

BUILDING BLOCKS TO ENDING HOMELESSNESS IN FORT COLLINS: **A COMMUNITY BLUEPRINT**

A COMMUNITY REPORT COMMISSIONED BY THE
HOMELESS INITIATIVE TASK GROUP OF
UNIVERCITY CONNECTIONS



Photo: ©2008 Rich Miller

ACKNOWLEDGEMENTS

This comprehensive community report could not have been made possible without the generous support of the Community Foundation of Northern Colorado. This report also draws from the extensive clearinghouse of information that has been developed under the leadership of the U.S. Interagency Council on Homelessness.

HOMELESS INITIATIVE TASK GROUP

Co-conveners

Jim Sprout & Christine Kneeland

Task Group Members and Contributors

Gail Barrera	Mary Callan
John Cordova	Daniel Covey
Dawn Davis	Mike Dellenbach
Bill Kneeland	Corey Longhurst
Heather Meyer	Sr. Mary Alice Murphy
Wendie Robinson	Helen Somersall
Gordon Thibedeau	

RESEARCH TEAM

Principal Investigator

Jamie Van Leeuwen, PhD

Research Assistants

Beth Dressen	Courtney Sparks
Evan Skalski	Jesse Spafford
Jonathan Mohr	Kristen Moore
Lindsay Palmquist	Lindsay Renkel
Roberta Vallina	Sarang Sambare



BUILDING BLOCKS TO ENDING HOMELESSNESS IN FORT COLLINS: A COMMUNITY BLUEPRINT

A COMMUNITY REPORT COMMISSIONED BY THE
HOMELESS INITIATIVE TASK GROUP OF
UNIVERCITY CONNECTIONS

“There has got to be a more forgiving heart.”

Homeless Resident, Catholic Charities Northern Homeless & Emergency Services

John:

Finding work is difficult with a felony in his past. A Navy veteran and student of the bible, John wishes employers would let him explain his conviction and give him a chance.

“People need to look past a felony and look at character.”

Photo: ©2008 Rich Miller



TABLE OF CONTENTS

7	Introduction
9	Homelessness in Fort Collins
13	Best Practices
23	Model Cities
33	Community Perceptions of Homelessness
44	Sustainability
47	Recommendations
57	Conclusions
58	Appendix A: Homelessness In Fort Collins Survey
61	Appendix B: Open-Ended Survey On Homelessness Problem
62	Appendix C: Professional Biography Of Principal Investigator
63	Appendix D: Survey Table Reference

EXECUTIVE SUMMARY

This document was produced through the collaborative work of the Homeless Initiative Task Group to serve as a working blueprint to guide the development of a more comprehensive plan to respond to homelessness in Fort Collins. Research began on this report in January 2008 and was completed six months later. As a result of the work of this task group, this report offers the following outcomes that will ideally serve as a blueprint to develop a plan identifying gaps related to homeless services in Fort Collins:

1. An overview of homelessness locally, statewide and nationally.
2. An overview of twelve innovations and best practices that warrant consideration in the development and implementation of a homeless plan in Fort Collins.
3. An overview of perceptions of homelessness in Fort Collins generated through a community survey as part of this project.
4. A running photo essay offering a snapshot of the faces of homelessness in Fort Collins.
5. An international perspective on sustainability and how to factor this important concept into the planning process.
6. A series of ten recommendations to address the following issues related to gaps in services for the homeless in Fort Collins:
 - a. Permanent and Transitional Housing
 - b. Shelter
 - c. Services
 - d. Outreach
 - e. Prevention
 - f. Education & Employment
 - g. Community Awareness & Coordinated Response

Through the diligent work of the Homeless Initiative Task Group, the end product exceeded their initial goals, objectives and outcomes for this project and this blueprint ideally sets a very solid foundation to build on in developing a more comprehensive plan to respond to homelessness in Fort Collins.

INTRODUCTION

In January 2008, the Homeless Initiative Task Group of UniverCity Connections through the support of the Community Foundation of Northern Colorado, commissioned a research effort to investigate “best practices” as they relate to citywide responses to homelessness to provide the City of Fort Collins with information and recommendations. This research effort involved two key goals and outcomes.

1. A best practices overview of what has been and is being done to address homelessness in Fort Collins and northern Colorado as well as in communities around the country.
2. A community survey involving public, private and nonprofit sectors which would provide baseline data on community knowledge, attitudes, and perceptions on the homelessness issue in Fort Collins and Northern Colorado.

This report is intended to serve as a blueprint for the Homeless Initiative Task Group to set the stage for the development of a coordinated ten year plan to end homelessness, outlining measurable goals, objectives and outcomes. This report is a culmination of survey work and interviews with over 500 members of the Fort Collins community including representatives of the public, private and nonprofit sectors as well as persons who are actually experiencing homelessness.

The information included in this report is intended to serve not as a generalization or comprehensive assessment of the general population of Fort Collins, but rather a barometer and pilot effort to provide the Homeless Initiative Task Group with important information that will provide the foundation of their development and implementation of a strategic and cost effective approach to ending homelessness in the community. Over the course of the past three months, the research team has found the

Fort Collins community to be overwhelmingly receptive and open to this dialogue and has been cooperative in assisting the researchers in gathering critical information that will facilitate “next steps” for the Homeless Initiative Task Group.

Probably the most frequent question asked was why an outside evaluator was solicited for the project rather than working with the resources and talent that clearly exists in Fort Collins. This approach to outside evaluation has been employed in other cities such as Denver where Dr. Stephen Metraux and Dr. Dennis Culhane of the University of Pennsylvania were involved in the initial stages of evaluation to provide an outside, objective perspective of the issue. The role of the outside evaluator is not to develop and implement the plan, but more importantly, to provide the decision making body with the best information possible for them to move forward in making the decisions that are in the best interest of the community.

The research will demonstrate that while Fort Collins definitely has some challenges that it will have to address in developing a plan to end homelessness, the data suggest that there is both community support and existing resources to begin this process. Fort Collins is somewhat unique in that while there is definitely the presence of a homeless population, it has not reached crisis proportions where there is a universal outcry that something must be done. Rather, the fact that this community is taking a proactive approach to addressing this issue at this point in the development of the city speaks to the compassion and concern that this community places on quality of life. Qualitatively, this sentiment is expressed repeatedly throughout this report, across sectors. Such sentiments offer promise that through a coordinated response, in moving forward, Fort Collins has the opportunity to join over 300 cities around the country with ten year plans to end homelessness.

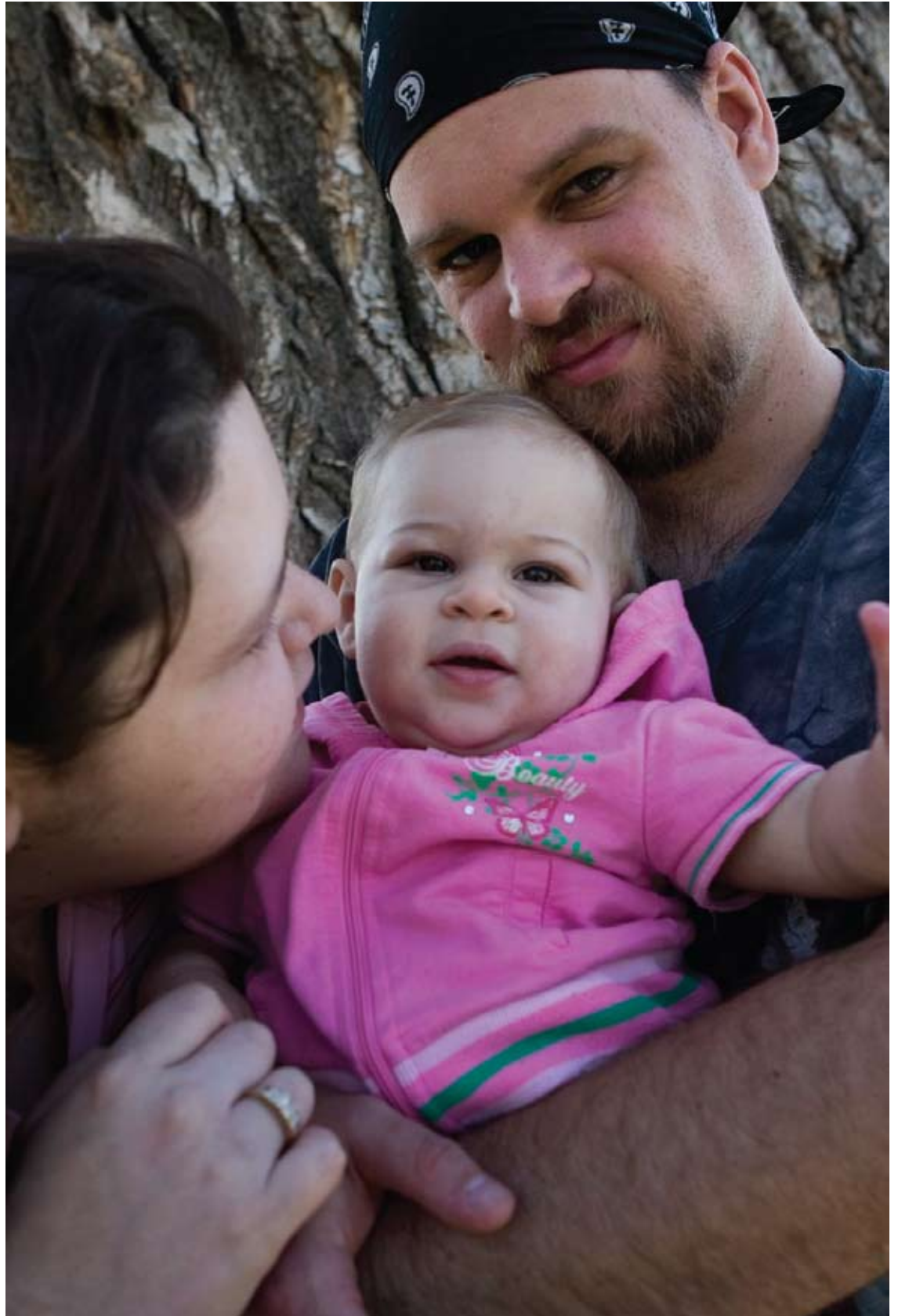
Kevin & Andrea:

Both college graduates, they were kicked out of their Aunt's house in Wyoming after moving there to care for her (the Aunt has cancer). Now just trying to return home to California with their nine-month-old daughter, they have nowhere to go as they try to scrape together enough money for the trip.

Fighting cancer herself, Andrea also cannot get medical care here without a Colorado ID.

“Homeless people are not looking for a handout, they’re looking for a hand up.”

Photo: ©2008 Rich Miller



HOMELESSNESS IN FORT COLLINS

EXECUTIVE SUMMARY: *This section will provide some sense of homelessness both locally, statewide and nationally to offer some context for the homeless problem that Fort Collins confronts. Estimates suggest that there are as many as 2,000 homeless persons in Larimer County with over 500 homeless in Fort Collins alone. This section will also touch on the costs of homelessness and conclude with an abridged overview of the homeless services that are currently online to assist men, women and children in living life off of the streets.*

Fort Collins' rate of homelessness is about twice that of Metro Denver with a population of 250,000 compared with Denver's 2.7 million¹, but only one fifth the homeless population (10,600² in Denver compared to approximately 2,000 in Larimer County)³. Doug Hutchinson is the current mayor. United Way estimates that approximately 80 of these individuals are chronically homeless. The MDHI Point-in-Time survey also indicates that most of these individuals remain in Larimer County, with relatively few migrating to Denver for services⁴.

While the number of people using shelters had declined from 2000-2004 thanks, in large part, to affordable rent initiatives, and other forms of homeless prevention such as mandatory savings⁵, the number of people living in poverty indicates a growing number are becoming homeless⁶. The most notable feature about Larimer County's homeless population is that it is an invisible population. Transitional homeless are far more likely to find temporary shelter including living with others until they can find more housing while the chronically homeless tend to avoid shelters and other places where they can be accounted for and assisted because of requirements such as breathalyzer tests. Rather, they tend to take advantage of college centers for housing such as public libraries and student centers⁷. While concerns about lack of shelter are being addressed, this lack of visibility of the population is still a significant concern when it comes to the shape of Larimer County's homeless problem.

Based on the Colorado Statewide Homeless Count in 2007, homeless families are overwhelmingly represented in Larimer County.

Category of Homeless	Number	Percentage
Total Homeless	556	NA
Number of Households with Children	322	58.9%
Number of Households without Children	225	41.1%
Number of Sheltered Homeless	476	86.9%
Number of Unsheltered Homeless	72	13.1%
Newly Homeless	144	25.9%
Have Been Homeless Before	412	74.1%

Similar to other statewide trends, almost 60% of the homeless in Larimer County are families and over a quarter of the homeless population reports not having access to shelter. It is important to note that these numbers are state calculated and do not include the aggregate domestic violence (DV) numbers, some of which represent Larimer County. This percentage would be higher if the additional 69 persons of DV were included from the survey.

¹ Metro Denver EDC. <http://www.metrodenver.org/demographics-communities/demographics/population.html> Accessed, 2/15/08

² MDHI & United Way. "Homelessness in Metropolitan Denver: Eighth Annual Point-in-Time Study, 2007" p.11

³ The Rocky Mountain Collegian. "Fort Collins' Homeless Brave the Winter" by Tim Maddocks. P.1 <http://media.www.collegian.com/media/storage/paper864/news/2008/02/11/News/Fort-Collins.Homeless.Brave.The.Winter-3200978.shtml>

⁴ MDHI p.33

⁵ Compass of Larimer County, a service of Larimer County Division of Health and Human Services and the United Way of Larimer County. http://www.larimer.org/compass/homeless_cd_housing.htm

⁶ Collegian, p.2

⁷ Collegian, p.2,5

Homelessness in Colorado

While homelessness is a complex and multi-causal issue, on a local level data indicate the rise in numbers is attributed primarily to an undersupply of very low income housing units, lack of income growth for the working poor and a deficit of funding for services directed to the poor and chronically homeless, including medical, mental health and substance abuse services. The issue of homelessness not only has drastic and negative individual and social impacts; from an economic perspective it is costly. Homelessness impacts men, women and children and while single adult males tend to characterize perceptions of the homeless, many cities are being confronted with the fact that a large percentage of their homeless population is families. Family homelessness is difficult to characterize because it tends to be less visible and is often referred as “hidden homelessness”.

Medical, Mental Health & Substance Abuse Needs for Poor and Homeless People

From a health perspective, the Colorado Health Institute estimated that in 2004-05, approximately 17% of persons in Colorado were without health insurance; this translated to 768,000 Coloradans without public or private health insurance. Health care for the poor, elderly and disabled in Colorado is the second largest State budget expense. Homeless people over-utilize emergency room care, accruing costly bills to the public.

