-involved individuals for rapid rehousing; with $3 million over the next 3 years from CDOH, Loveland residents should be assessed with the JD-VI-SPDAT for this resource.
Funding	
• Anticipated cost range: $50,000 - $100,000 for additional staff	
Success measures	
• Number of people who remain housed after short-term subsidy ends • Number of persons employed after subsidy ends • Feedback from subsidy recipients as well as participating landlords •	
Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES
Medium-term (M) Objectives	**Action Items**

M6.3.1.	Work with One Community, One Family to review outcomes and assess possibilities for increased funding options.
M6.3.2.	Leverage new money coming from CO Division of Housing and other non-federal resources.
M6.3.3.	Build off landlord network to explore short (30 days), medium (60 days) and longer term (90+ days) stays at private residences.
M6.3.4.	Continue to build partnership with VOA.

Long-term (L) Objectives	**Action Items**
L6.3.1.	Assess effectiveness of RR services
L6.3.2.	Determine additional needs (case management, life management classes, employment supports, mentors, etc.) for RR households to maintain their housing.

GOAL SIX: DEVELOP ADDITIONAL HOUSING RESOURCES

Strategy 4: Obtain at least fifty new federal or state rent subsidies

Desired Outcome	**Action Items**
Obtain at least fifty new federal or state rent subsidies	**Goal:** Over five years, obtain at least fifty additional rent subsidies for families, individuals and people with special needs, primarily for those with incomes at or below 30% of area median income. **Possible implementers:** Loveland Housing Authority, SummitStone Health Partners, North Range Behavioral Health, CDOH, local landlords. **Considerations:** Need to work closely with DOH, other government agencies and local voucher administrator. DOH has both federal and state (Homeless Solutions Program) project-based and tenant-based vouchers available. The likelihood of being awarded project-based vouchers from the state is much greater if there is match from the local housing authority and a strong services plan/budget in place.

Funding

Anticipated cost range: $0 - $10,000

Success measures

- Increased resources
- Number of persons served with increased resources
- Return on investment (housed persons, employed, reduction of ER and police contacts)
- Landlords have subsidy to assist with rent payments and operations

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term Objectives	Action Items
M6.4.1.	DOH typically releases an RFA in the later part of the year (November-December) outlining available resources for people in need of supportive housing with tenant supports. Current year (2018-2019) RFA can be found here. New and additional funding for justice-involved individuals is coming from the Governor's Office to DOLA/DOH in 2020.
M6.4.2.	Attend upcoming Outreach and Engagement Forums led by CDOH to offer feedback about Loveland's housing needs and advocate for needed resources.
Long-term Objectives	**Action Items**
L6.4.1.	DOH is continuing its coordinated effort with the Colorado Housing and Finance Authority (CHFA) to increase the production of Supportive Housing (SH), for people experiencing homelessness with special needs. DOH has prioritized five target populations for existing dollars. They include: Homeless (Highest Utilizers), Homeless Youth, Veterans, Individuals exiting our mental health institutions into homelessness, and Individuals exiting our correctional facilities into homelessness. New dollars may target these, and other target populations identified as high need from communities across the state.

***GOAL SIX:* DEVELOP ADDITIONAL HOUSING RESOURCES**

Strategy 5: Build 40-60 units of supportive housing (30% of AMI and below)

Desired Outcome	Action Items

Build 40-60 units of "supportive housing" (for those earning 30% of AMI and below)	**Goal:** In the next five years, build a 40-60 unit Supportive Housing building in Loveland (on land owned by the County). Tenants will be expected to pay no more than 30% of their income towards rent. Supportive Services will be available on- and off-site for individuals and families who are experiencing homelessness, have a disability and/or other special needs, with a focus on people with incomes at or below 30% of AMI. Sufficient engagement space(s) on the first floor where current residents as well as people experiencing homelessness can connect with navigators to get referred to and connected to services in the community. **Possible implementers:** Development partners include Loveland Housing Authority and Archdiocesan Housing (a Division of Catholic Charities). A variety of service providers, including Summit Stone and North Range Behavioral Health, would need to be involved. **Considerations:** Projects of this size and scope generally rely on low-income housing tax credits for a majority of the capital costs. Residents pay minimal rent, so building operating costs typically have to be subsidized. Federally funded "project-based" rent subsidies are the ideal source to help fund ongoing operations. Other "preferences" such as youth, Veterans, people being released from the Department of Corrections or people in need of services due to behavioral health conditions, should be considered.