Having stable, long term mental health and substance abuse treatment is the only way many chronic homeless can move off the street and stabilize their lives. Colorado has drastically cut funding for mental health and substance abuse treatment, leaving many citizens without service. Treatment slots for inpatient and outpatient substance abuse and mental health programs are in high demand and low supply, particularly in programs that serve those who are dually diagnosed.

A study of the need for publicly funded mental health service in Colorado estimated the prevalence of serious mental disorders among individuals in families under 300% of

federal poverty guidelines. The study concluded 46% of the target population was served in the state mental health system, 15% were served in other public systems and 39% were not served. The 2005 Metro Denver Homeless Initiative (MDHI) Point-In-Time survey collected data from homeless respondents about current medical conditions. Fifty-three percent (53%) of respondents indicated they had a medical, mental health or substance abuse problem.

In terms of costs of homelessness, while it was not possible to conduct a full cost-benefit analysis for the purposes of this report, there is some indicator data that suggests that Fort Collins is among many other cities being impacted by the costs of homelessness. Roger See of Island Grove in Greeley, Colorado estimates that the facility averages one Fort Collins person in detox every day. It costs Island Grove \$185 per client per day. Island Grove spends an estimated \$67,525 per year providing detox services alone to the homeless of Fort Collins. Transportation and other emergency support services, which may be necessary to service this population, only add to the costs.

With respect to incarceration costs, Larimer County Criminal Justice Planning Manager Gary Darling offers some perspective on the impact that this population is having on the adult justice system in Fort Collins. From November 2004 to April 2008, there have been a total of 1,304 bookings for homeless and transient persons. Larimer County tracks the bookings by categories of homeless (from Fort Collins) and transient (traveling from another city).

Total Number of Transient Bookings	540
Total Number of Homeless Bookings	764
Total Number of Inmate Days	42,819

Officer Bud Bredehoft estimates that the cost per day per inmate at approximately \$120. This translates to a cost of \$5,138,280 for incarceration of homeless and transient individuals since 2004.

“...enormous sums of money are already being spent on the chronically homeless... The kind of money it would take to solve the homeless problem could well be less than the kind of money it [would take] to ignore it.”

Malcolm Gladwell, author of “Tipping Point” *New Yorker*, January 2006

Fort Collins Homeless Resource Agency Overview

What follows is a Resource Agency Overview. In putting together this summary, I asked the resource team to conduct an online search to identify what homeless services they could find online. This exercise was intended to offer some perspective to the Homeless Initiative Task Group of what services are appearing online for persons who might be inquiring about where to go for help as a homeless person in Fort Collins. This list is not intended to be exhaustive, but offers a perspective of some of the services that the research team was able to identify via phone calls and online searches from the perspective of a consumer searching for homeless services.

Agency Name & Contact Information	Population Served	Service Provided
A Place for Peace 970.493.1495 www.aplaceforpeace.org	NA	Community support.
Alcohol Counseling & Guidance Services 970.221.3425 Not Listed	NA	Substance abuse education and DUI classes.
CARE Housing, Inc 970.282.7522 www.carehousing.org	Working families; require residents to be working a minimum of 20 hours per week and to have at least one child under the age of 18. They also have income guidelines based on family size and rent is based on 30% of gross monthly income. They also have 10 senior units.	Affordable housing.
Catholic Charities Northern Homeless and Emergency Services 970.493.0141 www.catholiccharities.org	28 single men; 6 women; 7 family rooms (at capacity).	Utilities, food, services, shelter.
Fort Collins Habitat for Humanity 970.488.2602 www.fortcollinshabitat.org	38 houses to date.	Affordable housing.

Agency Name & Contact Information	Population Served	Service Provided
Fort Collins Housing Authority 970.416.2910 www.fchousing.org	Nine different housing programs designed to assist homeless men, women and children with affordable housing options; criteria for housing programs varies.	Affordable housing provider.
Island Grove Regional Treatment Center 970.493.1157 http://www.ci.loveland.co.us/police/LocalTreatment.htm	NA	Domestic violence; substance abuse programs.
Larimer Center for Mental Health 970.494.4300 www.larimercenter.org	NA	Mental health clinic, integrated community support; housing assistance; PATH.
Matthews Street Facility 970.221.4040 jbecker@turningpnt.org	NA	Program for adolescent girls; residential substance abuse programs, mental health services.
Neighbor to Neighbor 970.484.7498 http://www.n2n.org	210 low income housing units; home buyer education and housing counseling.	Housing advice, rental finding assistance, home ownership classes, housing.
Newton Center 970.221.0550 jbecker@turningpnt.org	NA	Program for adolescent boys; residential substance abuse programs, mental health services.
Open Door Mission 970.224.4302 http://odministries.org	451 people overnight per month; up to 65 a night; 2300 meals per month.	Shelter, meals, soup kitchen, fresh start programs, drug and alcohol programs, education assistance; affordable housing.
United Way Larimer County 970.407.7000 www.uwaylc.org	Homeless Prevention Initiative; Severe Weather Shelter	Community funding; partners in homelessness.



BEST PRACTICES

EXECUTIVE SUMMARY: *This section looks at twelve best practices that the Homeless Initiative Task Group might want to take into consideration in their efforts to implement a ten year plan to end homelessness. Carefully tied to the recommendations specific to permanent and transitional housing, shelter, services, outreach, prevention, education and employment, and community awareness and coordinated response, these best practices are grouped accordingly.*

As part of this research effort, the Homeless Initiative Task Group requested an overview of other cities across the country that are involved implementing homeless plans of their own that Fort Collins might be able to learn from. Philip Mangano, Executive Director of the U.S. Interagency Council on Homelessness refers to the sharing of best practices as the “art of legitimate larceny.” What follows is a list of twelve innovations that have been highlighted by the U.S. Interagency Council on Homelessness as model approaches to ending homelessness with effective implementation and proven outcomes.

Permanent & Transitional Housing / Shelter

Best Practice #1	Shifting Policy from Shelter to Housing
Innovator	Framingham, Massachusetts; New York City, New York; Denver Colorado
Innovation	<p>South Middlesex Opportunity Council (SMOC) commits to a conversion strategy for its agency mission and resources with a goal of closing its emergency shelters in two years and transforming its agency-wide policy and practice to housing- focused solutions.</p> <p>Other cities adopting similar innovations:</p> <p>New York City has closed a 1,000 bed shelter by significant increases in housing stock allowing homeless to move out of shelter and into housing.</p> <p>Denver has adopted housing focus such that one bed of shelter costs approximately \$18,000 per year per homeless person to maintain while one unit of housing costs \$15,000 per year per homeless person to maintain.</p>
Benefits & Results	<p>The Common Ground Shelter in Framingham was closed. Homelessness in the MetroWest region has been reduced by 60%. South Middlesex Opportunity Council (SMOC) opened its Housing Resource Center, including three new staff positions funded by the MetroWest Community Healthcare Foundation.</p> <p>Each individual that is referred or walks in for services goes at the new center through an assessment process.</p> <p>1,421 people were assessed through the Resource Center</p> <p>25% were moved directly into housing.</p> <p>22% were diverted from emergency shelter to the most appropriate housing resource.</p> <p>40% were referred for emergency housing placement.</p> <p>At SMOC's new emergency placement program, the average length of stay dropped from 90 days to 30 days. Of those that went into emergency placement, 45% moved into permanent housing, and 20% went to an appropriate treatment facility.</p> <p>SMOC has added 47 units of housing for chronically homeless individuals in MetroWest through additional subsidies from Massachusetts' Home and Healthy for Good program.</p>
Contact Information	<p>To learn more about South Middlesex Opportunity Council (SMOC), visit their web site at www.smoc.org or contact them at: 300 Howard Street, Framingham, MA 01702, Phone: 508- 620-2300</p>

Services

Best Practice #2	Reducing Recidivism and Improving Outcomes
Innovator	Seattle, Washington
Innovation	<p>Jail staff identifies veterans during the booking process, and fliers are also posted in jail units informing veterans of the services available. Project staff research an individual's booking and criminal history and conduct an assessment. The assessment determines eligibility to be enrolled, identifies barriers that have hindered the veteran's reentry previously, highlights assets and skills, projects steps for effective case management, and maximizes awareness of federal, state, and local programs and benefits for veterans and family members. This initial contact concentrates primarily on court advocacy (early release or sentence reduction), securing treatment, and identifying employment, housing, and other services needed on release to the community.</p> <p>Upon release, staff persons assist the veteran with an array of stabilization and other services, such as emergency financial assistance, mental health/trauma counseling, employment and skills training assistance, temporary housing, advocacy, and other referral services.</p> <p>Once stable, the veteran begins work readiness and employment assistance services. When the veteran has secured full-time employment and is ready for independent living, long-term housing is the goal - using any financial assistance to which the veteran is entitled and available housing programs for which the veteran is eligible. Case management at this stage has specific time limits for each veteran to address barriers and meet specific requirements of the case plan in order to help ensure success.</p> <p>Conceptually, this innovation could be applied to "non-veteran" repeat offenders as well.</p>
Benefits & Results	<p>The King County intervention for incarcerated veterans has:</p> <ul style="list-style-type: none"> Reduced the number of episodes and duration of incarcerations by participating veterans. Reduced recidivism of veterans to the jail system. Increased the number of veterans who become employed and secure a stable living environment. <p>King County data for 2006 show that, over the lifetime of the program (1998-2005), there has been an average annual savings to taxpayers of \$550,791. The average annual recidivism rate in the program is 16.6% versus the general recidivism rate for King County of 57.7%.</p>
Contact Information	Learn more about the King County initiative by going to http://www.metrokc.gov/DCHS/CSD/veteran/JailProject.htm

Services

Best Practice #3	Homeless and Mental Health Courts
Innovator	State of Ohio; Denver Colorado
Innovation	<p>Ohio's Mental Health Court - one of the Special Courts in Ohio's Supreme Court "Specialized Docket" - demonstrates political will in partnerships for better outcomes for persons who are homeless with mental health issues and in the criminal justice system. Ohio judicial leaders have created strategic partnerships with state agencies in both the executive and judicial branches, and with local judicial and service agencies seeking to break the cycle of random ricocheting for persons with behavioral health issues and histories of homelessness who are in the court system.</p> <p>Denver's Homeless Court regularly hears cases involving homeless individuals charged with nonviolent, petty crimes. The court holds these offenders accountable for their offenses while expediting judgments and resolutions that avoid disruption in their lives, such as heavy fines and lengthy incarceration that can extend their homelessness. In this way, court participants are able to maintain employment and earn enough money to progress into housing.</p>
Benefits & Results	<p>Individuals who are homeless or at risk and living with mental illness benefit from a collaborative, holistic, and informed strategy to support and stabilize them in the community, monitor progress and compliance, and address barriers and challenges.</p> <p>Judicial partners benefit from having a broader network of choices, resources, and experts who can identify critical partners and expand positive outcomes for individuals, while supporting the court's role.</p> <p>State and local government and service agencies benefit by working together to solve the issues facing their clients, stabilizing individuals, promoting treatment and recovery, and reducing costly recidivism.</p> <p>The community benefits by increasing stabilization for vulnerable and costly individuals. According to Justice Stratton, in Ohio, the mental health program costs taxpayers \$30 a day, versus prison (\$60), a mental hospital (\$450), and a general hospital (\$1,500).</p>
Contact Information	<p>To learn more about the Ohio Specialized Dockets Section, contact the Supreme Court of Ohio: 65 South Front Street, 6th Floor, Columbus, Ohio 43215-3431, Phone: 614-387-9425, E-mail: specdocs@sconet.state.oh.us or visit http://www.sconet.state.oh.us/spec_dockets/default.asp</p> <p>To learn more about the homeless court model in Denver, Colorado, visit www.denversroadhome.org</p>

Outreach

Best Practice #4	Police Outreach Collaboration
Innovator	St. Paul, Minneapolis; Denver, Colorado
Innovation	<p>A police-homeless outreach partnership in St Paul/Ramsey County creates a collaboration between police and street outreach workers for men, women and children experiencing homelessness who have been living on downtown streets, in encampments, and in abandoned buildings.</p> <p>Police in Denver, Colorado also work closely with downtown safety ambassadors to field incoming concerns from persons who live and work downtown to route homeless into services and avoid unnecessary citations and arrests.</p>
Benefits & Results	<p>In St. Paul, 20 men and women living long term on the streets, or in encampments and abandoned buildings have been housed using rental vouchers. All but one remains currently housed.</p> <p>Ramsey County Detox Director Peter Bieri reports a notable decline in the number of repeat visits to detox from the P-HOP effort: “Detox used to be 50% of the same chronics - now it is down to about 15% chronic return. It saves money and it saves people.”</p>
Contact Information	<p>To learn more about Police-Homeless Outreach Program, contact P-HOP Coordinator Bret Byfield at South Metro Human Services: 400 Sibley Street, Suite 500, St. Paul, MN 55101, Phone: 651-291-1979</p> <p>To learn more about Heading Home Ramsey, contact the City and County 10- Year Plan Coordinator, Carol Zierman: Phone: 651-266-8004</p>

Best Practice #5	Mapping the Homeless
Innovator	Chicago, Illinois
Innovation	On-line interactive mapping of current resources and projected realignments during implementation of Chicago’s ten year plan is a city-wide snapshot of the current and future status of more than 300 programs providing prevention and intervention resources.
Benefits & Results	The on-line Mapping Project, funded by the Prince Charitable Trusts, allows selective or comprehensive viewing of permanent supportive housing, permanent housing with short-term supports, Safe Havens, Interim Housing, transitional programs, overnight shelter, supportive services, engagement services, and multi-service programs, by location (citywide or by region), study of special program features, and insight into projected changes during the 1-3 and 3-5 years ahead in plan implementation.
Contact Information	Learn more about the Chicago Alliance to End Homelessness at: 205 W. Wacker, Suite 1321, Chicago, Illinois 60606, Phone: 312-223-9870, Email: info@thechicagoalliance.org or visit http://www.thechicagoalliance.org/map.aspx

Prevention

Best Practice #6	One-Stop-Shop Resource Center
Innovator	Wichita, Kansas
Innovation	Wichita-based Inter-Faith Ministries, a key partner in the Wichita-Sedgwick County, Kansas ten year plan, has partnered with the National Council of Churches USA and the Philadelphia-based public policy technology company Solutions for Progress to build a strong statewide network of free community-based sites - including permanent supported housing and homeless programs - where consumers, including persons who are homeless, can be screened for and submit applications for an expanded variety of mainstream resources that can prevent and end homelessness.
Benefits & Results	Nearly 500 families and individuals have been served since startup just six months ago. As of April 2008, beneficiaries have received \$704,529 creating an economic impact to the state's economy estimated at \$1,111,463. Since Inter-Faith Ministries inaugurated the program six months ago, 17 screening sites throughout Kansas have been established.
Contact Information	To learn more about the Kansas Benefit Bank, visit www.ifmnet.org or contact IFM Director Sam Muyskens at the IFM Program Center, 829 North Market, Wichita, KS 67214-3519, Phone: 316-264-9303 To read more about the Benefit Bank concept, visit www.thebenefitbank.com and www.solutionsforprogress.com

Best Practice #7	Faith Based Partnerships
Innovator	Denver, Colorado; Las Vegas, Nevada
Innovation	Faith communities from the metro area have partnered with Denver's Road Home to help end homelessness. The Family and Seniors Housing Initiative (FSHI) was implemented in 2006 by the Denver Rescue Mission. Under FSHI, faith-based organizations organize mentoring teams, pay the deposit and first month rent to get a homeless family into housing, and provide other non-financial assistance to help the family back on its feet.
Benefits & Results	In the first two years, faith-based organizations mentored 233 homeless families, stepping forward to provide the support that is so vital to achieving, and maintaining, success.
Contact Information	Learn more about the Family and Senior Homeless Initiative by going to the Denver Rescue Mission at www.denverrescuemission.org .