Funding

- Low-income housing tax credit application. LHA as a development partner. City participation would be waiver of fees with actual costs (backfill) of approximately $500,000. Applicant will be more successful if land is donated. Anticipated cost range: $12,000,000-15,000,000 (development budget only)
- Predevelopment costs: (typically paid for by developer)
- Fee waiver and land - more state resources on the horizon to assist with city's project specific costs.

Success measures

- Fewer interactions with LPD with less tickets
- Reduction of homeless individuals in jail
- Fewer homeless individuals participating in the court process
- Lower hospitalization costs
- Housing retention rates increased
- Income increases from employment and/or benefits acquisition
- Feedback from housed persons and supportive housing providers

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items

M6.5.1.	Work with City and County to identify parcel of land that can be contributed to the building of this project.
M6.5.2.	Work with the Loveland Housing Authority and Archdiocesan Housing to develop a realistic timeline for applying for funding.
M6.5.3.	Assemble Development Team; create timeline for pre-development work.
M6.5.4.	Apply for capacity building funding from Colorado Health Foundation and other sources, such as Community Development Impact Fund (pre-development loan for acquisition if needed) and Energy Impact (pre-development or implementation of phase II of housing plan).
Long-term (L) Objectives	**Action Items**
L6.5.1.	Apply to CHFA for a 9% LIHTC award in next 2-4 years. Apply for project-based vouchers from CDOH at that same time.

<u>GOAL SEVEN:</u> STRENGTHEN HOUSING RETENTION AND HOMELESSNESS PREVENTION EFFORTS

Strategy 1: Expand homeless prevention services

Desired Outcome	**Action Items**
Establish a central system that houses preventions services	**<u>Goal</u>:** Locate services in one central location. Identify existing/new funds for assistance, establish landlord mediation strategies, track investments to demonstrate ROI. **<u>Implementers:</u>** Existing non-profits and service providers, Larimer County, City of Loveland, other funders **<u>Considerations</u>:** Locate services in one central location. Identify existing/new funds for assistance, establish landlord mediation strategies, track investments to demonstrate ROI. As the Loveland Housing Authority already has planned affordable housing development through 2025 of upwards of 1,000 new and rehabbed units, leverage the partnership with LHA to build out 100 units for individuals and families at-risk of homelessness. For 30% of the 100+ units TBD, workforce housing for individuals and families with higher income levels could be mixed in with low-income units (70% of units) to meet the income average of 80% AMI and below. Project-based vouchers from CDOH and LHA could help subsidize rents for the very low-income units.

Funding
<u>Anticipated cost range: $15,000 - $20,000 for additional rent assistance if necessary. Additional funding may not be necessary.</u>

Success measures
• Number of households diverted from homelessness • Number of households which retained existing housing

Short-term Objectives	Action Items
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	Action Items
M7.1.1.	Map current system of homeless prevention assistance
M7.1.2.	Review prevention assistance efforts in other communities
M7.1.3.	Identify local priorities and potential lead agency/agencies
M7.1.4.	Identify existing / future resources for assistance
M7.1.5.	Acquire resources to pilot expansion of prevention efforts including landlord mediation, eviction prevention assistance, rent/utility assistance, public benefits navigation, motel vouchers
M7.1.6.	Develop prevention protocols to assist those in need
M7.1.7.	Ensure data collection is consistent among prevention providers
M7.1.8.	Identify location for prevention assistance
M7.1.9.	Publicize prevention resources via local website, print materials, local media
Long-term (L) Objectives	**Action Items**
L7.1.1.	Assess effectiveness of prevention efforts
L7.1.2.	Identify areas for improvement
L7.1.3.	Increase needed resources
L7.1.4.	Capture and share success stories
L7.1.5.	Apply for tenant-based vouchers or FUP vouchers from CDOH for youth

GOAL SEVEN: STRENGTHEN HOUSING RETENTION AND HOMELESSNESS PREVENTION EFFORTS

Strategy 2: Expand housing retention services

Desired Outcome	Action Items

Expand Eviction Prevention Strategy	**Goal:** Develop a long-term and sustainable strategy that prevents families and individuals from losing their homes, facing displacement and falling into homelessness. **Possible implementers:** Colorado Legal Services, Neighbor to Neighbor, other local/regional service providers, other stakeholders. **Considerations:** As Neighbor to Neighbor already has an Eviction Prevention program at the Life Center in Loveland and other locations in Ft. Collins, learn from what is working at this program and where possibilities for expansion exist. Identify resources for funds (CO Health Foundation). Ensure adequate case managers to check on housed residents living in private units. This has started with local providers and the CPO. Interns will be engaged to participate to keep costs low.