Education & Employment

Best Practice #8	Employment & Veterans Services
Innovator	Western Massachusetts
Innovation	<p>Soldier On, a non-profit in Western Massachusetts, has created an expansive community partnership that offers veterans skills training, employment opportunities - including veteran-owned and managed businesses - community service opportunities, and banking and financial education services. Employment and training resources for veterans through Soldier On are linked to identified market needs and business opportunities in the regional economy of western Massachusetts.</p> <p>Soldier On will break ground this year on an innovative housing opportunity: a 39-unit limited equity cooperative at its Pittsfield, MA site will provide homeownership and housing management opportunities for formerly homeless veterans. In order to achieve this goal, job training, stable employment, and financial education are the cornerstones that every veteran needs to have a chance to be successful.</p>
Benefits & Results	<p>Soldier On reports these employment results in the last year:</p> <ul style="list-style-type: none"> 147 veterans were enrolled into the employment/training program. 47 veterans gained employment and moved into permanent housing. 96 veterans were placed into full-time or part-time employment. 44 veterans were employed for at least 90 days and are still residing at Soldier On. 25 veterans were employed for 180 days or longer and are still residing at Soldier On. Average wage for employment is \$9.55 per hour.
Contact Information	<p>Learn more about Soldier On at their web site: http://www.wesoldieron.org or contact President and CEO John “Jack” Downing or Executive Vice President Steve Como at 413-582-3059.</p>



Community Awareness & Coordinated Response

Best Practice #9	Community Awareness Innovations & Donation Meters
Innovator	Denver, Colorado; Baltimore, Maryland
Innovation	<p>Denver's Donation Meter Program is reducing panhandling and increasing community awareness and support for Denver's Road Home, which prioritized public education and community engagement as a ten year plan goal.</p> <p>Under the Donation Meter Program, parking meters are painted red, redesigned with Denver's Road Home decals, and installed in strategic downtown locations with significant foot traffic and panhandling issues. Coin donations can be made into the meters as a means to engage citizens and redirect money given to panhandlers into local initiatives that provide meals, job training, substance abuse counseling, housing, and other programs.</p> <p>The collections are turned over to the Mile High United Way which is partnered with the city and county of Denver and is the financial steward for Denver's Road Home. The money is distributed to service providers to address gaps in homeless services including housing, employment, prevention efforts, and medical, mental health, and substance abuse treatment.</p>
Benefits & Results	<p>Denver's Road Home benefits from increased visibility in the community and with that has come:</p> <ul style="list-style-type: none"> Greater awareness among citizens of the scope of homelessness in the community and solutions that end homelessness in their community. Greater understanding of the cost effectiveness of the investments being made through the Plan and the results being achieved. More civic engagement through the act of donating. 92% reduction in panhandling. <p>As a result of multiple community awareness efforts, Denver's Road Home was the subject of more than 46 news articles in the second year of the initiative.</p>
Contact Information	<p>To learn more about the Denver Donation Meters Program and other Denver's Road Home initiatives and results, visit www.denversroadhome.org</p> <p>To read about the "Give Your Change to Make A Change" Baltimore effort, visit http://www.godowntownbaltimore.com/publications/press_releases/make_a_change_meters_release.pdf</p>

Community Awareness & Coordinated Response

Best Practice #10	Cost-Benefit Analysis & University Partnerships
Innovator	State of Rhode Island; Seattle, Washington; Denver, Colorado
Innovation	<p>Both cost benefit outcomes and consumer satisfaction of formerly chronically homeless persons are the focus of this university-led evaluation of Housing First Rhode Island initiative with evaluation measures for permanent supported housing pilot recognizing the role of consumer-centric analysis in long-term housing retention and cost effectiveness.</p> <p>Seattle, Washington and Denver, Colorado have also formed innovative university partnerships and focused on identifying cost-savings to support the advancement of their respective ten year plans to end homelessness.</p>
Benefits & Results	<p>While living on the streets the chronically homeless use the most expensive city services. Detox treatment and emergency rooms are among the most costly. Cost benefit analysis and university partnerships provide support communities to advance their ten year plans in the sense that not only is ending homelessness the right thing to do, but it is also the smart thing to do as it relates to the cost savings that can be achieved by moving the homeless off of the streets and into housing.</p>
Contact Information	<p>To read the Executive Summary of “Rhode Island’s Housing First Program: First Year Evaluation”, go to http://www.uwri.org/ArticlePage.cfm?pg=94</p>



Community Awareness & Coordinated Response

Best Practice #11	Regional Collaboration
Innovator	State of Washington
Innovation	<p>Washington's Counties report their results in ending homelessness from County ten year plans to the Washington State Interagency Council for an Annual Report to the Governor and Legislature on progress in ending homelessness in the state.</p> <p>Counties are also required to report progress to the State in areas including both quantified primary performance measures (such as expenditures for housing and services dedicated to reducing homelessness) and plan implementation measures (such as state, federal and local operating and services costs per homeless person served).</p>
Benefits & Results	Washington State's ten year plan, supported by both the Legislative and Executive branches, benefits from the aggregate identification of issues and challenges faced by counties as they develop and implement their ten year plans.
Contact Information	Investment in ten year plans involves both the development of the plans, as well as resources necessary for implementation. To learn more about the Homeless Housing and Assistance Act's targeted resources, which are derived from a document recording fee and split between the state and the counties to invest in 10 Year Plans, visit http://www.cted.wa.gov/site/823/default.aspx

Best Practice #12	Project Homeless Connect
Innovator	San Francisco, California
Innovation	Project Homeless Connect is an innovative event that connects the community to the homeless and the homeless with the services they need in a one-stop setting. The homeless attend this event to find housing, legal aid, medical and dental care, mental health and substance abuse services, obtain identification and birth certificates, obtain employment, and access a variety of other services they need to begin the transition from the streets to housing.
Benefits & Results	Over 150 communities nationwide have hosted a project homeless connect to provide a variety of services in a one-stop-shop setting that would ordinarily take the average homeless person days to access. The event successfully builds community awareness about the homeless by connecting volunteers to the homeless while at the same time assisting the homeless in acquiring tangible services that they can leave with during the day to advance their efforts in transitioning off of the streets.
Contact Information	Learn more about Project Homeless Connect by going to: SF Connect, Inc.; Phone: 415-385-7778; www.sfconnect.org

MODEL CITIES

EXECUTIVE SUMMARY: *In addition to innovative approaches to ending homelessness, the research team identified 21 cities based on model communities identified by the U.S. Interagency Council on Homelessness, geographic diversity, demographic diversity and feedback from the Homeless Initiative Task Group. Included in this section is an overview of 16 different cities across the United States ranging from Los Angeles to Duluth, Minnesota to offer some insight into how other communities are working to respond to homelessness. Also included in this overview are four international cities and some perspective on how each of them is also responding to homelessness in Africa, Europe and Australia. To guide the reader, these cities have been grouped by categories of small, large and international.*

Small & Medium

Asheville, North Carolina

The city of Asheville, North Carolina has a population of 72,789 people (U.S. Census Bureau estimates 2006). The four county Asheville metropolitan areas are estimated to have a population of 398,009. Asheville is led by Mayor Terry M. Bellamy. Mayor Terry M. Bellamy and other officials in Asheville have committed to a ten year plan to end homelessness in their city. The plan is titled “Looking Homeward” and is headed up by The Affordable Housing Coalition.

The plan consists of a “five prong approach” with five main goals that if accomplished will make homelessness nearly obsolete in Asheville. The five goals of “Looking Homeward” are Leading the Way: Designation of a Lead Entity (Affordable Housing Coalition), Developing the Infrastructure: Homeless Management Information System (link all services and gather data needed to monitor progress of implementation), Closing the Front Door: Prevention, Opening the Back Door: Housing First (Providing permanent housing for all homeless), Keeping it Going: Housing Plus (Sustaining long term permanent housing, and establishing self support). This plan shows the incredible partnership that is being formed

between The Affordable Housing Coalition and The City of Asheville. This partnership has resulted in a sustainable and realistic plan to end homelessness in the Asheville area.

<http://www.hbofa.org/partners.htm>

Des Moines, Iowa

Des Moines has a population of 534,200. Under Mayor Frank Cownie, *the city is in the process of drafting a 10-Year plan to end homelessness. Mayor Frank Cownie has been meeting with U.S. Interagency Council on Homelessness Executive Director Philip Mangano as well as other mayors from cities with 10-year plans to discuss best practices for the development of the plan.*⁸

Duluth, Minnesota

Duluth is led by Mayor Don Ness and has a population of 86,215. *The St. Louis County’s Heading Home Plan consists of four major planks: the prevention of new occurrences of homelessness, shortening the length of homelessness through rapid re-housing, expansion of access points to services and housing, and the provision of services to help served individuals maintain housing. Strategies to achieve these goals include:*

- Modifying policies that inadvertently result in increases in homelessness.



- Providing eviction assistance.
- Improving discharge planning to ensure that those transitioning from externally supported living arrangements such as foster care, juvenile corrections, prison, hospitals, or the military are able to find and maintain housing.
- Expanding Direct Prevention Programs that provide services to youth how are at-risk of becoming homeless.
- Re-housing individuals through a Housing First philosophy. This includes development of housing opportunities through the creation of supportive housing units.
- Increasing coordination between different services to ensure that all of a homeless individual's needs are met, if not by the given service, then through referral.
- Coordination of outreach efforts.
- Providing case management to ensure that formerly homeless individuals are able to keep their homes.
- Expanding supports for target homeless populations such as children.
- Building capacity for self support including financial assistance programs and networks of

potential employers.

- Expanding mental and chemical health services.

The plan is monitored by the Heading Home Implementation Team which ensures that the plan is proceeding effectively and will make modifications depending on how the plan is implemented.⁹

Salt Lake City, Utah

Salt Lake City, under Mayor Ralph Becker, has grown to a population of 181,700. Salt Lake City, along with the state of Utah, has a ten year plan broken into two five year components. The overall strategies of the plan include preventing homelessness (eviction assistance, discharge planning), re-housing (includes outreach, permanent supportive housing), supportive services to provide for self-sufficiency, and collection and evaluation of results of the plan. These strategies will be the focus of the first five year plan. The second five year plan will focus on expanding successful strategies, and modifying aspects of the plan that seem to be less successful.¹⁰

⁸ ICH e-newsletter, 06.28.07. "In the cities: At U.S. Conference of Mayors 75th Annual Meeting, Mayors Affirm Partnership with U.S. Interagency council on homelessness as More Cities Partner In the Creation of 10-Year Plans" <http://www.ich.gov/newsletter/archive/06-28-07_e-newsletter.htm>

⁹ "Heading Home St. Louis County: A Ten-Year Plan to End Homelessness" p.16, 27-46

¹⁰ Utah Department of Community and Economic Development. "Utah's Ten-Year Business Plan to End Chronic Homelessness"

Santa Monica, California

Santa Monica has a population of 82,800 and is led by Mayor Richard Bloom. *Santa Monica's ten year plan involves seven major planks to eliminate homelessness.* First is prevention, a strategy that includes the expansion of affordable housing units as well as services to reduce homelessness among vulnerable populations including, the impoverished, those who receive public assistance, and those discharged from foster care, prisons, and public hospitals. Second is expansion of the current capacity to provide housing and services for the homeless. Third is addressing the causes of homelessness including ensuring the provision of living wages, as well as vocational training and placement. Fourth is providing homeless with housing. Fifth is providing services including substance abuse, mental health, health care, and educational services. Sixth is providing specialized treatment based on each specific case. Finally, the seventh plank is to engage community support for services for the homeless.¹¹

Large

Atlanta, Georgia

The city of Atlanta, Georgia has a population of 486,411 and a metropolitan population of 5,138,223 people (U.S. Census Bureau estimates 2006). Between 2000 and 2006 Atlanta was the fastest growing metropolitan area in the nation. The city of Atlanta is led by Mayor Shirley Franklin. Atlanta's Office of Human Services takes care of homeless related issues in the city. Obviously homelessness is not the city's most pressing issue right now because of the water shortage situation/conservation efforts.

The Office of Human Services is unique in that it manages a consortium of private services/organizations that offer public services. Its management results in contracts with such organizations as well as funding from community development block grants, emergency shelter grants, and Housing Opportunities for Persons with AIDS grants. The Office of Human Services also provides programs for at risk populations and moderate income populations. The Office of Human Services provides outreach and referral services to the homeless in Atlanta. Medical Care, food, clothing,

shelter and transportation are also provided.

Also during times of extreme need, The Office of Human Services will manage emergency overflow shelters for the homeless.

Chicago, Illinois

The City of Chicago has a population of 2,833,321 people and is the 3rd largest city in the United States (U.S. Census Bureau estimates 2006). Chicago is currently led by Mayor Richard M. Daley. Chicago currently runs its homeless initiative from its Human Services Department. The Chicago Human Services Department (CDHS) is split into different services/sectors so that broad or narrow and diverse needs in the community are met. There are six walk-in human service centers across the city. Essentially this diversity within the structure Human Services Department has created the unique opportunity for the city of Chicago to attack homelessness with an all encompassing approach.