Funding

Anticipated cost range: minimal if volunteers are used. Staff may be needed for landlord mediation.

Success measures

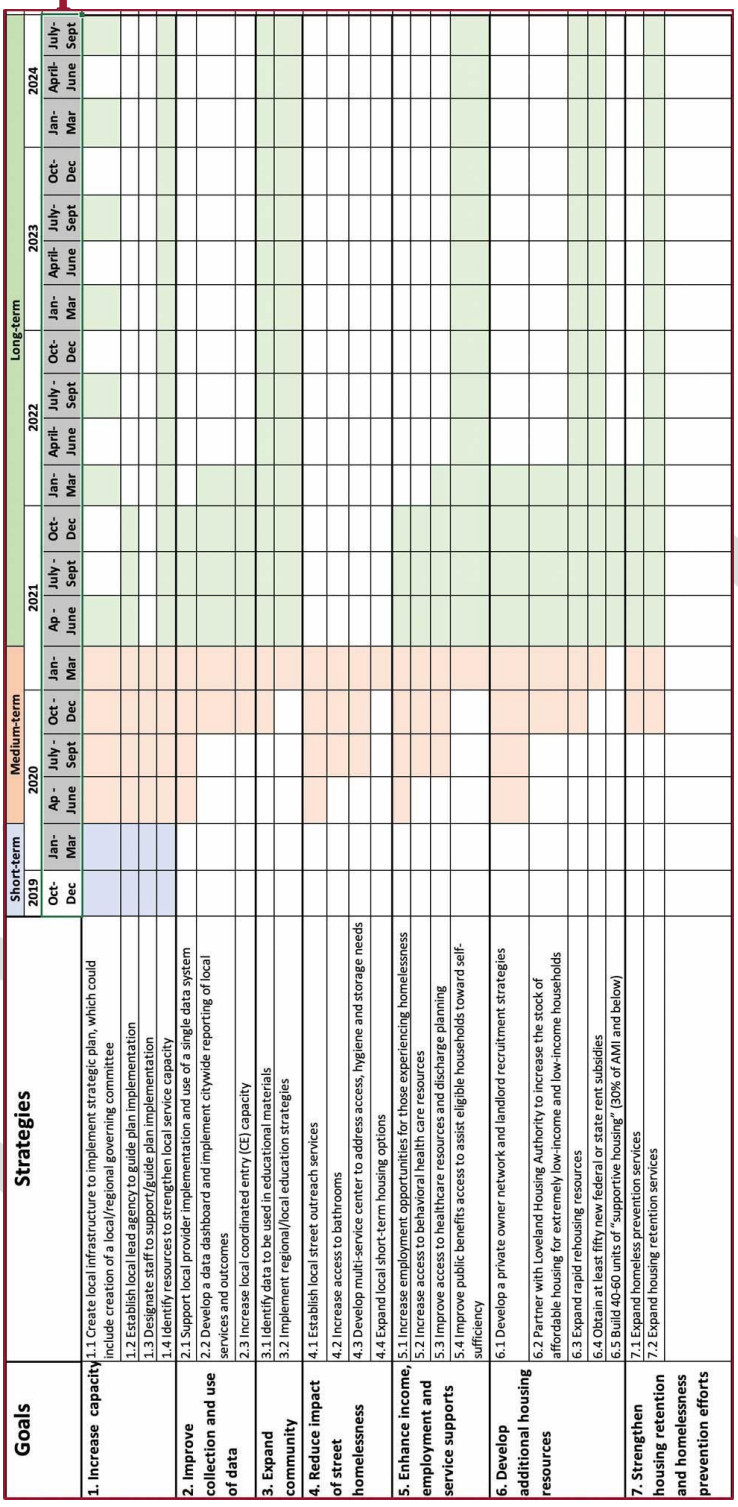
- Number of households which remained housed
- Household employment information and other income to remain housed

Short-term Objectives	**Action Items**
	NO SHORT-TERM OBJECTIVES

Medium-term (M) Objectives	**Action Items**
M7.2.1.	Review eviction prevention efforts in other communities including the Legal Defense fund in Denver
M7.2.2.	Invite Colorado Legal Services and N2N to meet with local stakeholders to inform local planning committee efforts in expanding eviction prevention services
M7.2.3.	Compile tenant's rights information including 2019 legislation
M7.2.4.	Identify local needs based upon provider experience, housing eviction data
M7.2.5.	Identify key strategies and resources to lower eviction rates
M7.2.6.	Secure funding and other resources to strengthen efforts
M7.2.7.	Determine location(s) for assistance
M7.2.8.	Pilot short-term project

Long-term (L) Objectives	**Action Items**
L7.2.1.	Review project after six months
L7.2.2.	Adjust program based upon feedback and related data

Appendix F: Implementation Plan Timeline



Goals	Strategies	Short-term		Medium-term				Long-term													
		2019		2020				2021				2022				2023				2024	
		Oct-Dec	Jan-Mar	Ap-June	July-Sept	Oct-Dec	Jan-Mar	Ap-June	July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept
1. Increase capacity	1.1 Create local infrastructure to implement strategic plan, which could include creation of a local/regional governing committee																				
	1.2 Establish local lead agency to guide plan implementation																				
	1.3 Designate staff to support/guide plan implementation																				
	1.4 Identify resources to strengthen local service capacity																				
2. Improve collection and use of data	2.1 Support local provider implementation and use of a single data system																				
	2.2 Develop a data dashboard and implement citywide reporting of local services and outcomes																				
	2.3 Increase local coordinated entry (CE) capacity																				
3. Expand community	3.1 Identify data to be used in educational materials																				
	3.2 Implement regional/local education strategies																				
	4.4 Expand local short-term housing options																				
5. Enhance income, employment and service supports	5.1 Increase employment opportunities for those experiencing homelessness																				
	5.2 Increase access to behavioral health care resources																				
	5.3 Improve access to healthcare resources and discharge planning																				
	5.4 Improve public benefits access to assist eligible households toward self-sufficiency																				
4. Reduce impact of street homelessness	4.1 Establish local street outreach services																				
	4.2 Increase access to bathrooms																				
	4.3 Develop multi-service center to address access, hygiene and storage needs																				
6. Develop additional housing resources	6.1 Develop a private owner network and landlord recruitment strategies																				
	6.2 Partner with Loveland Housing Authority to increase the stock of affordable housing for extremely low-income and low-income households																				
	6.3 Expand rapid rehousing resources																				
	6.4 Obtain at least fifty new federal or state rent subsidies																				
	6.5 Build 40-60 units of "supportive housing" (30% of AMI and below)																				
7. Strengthen housing retention and homelessness prevention efforts	7.1 Expand homeless prevention services																				
	7.2 Expand housing retention services																				

Appendix G: Glossary of Terms

Information contained in this glossary of terms came from The Homeless Hub
https://www.homelesshub.ca/about-homelessness/homelessness-101/homelessness-glossary

Accessory Dwelling Units - having a second small dwelling right on the same grounds (or attached to) your regular single-family house, such as: an apartment over the garage, a tiny house (on a foundation) in the backyard, or a basement apartment.
ACT Teams (Assertive Community Team) – is a client-centered, recovery-oriented mental health service delivery model. It has received substantial empirical support for facilitating community living, psychosocial rehabilitation and recovery for persons who have the most serious mental illnesses, severe symptoms and impairments, and have not benefited from traditional outpatient programs.
Acuity Scale – best practices approach to right matching of services. Case managers can use the scale to assess numbers and severity of issues for their clients. Alternatively, the scale can be used by management for balancing the time commitment and caseload of an organization overall.
Adequate housing – housing that is reported by residents as not requiring any major repairs. Housing that is inadequate may have excessive mold, inadequate heating or water supply, significant damage, etc.
Addictions programs – programs that consists of self-help residential or outpatient treatment facilities, harm reduction programs, individual or group counselling, abstinence-only housing and support from community programs;
Affordable Housing – Any type of housing, including rental/home ownership, permanent/temporary, for-profit/non-profit, that costs less than 30% of a household's pre-tax income.
Aid for Needy and Disabled (AND) - Aid to the Needy and Disabled provides cash assistance to eligible Colorado residents. Individuals must be ages 18 to 59, determined disabled by a medical doctor, and be unable to work for a minimum of 6 months. Applicants for Aid to the Needy and Disabled must apply for Social Security benefits.
Area Median Income (AMI) - The Area Median Income (AMI) is the midpoint of a region's income distribution – half of families in a region earn more than the median and half earn less than the median. For housing policy, income thresholds set relative to the area median income—such as 50% of the area median income—identify households eligible to live in income-restricted housing units and the affordability of housing units to low-income households.
Aspire 3D - Aspire 3D functions as a nonprofit 501(c)(3) partner to the Loveland Housing Authority (LHA) by targeting service coordination specifically to residents of LHA owned and/or managed properties. The mission of Aspire 3D is to connect residents of the Loveland Housing Authority to multidimensional resources that will inspire them to Dream, Dare, and Do activities that elevate their quality of life.
At-Risk of Homelessness – people who are not experiencing homelessness, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.
Best practice – an intervention, method or technique that has consistently been proven effective through the most rigorous scientific research and has been replicated across several cases or examples.
Behavioral Health Care - Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. "Behavioral health" is the preferred term to "mental health."