Chicago Human Services battles hunger within the homeless community by partnering with the Chicago Anti-Hunger Federation by providing fresh fruits and vegetables to shelters around Chicago. They also provide emergency food boxes and infant formula to those families/persons in need throughout the city.

The Homeless Outreach Program brings CDHS to the streets with two mobile clinics. These mobile clinics offer both social and medical services to the homeless. It is stated on the CDHS web site that the first step in housing homeless people is to engage them in the process, "When services are brought directly to homeless people, they are more likely to participate." The CTA outreach program puts workers directly into the transportation system to inform the homeless populations seeking refuge in the train system of the various options available to them. The Homeless Prevention program provides rental assistance programs as well as one month's rental assistance to those who are homeless or at risk of becoming homeless. Within the Homeless Prevention program there is the emergency fund which can help at-risk residents pay for utilities or even rent (the main goal of this fund is to keep people from losing their home). The City of Chicago

¹¹ Economic Roundtable and Institute for the Study of Homelessness and Poverty at the Weingart Center. "10-Year Strategy to End Homelessness" http://64.233.167.104/search?q=cache:q7rWU0pL_d0J:www.bringlahome.org/docs/Strategy_to_End_Homelessness.pdf+%22santa+monica%22+%22plan+to+end+homelessness%22&hl=en&ct=clnk&cd=5&gl=us

¹² US Census Bureau, 2006.

also provides temporary shelter services for the homeless throughout the city. *These temporary shelters are also linked with Head Start programs for the city's homeless children.* These Head Start programs help provide health, social, and educational services to children under the age of five who are homeless.

Dallas, Texas

Dallas has a population of 2,345,800¹² and is led by Mayor Tom Leppert. *Dallas relies on two-pronged approach of prevention and intervention.* Prevention includes connecting populations more at risk of becoming homeless (such as youth aging out of foster care) with affordable housing and access to services designed to afford said housing such as job placement and opportunities for educational advancement.¹³

The intervention component is based upon a

& County of Denver and a mounting increase in public safety concerns. At that time, Mayor Hickenlooper convened a commission to develop and recommend a comprehensive plan seeking to address the root causes of homelessness and bring an end to homelessness for the Denver community. This plan is unique in its approach to not just serve the chronically homeless, but to offer opportunities and hope to all persons living on the street, in shelters or doubled up with friends and family in Denver, with a singular emphasis on persons and families whose incomes are at or below 30% area median income (those most in need and hardest to serve).

Forty-one commissioners and 350 community volunteers conducted a comprehensive research and planning process over the course of 18 months to develop a plan with eight primary goals focused on: Permanent and transitional

“When services are brought directly to homeless people, they are more likely to participate.” Chicago Human Services Department web site

Housing First approach that involves elements of outreach, assessment, and stabilization. The outreach relies upon local agencies connecting with homeless “communities” including shelters and common street sleeping sites at least once per week to help find individuals not currently involved in the plan.

Assessment is client focused, based more on identifying a specific individuals needs rather than collecting data. Finally, once specific emergency needs are identified, emergency needs are addressed through the provision of shelter, food, clothing, medical care, and crisis intervention. With these basic necessities accounted for, homeless are placed under case management to assist them with moving from transitional to permanent housing, getting continued benefits and resources, and integrating back into mainstream society.¹⁴

Denver, Colorado

Denver’s Road Home (www.denversroadhome.org) began in October 2003 in response to an increasing rise in homeless persons in the City

housing; Emergency shelter systems; Prevention; Services; Public Safety and Outreach; Education, Training & Employment; Community Awareness & Coordinated Responses; Zoning, Urban Design & Land Use.

The plan was approved by Denver City Council and Mayor Hickenlooper in 2005 and was implemented in July 2005. For this plan to be successful, it is imperative that the community (public and private sectors, the foundation community, faith-based organizations, service delivery providers, community members and service recipients) own this initiative and continue to mobilize resources in order to achieve the ambitious goals affect systemic change.

From the beginning the citizens of Denver were promised a plan with achievable and sustainable goals with measurable action steps, as well as a plan that emphasizes collaborative efforts and accountability from all people of the Denver community. To this end, national evaluators specializing in research and assessment in the field of homeless issues have agreed to oversee the evaluation. Moreover, Denver is now part of a Model Cities program

¹³ National Alliance to End Homelessness, Media Library. “Texas Youth Transition Centers”. October 12, 2006. < <http://www.naeh.org/content/general/detail/1810>>

¹⁴ “The Dallas Ten-Year Plan: An Action Plan to Identify Goals, Strategies and Methodology to Impact and End Chronic Homelessness.” pp.13-15

funded by the Rockefeller Foundation and the U.S. Interagency Council on Homelessness to study best practices across the nation. Just two years into the initiative, there is evidence that Denver's Road Home is responding with an 11% reduction in overall homelessness and a 36% decrease in chronic homelessness.

Los Angeles, California

The City of Los Angeles has a population of 3.8 million people and is the second largest city in the United States. Currently Antonio Villaraigosa is the Mayor of Los Angeles. *Los Angeles handles its homeless situation pretty much directly through its Housing Department.* Besides privately run shelters and such, The City of Los Angeles relies on the Housing Department to "support safe and livable neighborhoods through the promotion, development and preservation of decent and affordable housing."

The Department of Housing contains an *affordable housing "trust" fund* in which assistance is provided to those who are at risk of becoming homeless. The Department also places a lot of emphasis on safe renting which is very important to the homeless because often times renting is the first step in creating sustainable living situations.

Minneapolis, Minnesota

Minneapolis has a population of 372,811 people (U.S. census Bureau 2005) and is currently led by Mayor R.T. Ryback. The city of Minneapolis and Hennepin County have begun a ten year program to end homelessness in their city/county. It is estimated that there are over 2,877 people homeless on any given night in the Minneapolis/Hennepin country area.

Minneapolis has also been hosting the one-day Project Homeless Connect event which essentially allows the homeless to get much needed services in a one day all encompassing event. Mayor R.T. Ryback is helping spearhead the Heading Home Hennepin which is very similar to Denver's Road Home Plan. The 6 major goals of program consist of Prevention, Outreach, Housing, Improve Service Delivery, Build Self Support, and System Improvements. The entire plan can be **viewed at www.headinghomehennepin.org**.

New Orleans, Louisiana

New Orleans has a population of approximately 300,000¹⁵. *The aftermath of Hurricane Katrina left the city with a much larger homeless population than Mayor Ray Nagin's plan had taken into account.* The city plans to provide homes to all displaced and disabled residents with housing (both supportive and mixed income). The housing would be focused on chronically homeless individuals, individuals with disabilities that increase tendencies to become homeless, and traditionally low wage workers who might not otherwise be able to afford housing.

Supportive housing consists of affordable rental units linked to services including, medical, psychiatric, and vocational. These shelters are typically staffed with employees able to help tenants. The city plans for 10,000 new units to be built based upon projections of various homeless populations. The benefit of these units is that they can be specialized to best suit the needs of a given homeless population.¹⁶ Tax exempt bonds and 3,000 rental vouchers for supportive housing are helping to create this housing stock. Other emergency funds from the state are helping to cover short-term rentals.

Portland, Oregon

The City of Portland has a population of 568,380 people. Portland is currently led by Mayor Tom Potter. Portland has a ten year plan to end homelessness; its first year (2005) tripled the original goal of permanently housing 175 chronically homeless people thus 600 people chronically homeless people were moved into permanent housing. The ten year plan represents a partnership between non profits and other agencies to move the chronically homeless into permanent housing units. The City of Portland has also started to host Project Homeless Connect days which allows the homeless to get much needed services all in one day.

The Ten Year Plan to End Homelessness in Portland has approached homelessness on a number of different fronts. First off a group of permanent housing units were created specifically to provide supportive living for those with disabilities, substance abuse problems, and mental

¹⁵ No formal census done post-Hurricane Katrina. Estimates from the Washington Post.

¹⁶ "Supportive Housing for New Orleans: Welcoming Home People with Disabilities". A collaboration of the Louisiana Housing Finance Agency, Common Ground, UNITY for the Homeless, Technical Assistance Collaborative, and National Alliance to End Homelessness. pp.1-4

illness. This plan has been justified to tax payers because if the homeless are permanently housed rather than being on the streets then they are less likely to need other related services which would represent more costs to the tax payers. Having a home is the first step in shaking dependence on the system and establishing sustainability for those who have been chronically homeless. *The plan also targets homeless youth and those who are at risk of becoming homeless.* Rent assistance funds were also reformed by the plan which in turn allowed the fund to help more families at than ever before, especially in the first year. The plan is also very committed to housing families who are homeless and providing services that will create sustainability. <http://www.portlandonline.com/shared/cfm/image.cfm?id=103921>

San Francisco, California

San Francisco has a population of 744,000¹⁷. Its mayor is Gavin Newsom. *One of the primary components to San Francisco's plan is its Direct Access to Housing (DAH) program.* The program relies on a Housing First model whose goal is, by 2010, to provide the city's 3000 chronically homeless (of the city's 15,000 general homeless population) with housing coupled with on-site services including case management, informational services, medical care, vocational training, and behavioral counseling.¹⁸ The result has been a dramatic in the decrease of hospitalization and reliance on other publicly funded services.¹⁹

Another key aspect of the city's plan is its emphasis on outreach. Every action step in the plan involves an element of outreach, most notably the city's bimonthly event Project Homeless Connect, which helps connect the homeless with the housing and resources mentioned above.²⁰ Other examples include the city's Behavioral Health Court, which helps homeless (and others) with mental illness who would otherwise pass through the criminal justice system connect with treatment.²¹

Seattle, Washington

The City of Seattle has a population of 582,174 people and a metropolitan population of around 3.2 million people (U.S Census Bureau estimates

2006). Seattle is led by Mayor Greg Nickels. Seattle is currently working to end homelessness via a ten year plan.

According to Mayor Greg Nickels: "On any given night in King County, nearly 6,000 people stay in emergency shelters or transitional housing. For too long we have tried to manage homelessness through a system that provided little more than a mattress for the night. To end homelessness, we must find programs that work in reaching those who are the hardest to reach. Programs like Housing First break the cycle of homelessness by offering a safe clean place to call home, and vital services to help stabilize and rebuild lives."

Seattle itself is a major contributor financially to the Committee to End Homelessness. It has also partnered with United Way to help make the Ten Year Plan to End Homelessness a reality. There are also over 125 different organizations that provide services to help the homeless that have endorsed the 10 year plan. Seattle Human Services also provides health and social services to the homeless, as well as emergency shelters. To support its ten year plan, approximately \$41 million dollars has been directed towards ending homelessness in the city as of 2007. This money has come from local, state and federal sources over an unspecified period of time. The Seattle Office of Housing also provides services to the homeless as well as foster sustainability to those who have been moved into permanent housing. Included is a link to the brochure for "A Roof Over Every Bed in King County" (http://cehkc.org/Brochure10_06.pdf).

St. Louis, Missouri

St. Louis has a population 347,200 and is led by Mayor Francis Slay. St. Louis relies on a dual strategy of Housing First and Assertive Community Treatment. Housing First provides homeless individuals with shelter and other necessary services such as identification of and assistance for problems that might affect an individual's ability to maintain home ownership. This is coupled with permanent housing services including access to affordable housing, lease negotiation, and assistance overcoming difficulties that interfere with home ownership such as poor

¹⁷ US Census Bureau, 2006.

¹⁸ "The San Francisco Plan to Abolish Chronic Homelessness", p.27

¹⁹ ICH e-newsletter, 9.09.04. "Innovative Initiatives to End Chronic Homelessness: San Francisco's Direct Access to Housing Initiative Saves Lives and Public Costs." <http://www.usich.gov/newsletter/archive/09-09-04_e-newsletter.htm#article4>

²⁰ ICH e-newsletter, 5.19.05. "Innovative Initiatives: San Francisco Demonstrates Civic Partnership to End Chronic Homelessness." <http://www.usich.gov/newsletter/archive/05-19-05_e-newsletter.htm>

²¹ ICH e-newsletter, 3.24.05. "San Francisco's Behavioral Health Court" <http://www.usich.gov/newsletter/archive/03-24-05_e-newsletter.htm>

²² Ten-Year Plan to End Chronic Homelessness for the City of St. Louis & St. Louis County. pp.37-39

²³ Interagency Council on Homelessness. "Expansive Partnerships Create New Permanent Supportive Housing Opportunities in St. Louis" <http://www.ich.gov/>. Accessed 02/03/08

tenant and credit histories.

Assertive Community Treatment is a mental health service comprised of multi-disciplinary teams that provides homeless who have serious psychiatric problems with case management, therapy, living assistance, substance abuse treatment, legal assistance, and vocational assistance.²² *This plan has been put into action, most notably with the opening of four “safe havens” which provide the homeless with the services mentioned above.* Funding was done with the help of the private sector, faith based charities, and the federal government.²³

Impact of Ten Year Plans

Ten Year Plans are helping to reduce homelessness. As cities, counties, states and other jurisdictions across the country work to develop strategic plans, the U.S. Interagency Council on Homelessness has collected compelling evidence that these efforts are in fact working. The chart at right not only highlights decreases reported around the country but also makes a compelling case that homelessness is not intractable. Strategic and collaborative responses to homelessness are working!

Region	Est. Decrease
Asheville	23%
Atlanta	8%
Augusta	16%
Dallas	43%
Denver	36%
Fort Worth	42%
Gainesville	18%
Madison	38%
Miami	50%
Montgomery	14%
Nashville	21%
New York City	25%
Norfolk	40%
Philadelphia	50%
Portland	70%
Raleigh	11%
Sacramento	4%
San Francisco	38%
Seattle	20%
Shreveport	15%
St. Louis	34%
Tacoma	65%
Tucson	6%
Washington, DC	7%

Sample Impact of Ten Year Plans, Decreases in Chronic Homelessness from Locally Reported Data: US Interagency Council on Homelessness, 2008



International

Dakar, Senegal

Empowerment is one of the more common terms among the innovative non-government organizations involved in working with homeless men, women and children in Senegal. *Efforts via micro-lending and international aid focus on moving away for enabling models of care and are geared more toward interventions designed to assist the homeless in becoming self-sufficient through more sustainable models of development.* “A Way to Move On: Women’s Savings Associations in Dakar” highlights Roscoes, or collectives that are designed to provide short term business loans to women with a focus on increasing their standard of living through produce and handicraft sales.²⁴

London, England

London has developed a comprehensive five year plan in response to those who experience homelessness in their community. Through gaps analysis, the London Homeless Coalition estimates that the shelters in the city alone are serving more than 4,000 homeless persons a year including 625 children. Recommendations for immediate action call for a focus on emergency shelters, prevention services, transitional housing and permanent/stable housing. This homeless plan is guided by measurable goals, objectives and housings and offers both an overview of the homeless population as well as a cost benefit analysis to demonstrate the impact that homelessness has on emergency services.²⁵

Melbourne, Australia

In an effort to develop a one-stop-shop focused on housing and services for the homeless, the Victorian Government will spend \$50 million to assist the homeless men, women and children of the community in living life off of the streets. Through supportive housing, a new facility will be created to provide housing for up to 120 homeless persons such that each unit will have substance abuse, mental health and medical services included.²⁶

Melbourne developed their homeless plan in three stages such that the first phase was intended to offer a profile of the homeless in the city and a gaps analysis of what services are necessary to assist the homeless in living life off of the streets. Through their assessment of homelessness in Melbourne, including a community survey, respondents identified systems failure and lack of coordinated services as primary reasons behind the homeless situation in their community.