BOS CoC (Balance of State Continuum of Care) - The Colorado Balance of State Continuum of Care (CO BoS CoC) was established in 2000 in order to assist rural communities in applying for Continuum of Care funding from U.S. Department of Housing and Urban Development (HUD). CoC funding serves homeless populations through Permanent Supportive Housing (PSH), Transitional Housing (TH), Rapid Re-Housing (RRH), Supportive Services, HMIS Projects, and is accessed through an annual application process. HUD requires specific governance and standards to access their funds, which are outlined in the Continuum of Care Program Interim Rule.

Capacity – According to a report published by OECD, capacity refers to the ability of people, organizations and society to manage their affairs successfully.

Capacity development - According to a report published by OECD the process to unleash, strengthen, adapt, create and maintain capacity overtime.

Case Management – a collaborative and client-centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and when appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

Case studies – Detailed examples of particular agencies, programs, systems or activities that highlight success or failure of their implementation, as well as lessons learned.

Chronic disease – a long-lasting medical condition that cannot be prevented by vaccines, or in many instances, be cured.

Chronic homelessness - Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

Collaborative - is the term used to describe loosely affiliated networks as well as more formal partnerships between people working across departments, organizations or sectors. Unlike integration, collaboration does not require formal infrastructure to merge work processes across organizational sites.

Colorado Rapid Rehousing for Re-Entry (COR3) - COR3 applies the Rapid Rehousing + Care model to effectively serve individuals with prior or current justice involvement presenting with identified behavioral health issues. Rapid Rehousing + Care effectively serves individuals with multiple, co-occurring and significant barriers to housing. Principles of the Rapid Rehousing + Care Model include adherence to baseline nationally recognized Rapid Rehousing standards, additional financial assistance dollars per household, slightly extended lengths of stay (9-to 18-month average) in the program to promote housing retention, prioritization of connection to employment and mainstream public benefits in support of housing objectives, integration of/direct connection to behavioral healthcare into rapid rehousing service teams for gap service provision

Community services - any programs delivered through non-profit or faith-based community organizations to assist people experiencing homelessness.

Community based mental health care - encompasses a wide variety of programs and services designed to meet local needs that are delivered primarily by community agencies and sometimes through hospitals or health clinics.

Concurrent Disorders (Dual Diagnosis) - describes a condition in which a person has both a mental illness and a substance use problem.

Continuum Of Care - The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;

promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.
Coordinated assessment / coordinated intake- a standardized approach to assessing a person's current situation, the acuity of their needs and the services they currently receive and may require in the future. It considers the background factors that contribute to risk and resilience, changes in acuity, and the role of friends, family, caregivers, community and environmental factors.
Data Dashboard - A data dashboard is an information management tool that visually tracks, analyzes and displays key performance indicators (KPI), metrics and key data points to monitor the health of a business, department or specific process. They are customizable to meet the specific needs of a department and company.
Discharge planning - preparing someone to move from an institutional setting (child welfare system, criminal justice system, hospital, etc.) into a non-institutional setting either independently or with certain supports in place.
Division of Housing (DOH) - The Division of Housing (DOH) partners with local communities to create housing opportunities for Coloradans who face the greatest challenges to accessing affordable, safe, and secure homes.
Domestic Violence homelessness - Individuals or families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who lack resources and support networks to obtain other permanent housing.
Early intervention strategies – refers to strategies designed to work quickly to support individuals and families to either retain their housing, or to use rapid rehousing strategies.
Emergency response – providing emergency supports like shelter, food and day programs while someone is experiencing homelessness.
Emerging practice – interventions that are new, innovative and hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a "promising" or "best" practice.
Eviction prevention – refers to any strategy or program, usually geared at renters that is designed to keep individuals and families in their home and that helps them avoid homelessness.
Episodically Homeless - individuals who are currently homeless and have experienced at least three periods of homelessness in the previous year.
Family Homelessness (as defined by the US Department of Education) - The standard definition of homelessness as outlined in the McKinney-Vento Act along with the following criteria: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; Living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; Living in substandard housing.
Family and natural supports - include family, friends and community. By providing young people with family and natural supports that align with 'place-based' supports (ex. schools), we reduce the probability that a young person will leave their community in search of supports and become mired in homelessness.
Family reconnection (and reunification) - client-driven case-management approach that seeks to identify and nurture opportunities to strengthen relationships and resolve conflicts between young people who leave home and their caregivers.
Follow-Up Support Workers (FSW) – this position refers to an individual who helps an already housed client maintain their housing and connects the client with resources and services in the community.
Hard skills – refers to the learning of marketable skills, such as carpentry, computer repair or restaurant work, that increase the employability of people wanting to get jobs.

Harm Reduction – referrers to policies, programs and practices aimed at reducing the risks and negative effects associated with substance use and addictive behaviors for the individual, the community and society as a whole.
HART (Homelessness Assets and Risk Tools) – a tool used to measure risk of homelessness.
Health promotion – According to World Health Organization, health promotion is defined as the process of enabling people to increase control over and to improve their health.
Hidden homelessness – refers specifically to persons who live temporarily with others without the guarantee of continued residency or immediate prospects for accessing permanent housing.
HMIS (A Homeless Management Information System) - a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
Homelessness – Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioral or physical challenges, and/or racism and discrimination.
Homecare and continuing care - refers to a wide range of inpatient and outpatient services that may be offered in the home, in the community or in a hospital or medical setting.
Horizontal integration – describes a centralized approach to planning, management and service delivery across a network of organizations/institutions within a sector or between sectors.
Housing accommodation and supports – refers to the provision of housing and ongoing supports as a means of moving people out of homelessness.
Housing First – a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing. It is followed by provision of additional supports and services as needed.
Housing Focused Shelter – a shelter in which the purpose is to rehabilitate homeless individuals by providing resources such as but not limited to case management, counseling, Veteran's Administration counseling, and medical care, with the ultimate goal of transitioning individuals into housing.
Housing exclusion - the failure of society to ensure that adequate systems, funding and support are in place so that all people, even in crisis situations, have access to housing.
Housing policy - refers to the actions of government, including legislation and program delivery, which have a direct or indirect impact on housing supply and availability, housing standards and urban planning.
Housing workers - individuals employed, usually by community agencies/non-profits but sometimes working directly for a specific level of government, who are able to assist individuals in finding housing and supporting them with the related services that are part of that process.
ICM (Integrated Case Management) teams – refers to a team approach taken to co-ordinate various services for a specific child and/or family through a cohesive and sensible plan. The team should include all service providers who have a role in implementing the plan, and whenever possible, the child or youth's family.
Individual and relational factors – apply to the personal circumstances of a homeless person, and may include: traumatic events, personal crisis, mental health and addictions challenges, which can be both a cause and consequence of homelessness and physical health problems or disabilities. Relational problems can include family violence and abuse, addictions, mental health problems of other family members and extreme poverty.

Infectious disease - illnesses caused by viruses or bacteria that are spread between people or from animals to people. Researchers on homelessness and infectious disease often focus their investigation on Hepatitis A, B and C, tuberculosis, HIV/ AIDS and a range of sexually transmitted infections.
Informal Economy - economic activities that fall outside the formal labor market. Generally, refers to production, distribution and consumption of goods and services that are not accounted for in formal measurements of the economy.
JD-VI-SPDAT (Justice Discharge -Vulnerability Index - Service Prioritization Decision Assistance Tool) - a survey administered both to individuals and families to determine risk and prioritization when serving homeless and at-risk of homelessness persons.
Life skills – these are the skills that are essential for living independently and includes skills such as managing money, shopping, cooking, etc.
LGBTQ2S –The acronym stands for lesbian, gay, bisexual, transgender, transsexual, queer, questioning, and Two-Spirit people.
Low Income Housing Tax Credit (LIHTC) - The Low-Income Housing Tax Credit (LIHTC) is the federal government's primary program for encouraging the investment of private equity in the development of affordable rental housing for low-income households.
McKinney-Vento School liaison - a local liaison that serves as one of the primary contacts between homeless families and school staff, district personnel, shelter workers, and other service providers. Every LEA, whether or not it receives a McKinney-Vento subgrant, is required to designate a local liaison.
Meaningful engagement - has a few different meanings for work with homeless persons. This type of engagement includes involving homeless persons in community-based research, creating participatory evaluations or providing supports and activities that foster growth, independence and full participation in society.
Measuring integration – refers to efforts in assessing the degree to which clients are receiving appropriately integrated services and/or used to improve coordination efforts.
Micah Homes Project - The Micah Home project has become a true community effort and serves as a model for how community partnerships can serve those in need by constructing six permanent, supportive apartment units for low-income, elderly or disabled individuals.
Motivational interviewing – an evidence-based practice in working with clients that has proven to be successful. In this approach, the service provider allows the client to direct the change rather than telling the client what they need to do. This approach is about having a conversation about change.
NIMBY (Not In My Backyard) – describes when residents of a neighborhood designate a new development (e.g. shelter, affordable housing, group home) or change in occupancy of an existing development as inappropriate or unwanted for their local area.
Old Age Pension (OAP)- the Colorado Old Age Pension program provides an income safety net to Colorado seniors. Most Colorado seniors aged 60 and older are eligible if they have monthly incomes of less than $771 (in 2016) and resources of less than $2000 ($3000 for a couple).
Street outreach – incredibly important work that involves moving outside the walls of the agency to engage people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well.
Outreach programs – services and programs involved in bringing services directly to where people are rather that requiring someone to go into an agency.
Palliative care - services provided to those in the end stages of their life either from old age or serious illness.