The second phase of their plan calls for implementation, via a plan that both creates new resources and is sustainable over time. Implementation calls for increased collaboration and dialogue between the local initiative and state government. The final phase calls for a comprehensive street count to provide ongoing data to assist in ongoing evaluation of the progress of the plan.²⁷

Sauri, Kenya

Sauri is quickly showing progress and potential as life-saving interventions are being introduced into a village and communities are empowered with the means to pull themselves out of poverty. In 2004, Sauri, located in Western Kenya's Siaya District, became the first Millennium Village. Millennium Villages are part of an international effort to transform communities by empowering persons with "proven, powerful, practical technologies."²⁸ The rural community of 5,300 people made a commitment to pulling itself out of poverty, but lacked the means to do so.²⁹

Tiby, Mali

Donkey-pulled carts are a common sight in the dusty roads of Tiby. Villagers use them to bring their goods to local markets which sometimes are up to ten kilometers away. Equally as far are the paved roads where the goods can be transported to larger townships. It is an arduous task for many to sell a cart-load of crops. Such situations raise the importance not only of empowering the community with the right tools to combat poverty but also ensuring that the existing infrastructure (e.g. paved roads) is in place to facilitate such interventions. In the same sense, as Fort Collins moves forward with its planning efforts, it is critical to not only empower the community to own the initiative but also ensure that the infrastructure is in place to execute the plan. For example, as affordable housing comes online, it needs to be near public transportation so the residents can access services and employment opportunities.

²⁴ www.ias.emory.edu

²⁵ http://www.ginsler.com/documents/community_report_london.pdf

²⁶ <http://www.abc.net.au/news/stories/2008/04/24/2226104.htm?site=melbourne>

²⁷ www.melbourne.vic.gov.au

²⁸ www.millenniumpromise.org

²⁹ www.unmillenniumproject.org

JT:

JT lives in his van, trying to find a place to park at night and avoid \$250 tickets for “camping.” With a college degree and money from a government settlement for Native Americans, he hopes to buy a liquor store in town and create some stability. Until then, with his friend Elizabeth they do what they can to get by.

“It’s hard living in here like this, but you got to survive and that’s the hard part.”

Photo: ©2008 Rich Miller



COMMUNITY PERCEPTIONS OF HOMELESSNESS

EXECUTIVE SUMMARY: *To support the Homeless Initiative Task Group in advancing a strategic plan that takes into account the multiple complex variables related to homelessness that exist in the Fort Collins community, this research conducted a public opinion survey involving the public, private and nonprofit sectors to gauge perceptions of homelessness. The results of this project offer a barometer in guiding the committee in their next steps to address homelessness in Fort Collins. This survey approach is important in providing insight for the Homeless Initiative Task Group in terms of what community education must focus on in order to ensure that the public, private and nonprofit sectors are on the same page as it relates to the Fort Collins response to homelessness.*

Survey Design

Fort Collins residents were surveyed about their perceptions of homelessness in Fort Collins via an online survey. The survey asked respondents ten questions pertaining to homelessness in Fort Collins. A total of 454 responses were recorded in the on-line. In addition, qualitative statements were generated by interviewing ten committee members of the Homeless Initiative Task Group of Fort Collins via phone interviews.

Overview of Survey Results

- 77% of respondents felt that homelessness is a moderate to serious problem in Fort Collins
- 54% answered “yes” to having been approached by a homeless person.
- Mental illness and unemployment are identified as the leading causes of homelessness (30% identify mental/health issues as the primary cause of homelessness; 24% attribute homelessness to unemployment).
- 75% of respondents believe that there should be a community-wide response to homelessness.
- 35% of respondents believe that providing more treatment for mental/health issues is the best way to address homelessness.

- 63% of respondents believe that non-profit organizations/charities should be the most responsible for addressing the needs of the homeless.

Survey Research Questions and Objectives

- Do residents view homelessness as problem in Fort Collins?
- What do people in Fort Collins think of homelessness?
 - Are there differences among public, private and nonprofit sectors in terms of how they view homelessness and the approaches they believe should be taken?
 - Are there any gender differences?
- What are the perceived causes of homelessness in Fort Collins?
- Who should be responsible for addressing the homelessness problem in Fort Collins?
- How should Fort Collins address homelessness?
- What services should be available to help the homeless?

Methodology

Fort Collins residents were surveyed about their perceptions of homelessness in Fort Collins via

an online survey. The survey was implemented February 6th and ended on February 15th, 2008. The survey asked 14 questions: ten questions about homelessness in Fort Collins and the four remaining questions about the participants' demographic information pertaining to gender, age, education, and professional sector (a copy of the survey can be found in Appendix A). The survey was piloted with the Homeless Initiative Task Group for feedback regarding questions before a final draft was completed and administered with the public.

An e-mail with the survey was sent out to an initial list of contacts developed via the Homeless Initiative Task Group in the Fort Collins area and the contacts were asked to forward the e-mail to any of their Fort Collins contacts and/or lists. This was a non-probability snowball sampling method. The initial goal was to obtain 150-200 responses; 454 responses were recorded in the on-line survey, far exceeding our goal. It is important to emphasize the fact that this survey is intended to offer a barometer of perception of homelessness in the Fort Collins community. This survey work is intended to provide a foundation for future research to further explore the findings generated from this research to inform a strategic community awareness response in Fort Collins as it relates to homelessness.

In addition, qualitative feedback was generated by interviewing ten committee members of the Homeless Initiative Task Group. These committee members are heading up the efforts to reduce the homelessness problem in Fort Collins and include representatives from across sectors and constituencies. Committee members were interviewed via phone calls and asked a series of nine open-ended questions, in which the group gained qualitative information to supplement and inform the initial survey results. This supplemental information included general feelings and opinions about the homelessness problem in Fort Collins and raised additional questions and insights that had not initially been considered in this preliminary research.

Missing Data

While the total sample was 454, respondents did not answer every question in the survey. As a result, few questions have a full response rate of 454. The sample size (N) is listed under each graph and indicates how many people answered each respective question.

Limitations

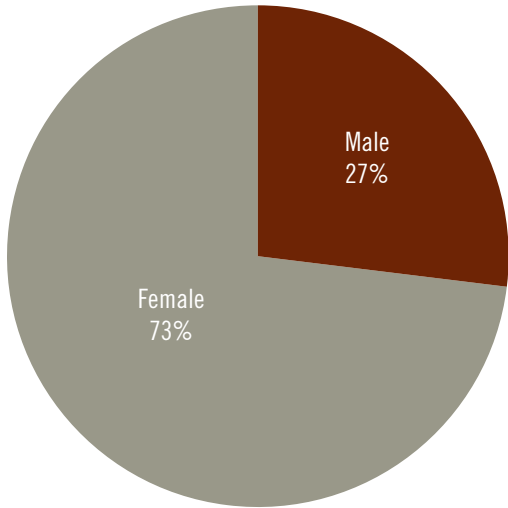
As with any research, there are limitations associated with conducting a survey via snowball sampling. Snowball sampling is an example of non-probability sampling. There is a bias within snowball sampling, because it relies on the initial contacts to refer the survey and produce additional responses from respondents outside of the contact list. This can create a sampling bias, as there may be a greater representation of people from a certain social group, such as more respondents from one business or sector. There may be a lack of equal representation within the respondent sample. Because of this sampling bias, the results discussed in this paper may not be statistically significant and cannot be applied to a larger population; more specifically the results cannot be generalized to the entire population of Fort Collins. These results are intended only to be used to make inferences and gain a basic understanding of community perceptions of homelessness in Fort Collins and would require additional research to be able to make any broader generalizations to the general public.

It is worth noting that this sample is disproportionately female and includes over three times as many female as male respondents. In questions where there was a statistical significance and difference in opinion between men and women, it is possible that the overall results may have been skewed by gender differences. While this may hold true for the other demographics of age, education, and sector, these population sizes were more proportional in response. Furthermore, in reference to the survey, domestic violence as a suggested cause of homelessness was not included. Further investigation of how this cause impacts public opinion may be necessary as Fort Collins advances its community awareness efforts.

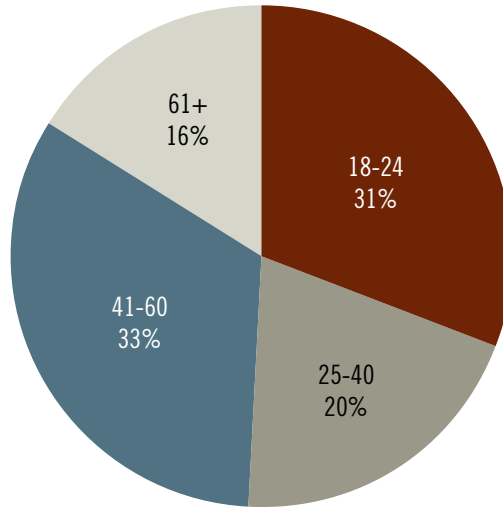
Respondent Demographics

This section provides an overview of gender, age, education level and sector.

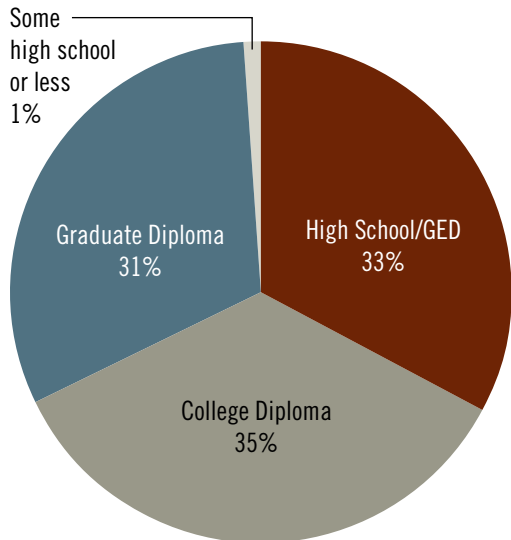
GENDER (N=412)



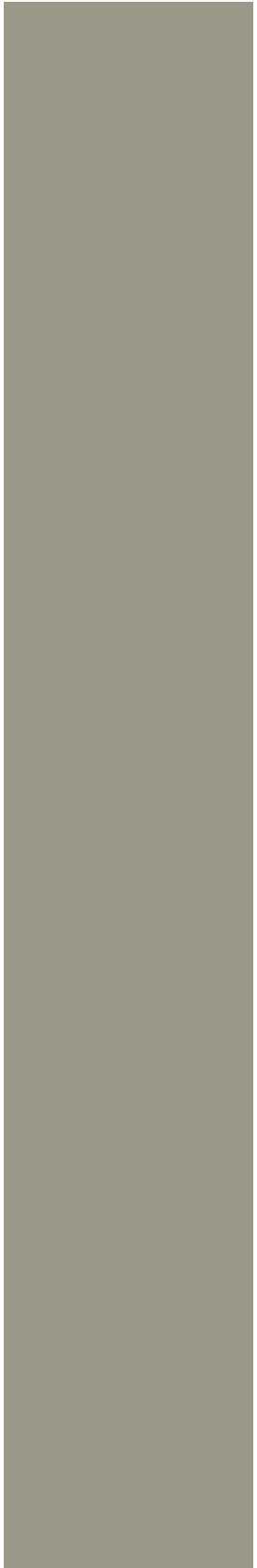
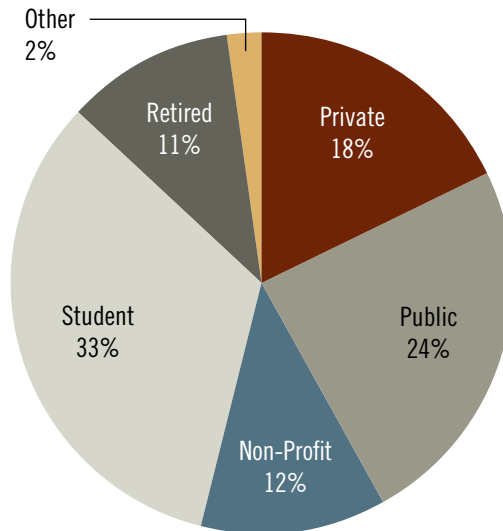
AGE (N=412)



EDUCATION LEVEL (N=409)



RESPONDENTS' SECTOR (N=407)



Data & Results

The following data and results are based on eight leading questions from the online survey (see Appendix A, page 58). These were the questions asked in the survey:

“We should work together to eliminate the homeless situation here.”

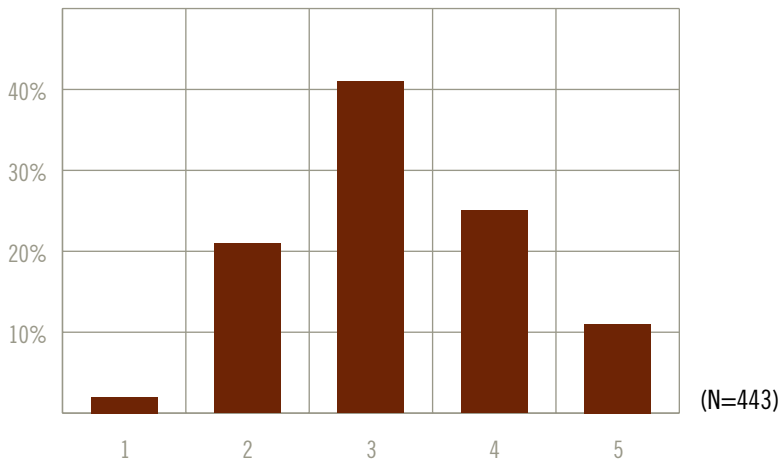
Anonymous Respondent

- I. What is the extent of the homeless problem in Fort Collins?
- II. Have you ever been approached by a homeless person in Fort Collins?
- III. What would you say are the TOP THREE causes of homelessness in Fort Collins? (Followed by an option to indicate an “other” cause of homeless response)
- IV. Should there be a community-wide response to homelessness in Fort Collins?
- V. What do you think are the THREE MOST IMPORTANT ways to address homelessness? (Followed by an option to indicate an “other” way to address homelessness)
- VI. Who do you believe is responsible for addressing and responding to the needs of the homeless?
- VII. Who do you believe is MOST responsible for addressing and responding to the needs of the homeless?
- VII. What characteristics would you use to describe homeless situation in Fort Collins?