Panhandling – a subsistence strategy that refers to begging for money, food and other items. The activity is considered to be part of informal economy and is commonly associated with homelessness.
Participatory evaluation – refers to an evaluation process whereby the people who are being studied or who make up the users of the project are included in development, design and other stages of the evaluation.
PATH - The Federal grant program Projects for Assistance in Transition from Homelessness (PATH) aids individuals who are homeless or at risk of homelessness and have serious mental illnesses. PATH funds are distributed to States/Territories that, in turn, contract with local public or non-profit organizations to fund a variety of services to homeless individuals.
Peer Navigation - Peer navigators (PNs) are also known as community health workers (CHWs) in other settings. Both kinds of providers travel into the participant's community to understand the nature of a person's health needs and then partner with that person as he or she pursues these goals in the health care system.
Permanent supportive/Supported housing – combines rental or housing assistance with individualized flexible and voluntary support services for people with high needs related to physical or mental health, development disabilities and substance use. It is an option to house chronically homeless individuals with high acuity.
Point-in-Time (PiT) counts - provide a "snapshot" of the number of people experiencing homelessness on a specific date (usually one day but occasionally up to a week) in a community.
Political Will - Political will exists when a sufficient set of decision-makers with a common understanding of a particular problem on the formal agenda is committed to supporting a commonly perceived, potentially effective policy solution.
Prevalence counts - provide an alternative to the PiT counts and are often used in some small and rural communities. They determine how many people were homeless over a set period in time.
Prevention - refers to one of the main strategies in addressing homelessness that aims to stop people from becoming homeless in the first place. See *A New Direction: A Framework for Homelessness Prevention*.
Primary prevention – refers to working upstream to reduce risks of homelessness for individuals and families. Typically involves universal interventions directed at whole communities. See *A New Direction: A Framework for Homelessness Prevention*.
Program fidelity evaluation - extent to which delivery of an intervention adheres to the protocols and program model originally developed.
Promising practice – an intervention for which there is sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome consistent with the goal and objectives of the activity or program, but is not yet strongly documented enough to become a best practice.
Public Housing Authority - Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments for elderly families.
Rapid re-housing – an approach to housing that is similar to Housing First as it has no "readiness requirement." This approach is best suited for people experiencing episodic and transitional homelessness.
Rental supplement program – refers to rent-geared-to-income housing with private landlords. Rent supplements are subsidies paid by government to private landlords who are part of this program.