I. What is the Extent of the Homelessness Problem in Fort Collins?

A majority of respondents feel that homelessness is a moderate to seriously-moderate problem in Fort Collins. The extent of the homeless problem in Fort Collins was rated a “3” most often by the respondents; 41% of respondents saw the homeless problem in Fort Collins as a “moderate problem”. Most respondents appear to believe that homelessness is some sort of problem and only 2% of respondents rated the extent of the homeless problem as a “1”, or not a problem. This data shows that 98% of respondents believe that there is a problem; 77% of respondents rated the problem as 3 or higher.

Table 1: EXTENT OF HOMELESSNESS PROBLEM IN FORT COLLINS



Older respondents view homelessness as a more severe problem than younger respondents [see Table 2, page 63]. In order to gain a better perspective as to which age groups viewed homelessness as a more serious problem versus not a problem, a cross-tabulation was performed between responses to this question and age of respondents. From this graph, the data suggests that 18-24 year olds are more likely to think homelessness is a less serious of a problem when compared to the responses of the other three age groups. The 18-24 year old age group was more likely than any of the other age groups to rank the extent of the problem as a 1 or 2. The age group 25-40 was the most likely to respond that homelessness is a moderate problem in Fort Collins. Inversely, the older age groups of 41 to 60 and 61 years and older were more likely to respond that homelessness is either a 4 in severity or to answer it is a serious problem (5 in severity).

Men are more likely to respond that homelessness is either not a problem or a problem with a low to moderate severity [see Table 3, page 63]. Women are more likely to respond that homelessness is a moderate problem. In addition to performing a cross-tabulation on age, this report also examines the differences in opinion based on gender. From this graph, the data suggests that men are more likely to respond that homelessness is either not a problem or a problem with a severity of 2 than women. On the contrary, women were more likely to respond that homelessness is a moderate problem. Men and women had an equal probability to respond that homelessness in Fort Collins was either a 4 in severity or a serious problem (rated as 5).

“Hidden and thriving; a tumor that nobody pays attention to because it’s too unimaginable to speak of.”

Anonymous Respondent

“I have worked with them for ten years. I have had good interactions with them.”

Anonymous Respondent

II. Have you ever been approached by a homeless person?

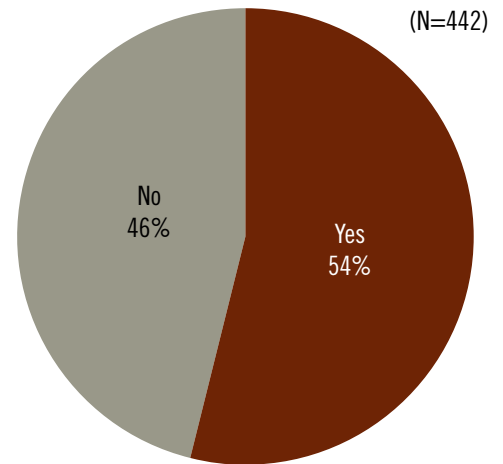
Approximately half of respondents have been approached by a homeless person. Out of 422 people who answered question #2 (Have you ever been approached by a homeless person?), 54% answered “yes” to having been approached by a homeless person, and 46% answered “no”.

It appears that respondents with higher education were more likely to answer “yes” to having been approached by a homeless person, while those with lower education were more likely to answer “no” [see Table 5, page 64].

The age group 25-40 are the most likely to report having been approached by a homeless person with 41-60 year olds the second most likely to report having been approached; the 18-24 year olds are the least likely to report having been approached [see Table 6, page 64].

Not surprisingly, the nonprofit sector is most likely to report being approached by a homeless person. Students were least likely to report being approached [see Table 7, page 65].

Table 4: HAVE YOU EVER BEEN APPROACHED BY A HOMELESS PERSON?



III. What are the main causes of homelessness in Fort Collins?

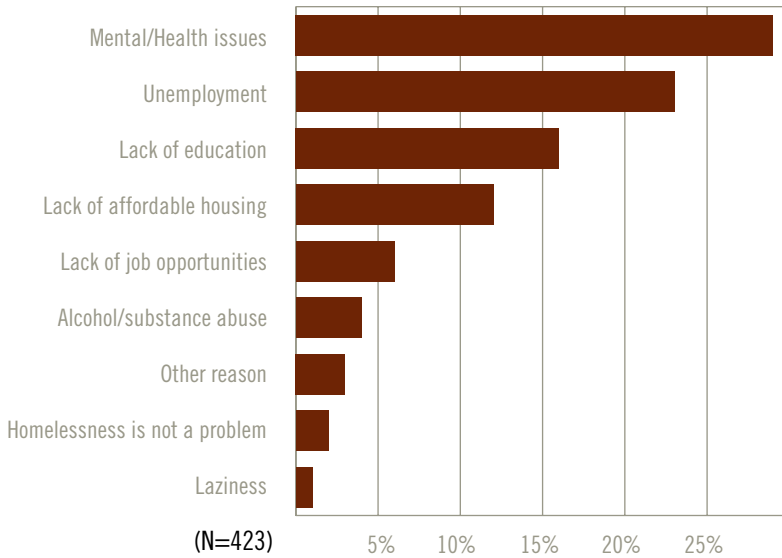
The majority of respondents identified mental health issues and unemployment as the two primary causes of homelessness. Thirty percent of respondents report that homelessness was primarily due to mental/health issues; followed by 24% percent of respondents who reported that unemployment was the leading cause. The remaining 36% of responses indicated other reasons for homelessness. An option was given for respondents who did not believe the primary cause was listed. As a response to “other” cause, some respondents said homelessness was due to a combination of issues. Others identified medical bills and bad credit resulted in homelessness, broken families and displaced children/teenagers as primary causes. Finally, some respondents for some people in Fort Collins, homelessness is a choice.

As highlighted by the Metropolitan Denver Homeless Initiative, lack of affordable housing unemployment, unmet substance abuse and mental health treatment needs are primary causes of homelessness in Colorado.

In comparing these responses with education level of the respondents, survey respondents who had some high school education or less were more likely to believe that homelessness was due to unemployment and mental/health issues. Respondents with a college diploma mostly believed the main cause of homelessness was mental/health issues and substance abuse, while respondents with a college degree believed that

the underlying cause of homelessness was mental/health issues and unemployment. Overall, most respondents in all education levels believed that mental/health issues was a primary cause of homelessness in Fort Collins.

Table 8: PERCEIVED CAUSES OF HOMELESSNESS



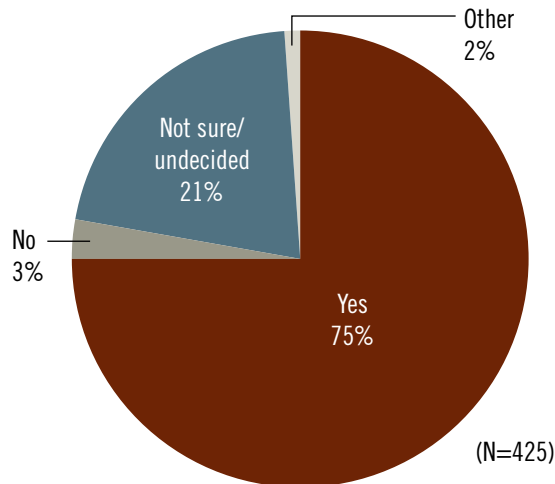
IV. Should there be a community-wide response to homelessness in Fort Collins?

The majority of respondents (75%) to the survey believed that there should be a community-wide response to homelessness in Fort Collins. A very small percentage of respondents (3%) believed that there should not be a community-response to the homelessness problem, while 21% of respondents are not sure.

When comparing responses across sectors regarding a community wide response, the results indicate that non-profit workers and retired persons were the most supportive [see Table 10, page 66]. Respondents most ambivalent to a community wide response were students and/or those who refused to specify what sector of work they fall into. Interestingly, there was a sizable sample of respondents in the “other” sector who had no response to this question.

Females were slightly more open to the idea of a community wide response than males, but only by a small margin [see Table 11, page 66]. While males were more likely to oppose the idea of a community-wide response, it is important to note that less

Table 9: SHOULD THERE BE A COMMUNITY-WIDE RESPONSE TO HOMELESSNESS IN FORT COLLINS?



“A community-wide response would facilitate having the players who need to be there at the table.”

Nancy Banman, CSU School of Social Work

“It is better for the community to arrive at a solution that is going to provide long-term solutions versus managing the homeless while they are in crisis mode.”

Anonymous Respondent

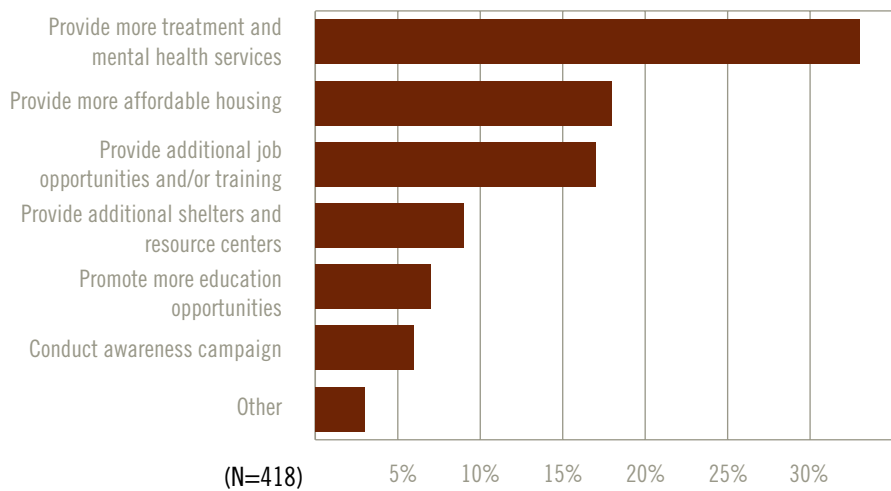
than 10% of males were in opposition. Overall, both men and women seemed to agree that there should be some sort of coordinated effort in place to help the homeless in Fort Collins.

There is some indication that as education level increases, so does the openness to a community wide response [see Table 12, page 67]. From the respondents whose highest level of education was high school to those who had received graduate degrees, there was a 24% increase in those who those who answered in the affirmative to a community wide response.

V. What is the most important way to address homelessness in Fort Collins?

Respondents were asked to rank what they believed to be the top three ways to address the homelessness problem in Fort Collins. Consistent with the responses from Question Three regarding perceived causes of homelessness, it is not surprising that providing more treatment and mental health services was the top ranked option as the most important way to address homelessness. This response was followed in order by a need for more affordable housing and additional job opportunities and/or training for the homeless. Only a small percentage of respondents (.24%) said that nothing should be done to address homelessness in Fort Collins. One of the “other” ways suggested to address homelessness was to provide substance abuse treatment, while a few other responses in the “other” section reported that some homeless people may not want to change.

Table 13: MOST IMPORTANT WAYS TO ADDRESS HOMELESSNESS



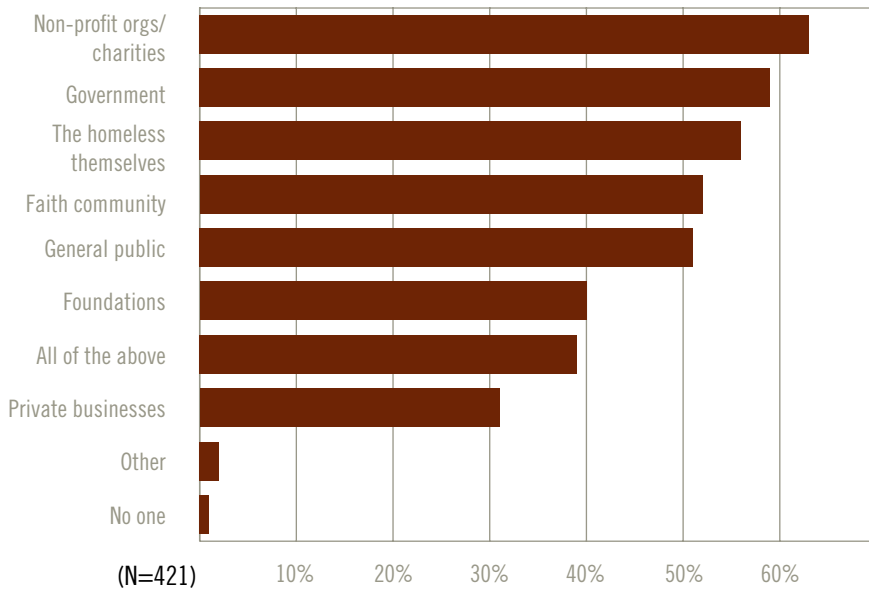
When comparing this response by gender, males were more in favor of more treatment and mental health services as the top way to address homelessness [see Table 14, page 68]. Females were more in favor of providing more affordable housing and additional job opportunities and/or training. Females were more divided in their responses, while males were predominantly in favor of providing more treatment and mental health services. Another interesting and potentially significant finding is that 0% of females (and less than 2% of males) chose “do nothing” as option. Otherwise, males and females were extremely similar in the way that their responses were distributed among the ways to address homelessness.

Respondents aged 61 or older were the most likely to indicate that providing treatment and mental health services was the most important way to address homelessness in Fort Collins [see Table 15, page 68]. In fact, this was the most popular way to address homelessness among all respondents, with the exception of respondents who were 18-24 years of age. The greatest percentage of 18-24 year-olds chose additional job opportunities and/or training as the most important way to address homelessness. Also, the only age group that had respondents who indicated that nothing should be done to address the homelessness problem was 18 to 24 year-olds.

Respondents indicate that non-profit organizations/charities (63%) should be the most responsible for addressing the needs of the homeless. This is followed closely by the government (59%), the homeless themselves (56%), and the faith community (53%). There is also a high percentage advocating for “all of the above” (39%) and a very low percentage for “no one” (1%).

VI. Who is responsible for addressing the needs of the homeless?

Table 16: WHO IS RESPONSIBLE



VII. Who is the most responsible for addressing the needs of the homeless?

Government (35%) was regarded as being the most responsible for addressing the needs of the homeless. This was followed non-profit organizations/charities (16%). The responses from this question follow the question of who is responsible for addressing the needs of the homeless (see Table 16, above). In general, the government and non-profit organizations should be the most responsible for addressing the needs of the homeless.