Respite/Medical Respite Care – Medical Respite Care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but no longer need to be in a hospital.
Safe Parking Lot program - parking lots that grant people and families living out of cars a safe and legal place for an uninterrupted night's rest
Scattered site housing – housing that is provided at individual locations, usually in the private rental market, as opposed to an affordable housing building or project.
Secondary prevention – typically refers to strategies that target people who are clearly at risk of, or who have recently become homeless and can include system prevention.
Self-care – the process of maintaining and promoting one's health, wellbeing and development to meet the everyday challenges and stressors.
Service coordination - describes inter- or intra-organizational efforts to support individuals across a range of services.
Severe housing needs – when a household spends more than 50% of its pre-tax income on housing costs.
Severe mental illness - defined as a serious and persistent mental or emotional disorder (e.g. schizophrenia, mood-disorders, schizoid-affective disorders) that interrupts people's abilities to carry out a range of daily life activities such as self-care, interpersonal relationships, maintaining housing, employment or stay in school.
Sex trade - It is broad and encompasses a variety of activities including escort services, street-level sex workers, pornography, exotic dancing, massage, internet work, phone sex operators and third-party support (drivers, managers, bartenders etc.).
Shelter diversion – a strategy targeting homeless youth that refers to the provision of alternative temporary housing options, supports and interventions designed to reduces the young people reliance on emergency shelter system.
Shelter inventories - counts the number of beds available in a shelter system (which may or may not include Violence Against Women shelters) and determines what percentage of these beds are occupied on a given night.
Shelter workers (Residential Counsellor) – refers to individuals working in a shelter who provide support to the residents to help maintain order in the shelter and to help the residents achieve success in transitioning to housing.
Social enterprise - revenue-generating businesses that focus on creating socially related good.
Soft skills – refers the range of skills that help someone obtain and maintain employment such as resume preparation and job search. It also refers to "life skills" training such as shopping, cooking and managing money.
SSI (Supplemental Security Income)/SSDI (Social Security Disability Insurance) - Supplemental Security Income is a program that is strictly need-based, according to income and assets, and is funded by general fund taxes (not from the Social Security trust fund). Social Security Disability Insurance is funded through payroll taxes. SSDI recipients are considered "insured" because they have worked for a certain number of years and have made contributions to the Social Security trust fund in the form of FICA Social Security taxes. SSDI candidates must be younger than 65 and have earned a certain number of "work credits."
Strategic Plan - Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are

working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment.
Substance use - refers to all types of drug and alcohol use.
Substance use prevention - interventions that seek to delay the onset of substance use, or to avoid substance use problems before they occur.
Suitable housing - housing has enough bedrooms for the size and composition of the resident household, according to National Occupancy Standard (NOS) requirements.
Support workers (SW) – are usually assigned individual clients to monitor and conduct case management with in order to place clients into housing.
System of care - strengths-based, culturally relevant, participatory framework for working with children and families.
System integration – formalized coordinated approach to planning, service delivery, and management. An integrated system is an intentional, coordinated, suite of services that is centrally funded and managed. Systems integration aims to align services to avoid duplication, improve information-sharing, increase efficiency (e.g., reduce wait-times), and provide a seamless care experience for individuals and families.
Systems failures – occur when other systems of care and support fail, requiring vulnerable people to turn to the homelessness sector, when other mainstream services could have prevented this need.
System prevention – refers to working with mainstream institutions to stop the flow of individuals from mental health care, child protection and corrections into homelessness.
Tertiary prevention – refers to strategies intended to slow the progression of and treat a condition. It also refers to rehabilitation efforts to reduce the recurrence of the problem.
TANF (Temporary Assistance for Needy Families) - The TANF program, which is time limited, assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs. The Federal government provides grants to States to run the TANF program.
Transitional housing – refers to supportive, yet temporary type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.
Trauma - an event outside the range of usual human experiences that would be markedly distressing to almost anyone and cause victimization.
Trauma informed care - Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient.
Transitionally Homeless - Refers to short-term homelessness, usually less than a month.
Triage - The triage tool, or crisis indicator, identifies homeless individuals in hospitals and jails who have continuing crises in their lives that create very high public costs. This redesigned tool is four times more accurate than the earlier screening tool released in 2010. The tool is developed for use in jails, hospitals and clinics where homeless individuals with high levels of need and high public costs are most likely to be found.
Unsheltered – living on the streets or in places not intended for human habitation.
Veterans Affairs Supportive Housing (VASH) - The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA).

Veteran Homelessness – A veteran who falls within one of the four categories of homelessness as determined by HUD.
VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) - a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.
Volunteers of America (VOA) - Volunteers of America is a faith-based nonprofit organization founded in 1896 that provides affordable housing and other assistance services primarily to low-income persons throughout the United States.
Vulnerability index – an index used to determine mortality risk.
Wrap-around – refers to a service delivery model that is a team-based, collaborative case management approach.
Youth homelessness – Youth homelessness refers to young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, and lack many of the social supports deemed necessary for the transition from childhood to adulthood; According to HUD - unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers. According to McKinney-Vento - children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 11302(a)(2)(C) of this title); iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and iv. migratory children (as such term is defined in section 6399 of title 20) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).