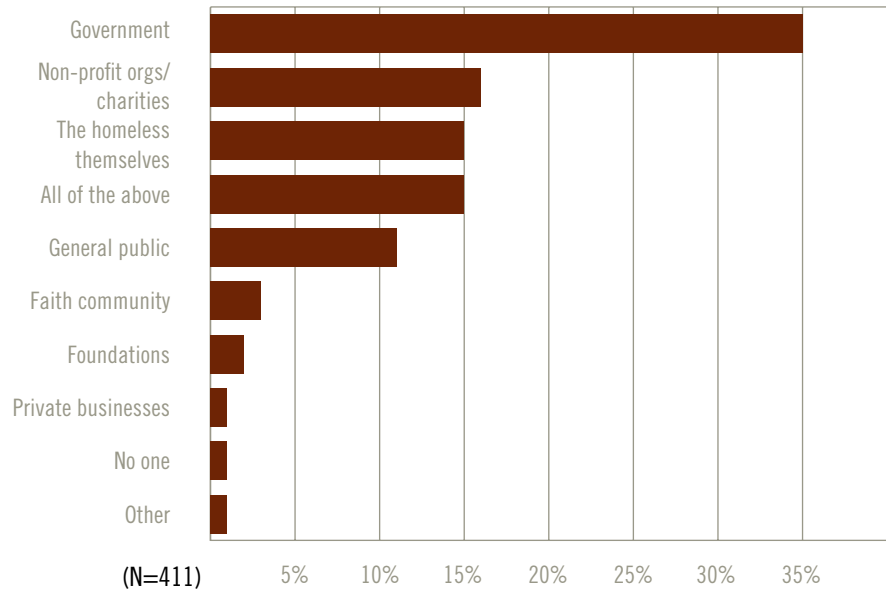
“I think different entities have different critical roles to play.”

Nancy Callan,
Respondent

“The non-profit agencies have really come together, and there are a couple of initiatives going on right now to address poverty as well as homelessness. They are the most close to the situation and can do the best job educating those who are not close to the situation.”

Anonymous Respondent

Table 17: WHO IS MOST RESPONSIBLE



When broken down by sector, government remains the top choice across sectors in the Fort Collins community [see Table 18, page 69].

VIII. Characteristics of the Homeless Situation in Fort Collins

Here, the survey probed for statements regarding the homeless problem in Fort Collins. This open-ended question received a range of responses. Two-thirds of the respondents answered question ten (see Appendix A, page 58), with the majority of responses describing the issue of homelessness as hidden, invisible, or a problem most people are unaware of. One respondent stated the problem is “hidden and thriving; a tumor that nobody really pays attention to because it’s too unimaginable to speak of.” Another respondent spoke of the problem as follows: “The majority of the homeless problem is quite hidden to the public eye.” Another common description of homelessness in Fort Collins is simply “sad.” A respondent characterized the homeless situation in Fort Collins as being “very sad/hopeless/no light at the end of the tunnel.” The majority of participants did not perceive the homeless in a negative light, but as a growing, unavoidable issue. A respondent stated, “Homelessness in Fort Collins is an increasing problem that needs to be dealt with.” Less than one percent of respondents described homelessness as a cause of drug abuse, mental health, or pure laziness.



“If more people are aware of the problem, I think more can be done to help the victims.”

Anonymous Respondent

Photo: ©2008 Rich Miller

SUSTAINABILITY

As part of the best practices data to be collected for this report, the Homeless Initiative Task Group agreed that there was a need to include context not only from communities in the United States but also from the international arena. The research team identified some targeted African communities which have had considerable successes in managing their poverty given poor economic conditions. Mali was one of the countries where heavy investment from non-government organizations has had both successes and failures. The researcher also had the opportunity to spend time connecting with non-government workers and agencies in Senegal, a neighboring sub-Saharan country of Mali.

As result of these efforts, the two weeks worth of experiences in Mali and Senegal not only informed the recommendations of this report, but urged a focus on sustainability that is reinforced by one of the committee members in the interviews that were conducted over the past three months.

**According to Jim Sprout,
“Whatever we come up with needs to be sustainable.”**

The findings from the international component of this research underscore the importance of these remarks and sustainability is very much on the minds of the many aid workers that were encountered as part of this work. The research team cannot underscore enough the importance of building sustainability into every component of “next steps” as the Homeless Initiative Task Group develops a strategic plan. If the task force decides to build more housing, the question that must follow is: “Who will sustain it over time?” If the group creates \$2 million in new mental health, substance abuse and medial services, again, the question remains, who will sustain these services over time. What follows is a piece that was written while in sub-Saharan Mali, on the topic of sustainability:

Journal Entry, March 27, 2008: Sustainability

*So what did I learn here? What will I take back with me that will inform the work that I am doing in Fort Collins? In essence, as we do anything in this world to really impact change it is truly all about sustainability. I am a builder and do not enjoy as much, the day to day management of things, as it is so mundane. But what I realize in the many villages I have visited on this trip and the many non-government organization (NGOs) that I have talked to, is that the building is the easy part. Creating something is a resource issue. To build a school, you need money and materials. Take for instance Greg Mortenson's first school in Pakistan (from *Three Cups of Tea*). Sure, there is blood, sweat and tears that goes into it, but at the end of the day we can build just about anything. Schools. Hospitals. Roads.*

There is ego involved in building. The satisfaction of looking at something tangible and knowing that it exists because of YOU! You build that bridge and now folks can cross it to get to market. In essence the bridge = you. To you goes the glory of the bridge. The credit belongs to you. But many bridges and schools and hospitals have come and gone. So where did they go?

They went away because there is not the same glory in maintaining the bridge. No bridge is every named after the person who fills in the potholes. But in essence, that is what it is all about. What I have overwhelmingly learned on this trip is that there is no "I" in sustainability. The truly brilliant work that is done here may be guided from the outside, but it is owned and orchestrated by those who need it. All of the credit, all of the glory belongs not to those who build it in the first place but those who have the know-how and will to make sure it is around in 20 years. Hannah (an NGO worker) advised me to remove the words "help" and "fix" from my vocabulary. Furthermore, in doing good NGO work, she said the question is all wrong. It is not "Is this a problem for me and therefore we should fix it?" but rather, "Is this a problem for the community and how can I be a part of what they need to do to fix it?"

Lack of food. Now that is a problem. What can I do to be part of creating a better food supply chain? I can teach the community to harvest. I can work with the community to navigate obstacles and bureaucracies. If I merely help them get food, I have done a good thing and can be happy that they will eat for a day. But if I really want to impact change, there is a different way to go about this. It means that the work that I do may not be credited to me and it requires much more mundane, day to day work, to get the job done. At the end of the day, what I have realized on this trip is (1) that we are not working together enough because we are too worried about who gets the credit for what is built, and (2) the kind of work we are doing is defined by how credit is bestowed.

What I am taking back to Fort Collins is that as they build their homeless plan, it is critical that everyone involved and impacted must be at the table and everyone at the table must be talking to one another. More importantly, with everything we do, the question must be not who will build it but who will own it and maintain it? That... is sustainability. It all goes back to Harry Truman who said, "It is amazing what you can accomplish if you do not care who gets the credit."

BE CAREFUL

• THOUGHTS
become OUR

• WORDS
become OUR

• ACTIONS
become OUR

• HABITS
become OUR

• CHARACTER
becomes OUR

• DESTINY

RECOMMENDATIONS

EXECUTIVE SUMMARY: *Data collection and interviews involving over 500 members of the community led to a series of recommendations put forth to the Homeless Initiative Task Group for consideration in addressing gaps in services for the homeless specific to permanent and transitional housing; shelter, services; outreach, prevention, education and employment, and community awareness and coordinated response. This section goes into detail regarding each topic and then concludes with a series of unanswered questions and ten final recommendations that the Homeless Initiative Task Group will need to consider in the development of their plan to respond to homelessness in Fort Collins.*

This report was intended to assemble information about homelessness in Fort Collins, best practices from around the country, community perceptions of homelessness, and an international perspective on sustainability to render meaningful recommendations to the Homeless Initiative Task Group in terms of next steps in their coordinate response to ending homelessness as they know it in Fort Collins.

These recommendations are based on taking into account all existing resources in the community. Assuming that there is a comprehensive plan to incorporate all of the existing housing, shelter, case management services and prevention resources for the homeless, where do the remaining gaps exist? It is important in moving forward that Fort Collins and the Homeless Initiative Task Group acknowledge where its strengths exist. For example, how will the Sister Mary Alice Murphy Center for Hope interface with the Catholic Charities shelter and the Open Door Mission to streamline referrals and services and ensure that resources are spent as cost effectively and strategically as possible? Once all existing services are taken into account, what gaps must be filled to develop a comprehensive plan to end homelessness in Fort Collins? As Gordon Thibedeau, President of the United Way of Larimer County states, “A lot is going on. A lot

is happening. We need to ensure that there is a good exchange of information. How do we pull all of these things together?”

This section will identify core areas where action is required to advance the work of the Homeless Initiative Task Group and will end with a set of ten specific recommendations to assist this body in moving forward to next steps. This section will also identify questions that must be answered in order for this process to move forward.

Permanent and Transitional Housing

There is an undeniable need for additional housing. Across interviews, it is clear that in order to fully respond to the homeless in Fort Collins there is a need to develop additional affordable housing units for single adults as well as families. To answer the question of how many units of housing is necessary depends on what approach the Homeless Initiative Task Group takes to defining a regional approach. There is a range of numbers estimating how many homeless persons there are in Larimer County.

The Larimer County Survey Data Fact Sheet estimates the number at 556 while the Rocky Mountain Collegian suggest that there are as many as 2,000 homeless men, women and children; almost 60 percent of these respondents were families. It is important to note that the

data from the Larimer County Data Fact Sheet is based on a 24-hour point-in-time count and stands as a good indicator for sampling but is not necessarily an accurate representation of the entire homeless population. The volume of housing that Fort Collins must develop depends largely on the data in which the committee draws from. Another challenge is the “hidden homeless”; a population frequently referenced in the research for this project and a slice of the homeless that can be very difficult to count. Accordingly to Heather Meyer, “Most of our homeless is a hidden population” which would suggest that the 556 homeless counted in the Larimer County Survey is significantly undercounted. Meyer adds that data from public schools alone reinforces that this number is a conservative estimate.

In assessing the affordable housing situation for the homeless, it is recommended that the task group very specifically define how many units of affordable housing must be developed for those with the least amount of resources (0-30% area median income) and what efforts will go into place to work with the Fort Collins Housing Authority and the federal government to accomplish this objective. Ultimately, it is recommended that the task group, using an agreed upon data source (or sources), determine the number of affordable housing units as follows that must be developed over the next decade to ensure that every man, woman and child has a place to live:

- a. How many units of affordable housing must be created via new construction, expansion of rental subsidies or acquisition and rehabilitation of existing units?
- b. How many units of permanent supportive housing must be created for the chronic homeless?
- c. How many transitional housing units with intensive supportive services must be created for the episodically homeless?
- d. How many of these units must be set aside for family homelessness and what size(s) of units must be created to accommodate these families?

Furthermore, as a pilot Housing First project comes on-line, what role will this model play in the Fort Collins community? The mission of Housing First is to first get the homeless off

of the streets and into homes, and then to offer treatment and other case management related services to support them in maintaining their new living situations. Other housing programs have conditions and requirements for admitting people, but Housing First believes that it is better to first take people in without any questions, and once they are stable, engage them in issues related to mental health and substance abuse treatment, existing medical conditions, employment and other case management related matters. Given the success of Housing First in other communities, the task group will need to determine whether to further implement this model of housing into the community and how to engage Housing and Urban Development resources to support implementation of such a housing model.

A Note About Housing First

In December 2006, The Colorado Coalition for the Homeless finished a two year study that tracked people who entered the city’s Housing First program. Under the program, the most hard-core homeless people were placed in housing and immediately steered into treatment for mental illness and substance abuse. Most of those tracked for the study had lived on the streets for years.

The study showed:

- **Cost Savings from Reduced Use of Emergency Services:** Those who entered the program experienced dramatic declines in visits to hospitals, detox facilities and jail. The homeless people surveyed had run up an average tab of \$43,239 in costs for emergency services in the two years before entering the program. That number dropped to \$11,694 after they were housed. That is an average savings of \$31,545 per participant.
- **The Costs of Housing and Services:** It costs an average of \$26,800 per person per year to provide housing and services under Housing First. (When living on the streets, participants had a \$0 cost of housing.)
- **Net Savings:** Added together (the -\$31,545 in cost savings and the \$26,800 in housing and services), Denver has a net savings of \$4,745 per person per year when chronically homeless people are moved into housing and treatment.



This will likely save the city more than \$1.5 million a year.

As Heather Meyer stated, in order to leverage additional federal dollars, the approach has to be “greater than Fort Collins; it needs to be a regional effort.” Housing First gives the homeless the opportunity of achieving a normal life. A Homeless Initiative Task Group committee member stated about Housing First: “Success rates are overwhelming. The community would benefit because people would be off the streets, and it would be less of a public problem.”

Again, it is important to reiterate that while Housing First has a proven track record of both effective outcomes and cost-savings, the task group must determine whether to adopt this model into a Fort Collins homeless plan. The Homeless Initiative Task Group will also need to determine what other housing models must be implemented to ensure that every homeless man, woman and child has an alternative to the streets.

Shelter

In addition to affordable housing, another

recurring theme in the interviews had to do with daytime and nightly shelter. At present, outside of Catholic Charities and Open Door Mission, there is a significant gap in the access that the homeless have to daytime and overnight services. The emergency cold weather shelter in Fort Collins is only available during severe weather, and more recently may cease to exist due to funding issues, and as Sister Mary Alice Murphy observes, there is “no place for them during the day.” Julie Brewen, Executive Director of the Fort Collins Housing Authority, agrees and points out that “there still remains a severe weather gap.”

Gordon Thibedeau at the Larimer County United Way acknowledges this gap but is also concerned about the lack of options for overnight shelter for persons who are homeless. The cold weather shelter offers only options for the homeless during the day and at the time of this report has not funding support at all to continue. Thibedeau argues that “there is no place for them to be; every single person should have the option to be safe.”

On this note, it is recommended that the task

group assess how many units of day shelter and night shelter are needed and that in working collaboratively with existing agencies (Catholic Charities, Open Door Mission, and Sister Mary Alice Murphy Center for Hope) and temporary

specific to Fort Collins and that this resolution is coupled with a plan to ensure that all homeless persons accessing detox have access to mental health and substance abuse treatment services that will allow them to transition into affordable

Denver found that it costs \$18,000 per year to maintain a bed of shelter compared to \$15,000 a year to provide housing and services to a homeless person.

shelter plan be instated to ensure that every homeless man, woman and child has the option of a place to go 24 hours a day. Because the creation of shelter is an expensive endeavor (Denver found that it costs \$18,000 per year to maintain a bed of shelter compared to \$15,000 a year to provided housing and services to a homeless person), it is recommended that these shelter options be expanded, if possible, through existing community agencies until enough affordable housing can be created where the need for day and overnight shelter is not as significant.

Services

Consistent with the policies in place with other homeless programs across the country as well as the perceived need that exists in Fort Collins, it is recommended that the homeless initiative adopt a policy that every unit of housing for the homeless that is developed is attached to medical, mental health and substance abuse services. This will involved both the creation and expansion of existing services as well as a coordinated effort to ensure that as many homeless persons as possible are signed up and have access to benefits that they are eligible to receive (Medicaid, food stamps, Temporary Assistance to Needy Families, etc.).

The most recurring theme in the service delivery area was the need for detox services. At present, persons requiring detox must either be transported to the Poudre Valley Hospital Emergency or to Island Grove Regional Treatment Center in Greeley, Colorado. As discussed in the Fort Collins overview of homelessness, both services are costly. It is recommended that the committee determine what detox needs exist

housing, subsequently decreasing their emergency room use and ultimately their costs to the community.

It is important to note that some of this work appears to be underway in combining services with housing. According to Julie Brewen, “Fort Collins has a really strong community partnership” when it comes mental health and substance abuse services. “They have made huge changes to mental health and substance abuse services.” Brewen reiterates the idea of working from the resources that already exist and recommends expanding on what is currently being done as it relates to the community partnerships that are in place in the substance abuse and mental health arenas. Again, in reference to the Murphy Center opening, Brewen stated, “we really need to get a handle on where the gaps are with the chronically homeless.”

A Note About Detox, Treatment and Cost Savings in Denver

Denver CARES is Denver Health’s addiction rehab and detox facility that provides treatment and services to public inebriates. The information below is from Denver CARES 2007 3rd Quarter Report, published December 2007, and reflects outcomes of CHaRT, a substance abuse treatment program managed by Arapahoe House.

- Treatment: 25 homeless people who were the highest users of Denver CARES logged a cumulative total of 2,657 admissions, an average of over 100 nights.
- Cost per night of Detox: \$275
- After one year in housing, there was a 79.6% reduction in admissions to a cumulative total of 541 admissions in a year.

- 9 of 11 clients (91%) who were in the Housing phase of the program at the end of the second quarter remain in Housing at the end of the third quarter.

Housing and treatment programs are cost-effective.

- Among the 82 Denver CARES detox clients who participated in treatment for one full year, admissions dropped by 76%. {Admissions fell from 3,701 to 899 after clients completed one year in the program.} Based on the average cost per admission this represents a savings of over a half million dollars (\$510,566) that would have otherwise been expended on detox services.
- A recent two-year study by the Colorado Coalition for the Homeless showed Denver has a net savings of \$4,745 per person per year by moving chronically homeless people into housing and treatment. That means the city is likely to save over \$1.5 million a year. (This number represents the cost savings realized by a reduced use of emergency services plus the cost of providing housing.)

Costs savings must be reinvested.

- Cost savings demonstrate Denver’s Road Home is working, yet we have a long way to go before homelessness is ended in Denver. Last year, Denver still had over 3,900 homeless men, women and children.
- Cost savings must continue to be reinvested

have adequate detox.”

Outreach

Officer Bud Bredehoft has worked in law enforcement for 30 years and is known throughout the community as a friend of the homeless. In 2000, a problem oriented policing unit was established to move away from what Officer Bredehoft refers to as “reactive policing.” Officer Bredehoft reiterates his concerns regarding the hidden homeless and high costs involved in delivering emergency services to the homeless rather than connecting them with services that will assist them in living life off of the streets. He estimates that each year there are approximately 350 documented calls to the Fort Collins Police Department for assistance with the homeless.

While Officer Bredehoft acknowledges that the health district has made an impact on how services are delivered, it is clear that there is a need for a more coordinated response involving outreach workers and the police department to deliver services to the homeless as strategically and cost effectively as possible. “You need outreach, you need police, you need psychiatric support and you need a facility to work from,” according to Officer Bredehoft. Consistent with other models around the country, he recommends two officers be assigned to homeless related issues to collaborate with outreach workers involved with homeless agencies to more effectively coordinate

“...there is a conservative element to policing; for the good of policing, we need to change our attitudes.”

Officer Bud Bredehoft, Fort Collins Police Department

into housing and treatment services if the number of homeless in Denver is to continue dropping. {Two years into Denver’s Road Home, overall homelessness fell by 11% and chronic homelessness dropped by 36%.}

As Darin Atteberry, City Manager for Fort Collins, states, “We do have a homeless issue in our community and it is impacting our emergency services.” Furthermore, he agrees that “We do not

services. According to Officer Bredehoft, “there is a conservative element to policing; for the good of policing, we need to change our attitudes.”

Gordon Thibedeau of the Larimer County United Way acknowledges that the 211 resource number could be tied into how the community coordinates services for the homeless and is an untapped resource that should be on the table for further consideration. City Manager Darin Atteberry agrees and argues that Fort Collins

Stephanie & Christopher:

Even as a married couple they cannot stay together at night in the shelter because they don't have kids with them.

They do have kids, but due to unspoken circumstances had to give them up for adoption. Pictures on a laptop are their only connection to the family they once had.

Now both attending school, they're trying to move forward from a shelter given the lack of affordable housing options.



needs to be “more efficient, more proactive and less reactive” in its response to homelessness.

Community testimonials coupled with working models around the country leads to the recommendation that Fort Collins develop an outreach strategy that generates resources for outreach workers to work in partnership with assigned police officers and mental health providers to connect with the homeless and network them into services to assist them in transitioning off of the streets. These outreach workers would develop a centralized dispatch number (e.g. 211) in which to field calls and respond to community concerns as they are related to the homeless to decrease the need for emergency police responses and the costs associated with unnecessary arrest and incarceration.

Prevention

Coupled with outreach is the need to fortify prevention services. This is in direct response to the “hidden homeless” of Fort Collins. As Sister Mary Alice Murphy points out, there is not

enough resources available for prevention: “We wait until it is a crisis and then come to rescue it.” While the Homeless Prevention Program and Neighbor to Neighbor are working to provide eviction assistance there is not enough happening to assist what City Manager Darin Atteberry refers to as the “near homeless”.

Again, how prevention is expanded must be carefully addressed given existing resources. Outreach and existing service providers can provide an invaluable base in which to administer these important resources. The task group might also consider adoption of the Project Homeless Connect model.

A Note About Project Homeless Connect

In Denver, Project Homeless Connect is a bi-annual event that connects homeless individuals with the services they need in a one-stop setting. Those in need come to find housing, legal aid, medical and dental care, obtain IDs and birth certificates, obtain employment, and access a variety of other services they desperately need to get off the streets.

Photo: ©2008 Rich Miller

In October 2006, Denver's Road Home hosted Project Homeless Connect Three sponsored entirely by Comcast. Comcast organized more than 500 Comcast employees, family members and friends to team up one on one with the homeless citizens to help these individuals move toward self-sufficiency. Together, we served more than 600 homeless people.

In April 2007, University of Denver hosted Project Homeless Connect Four. Nearly 1,000 students, faculty and staff helped more than 500 homeless individuals receive support and services. DU was the first university in the nation to host a Project Homeless Connect.

At Project Homeless Connect Five, hosted by the Broncos Wives at INVESCO Field at Mile High, Denver's Road Home had its largest turn out to date with over 800 homeless persons showing up to access services. Over the course of the day:

- 409 people received employment services, and local employers conducted 181 job interviews/
- 565 people received healthcare services, including 132 flu shots provided by Regis University's Rueckert Hartman College for Health Professions.
- 265 people connected with housing programs.

According to Jamie Van Leeuwen from Denver's Road Home: "Having these services in one location is key to helping people overcome basic hurdles. Sometimes, this event provides all that is needed to return someone to an independent and productive life."

Denver has held five Project Homeless Connect events since the program's inception. The inaugural Project Homeless Connect Denver was held on Dec. 8, 2005. Events have been hosted by the Denver Metro Convention and Visitors Bureau, Denver Human Services, the University of Denver, and the Broncos Wives at INVESCO Field at Mile High. Denver Mayor John Hickenlooper comments: "Project Homeless Connect is a remarkable event that connects people with the services they need to get off the streets and into lives of stability and self sufficiency." Project Homeless Connect Six will take place again at the University of Denver on May 9th, 2008. To date, Project Homeless

Connect in Denver has connected over 2,400 homeless with over 3,000 volunteers in the City and County of Denver.

Employment & Education

While it did not come up in the qualitative issues, the community did identify unemployment as one of the primary causes behind homelessness. It is recommended, consistent with best practices around the country, that every housing unit and prevention intervention be coupled with employment support. Housing cannot be subsidized or maintained by the homeless residents with out the training, education and opportunities linked to employment. Furthermore, a family or single parent at risk of losing their apartment due to inability to pay their rent because of a loss of a job will only benefit from eviction assistance if they also receive employment support (and other necessary services) so that they can return to the work force. On that note, this blueprint recommends that employment and education be folded into any plan that advances on homelessness for Fort Collins and is specifically tied into housing and prevention services.

Community Awareness & Coordinated Response

Through the survey work conducted, a majority of the respondents in Fort Collins believe that homelessness is a problem and that it needs to be addressed, but they also indicate that it is a problem not a lot of people are aware of enough to take action. To better address this problem, it is necessary for the public to recognize homelessness as an issue and to also understand who the homeless are in Fort Collins. Many respondents have indicated that people are unaware of some of the people that are suffering through homelessness, especially single parent families and children. Daniel Covey, a member of the Homeless Initiative Task Group, underscores the importance of using community awareness to first and foremost underscore that responding to homelessness in Fort Collins is the right thing to do; that it is unacceptable that each night hundreds of men, women and children have no place call home. According to Daniel, "bringing it

home is so important.”

Through conversations with Vineyard, Timberline and Resurrection churches it is clear that (1) the faith communities are interested in becoming more connected with the work that is happening in the community as it relates to homelessness, and (2) more education and outreach must be done to identify what role the faith community can play in working with the homeless providers to address existing gaps that exist in homeless services. It is important to also acknowledge, as Sister Mary Alice Murphy points out, the “immense work that the mainstream churches have done for years; especially the churches that belong to Interfaith.” Here, the Homeless Initiative Task Group has an opportunity to build on the work that has already been done while at the same time engaging new communities of faith such as Vineyard, Timberline and Resurrection to ensure a more integrated community response to homelessness.

Community awareness facilitates broad-based support and resource development to advance the recommendations outlined in this blueprint. Such an effort can also reach out to the “hidden homeless” in the community to ensure that persons living in Fort Collins are aware of the resources they have access to that might facilitate them in living life off of the streets. Such awareness may come in the form of print and television media, grass roots efforts, web site development and ongoing presence at a variety of community events. City Manager Darin Atteberry comments that “people are shocked with how many of our homeless are children” and underscores the need to “make people aware of who the homeless are.”

Unanswered Questions

- Does the Homeless Initiative Task Group see value, based on this blueprint, to pursue the development and implementation of a plan to end homelessness?
- How will this homeless plan for Fort Collins include/involve the surrounding communities (if at all) of Northern Colorado?
- What source(s) of data will the task group use to estimate numbers of homeless and need

to develop measurable goals, objectives and outcomes for a plan to end homelessness?

- Is there a need for a more detailed count of the homeless in Fort Collins and/or Larimer County to inform these numbers?
- Who will take the lead in developing and guiding this planning process?
- What political will can help to drive such an initiative?
- What role can the faith community play in the development of this plan?
- What role will the Homeless Initiative Task Group play in the development of this plan?
- Is there a need for a Homeless Commission to be appointed to advance this process and ensure members representing a broad range of constituencies are involved in the planning process?
- What role should the homeless play in this discussion?
- What efforts, in addition to existing data, must be in place to reach out to the “hidden homeless” of Fort Collins via community awareness initiatives?

TEN RECOMMENDATIONS

Based on this concluding section of this blueprint, it is recommended, depending on how the Homeless Initiative Task Group answers the preceding questions, that this decision making body move forward with the following specific recommendations to facilitate the development of a comprehensive plan to end homelessness in Fort Collins.

- 1** Hire/appoint a project manager to guide the development and implementation of a plan to end homelessness to create a written document with measurable goals, objectives and outcomes that will assist the Fort Collins community in ending homelessness as it exists.
- 2** Determine how many new units of permanent and supportive housing must be developed to respond to the needs of every homeless man, woman and child in the community. Ensure that every unit created is connected with mental health, substance abuse, medical and employment services.
- 3** Determine how many units of daytime and overnight shelter are necessary to ensure that every man, woman and child has a place to go 24-hours a day. Address these shelter gaps through temporary means until enough affordable housing can be developed such that persons begin moving out of shelters and into homes.
- 4** Develop a coordinated plan with Poudre Valley Hospital, the Health District, Island Grove Regional Treatment Center, homeless providers and the Fort Collins Police Department to address existing gaps in detox to decrease costs and connect homeless coming of detox into services.
- 5** Expand and coordinate outreach services and fund additional police services to work collaboratively in connecting the homeless with services and reducing unnecessary use of expensive emergency and jail services.
- 6** Create/identify a centralized dispatch number where the homeless and members of the community can call to identify existing resources available for the homeless and to find out how to help the homeless as volunteers or donors.
- 7** Expand prevention services to reach out to the “hidden homeless” in Fort Collins and ensure that every person or family facing homelessness can access resources that will prevent them from becoming homeless in the first place. Other services must accompany prevention services as necessary (e.g. employment, treatment). Such expansion might offer a way for the faith communities to become more involved with the initiative.
- 8** Conduct a Project Homeless Connect to connect the homeless in the community with services and to connect the community with the faces of the homeless.
- 9** Coordinate a comprehensive community awareness initiative to educate the community about homelessness in Fort Collins.
- 10** Develop a fundraising plan that integrates support from the government, private sector, individuals and foundations to address the gaps that have been identified in the homeless plan. This effort will engage federal entities such as the U.S. Interagency Council on Homelessness to help advance the efforts of Fort Collins to respond to this important issue.

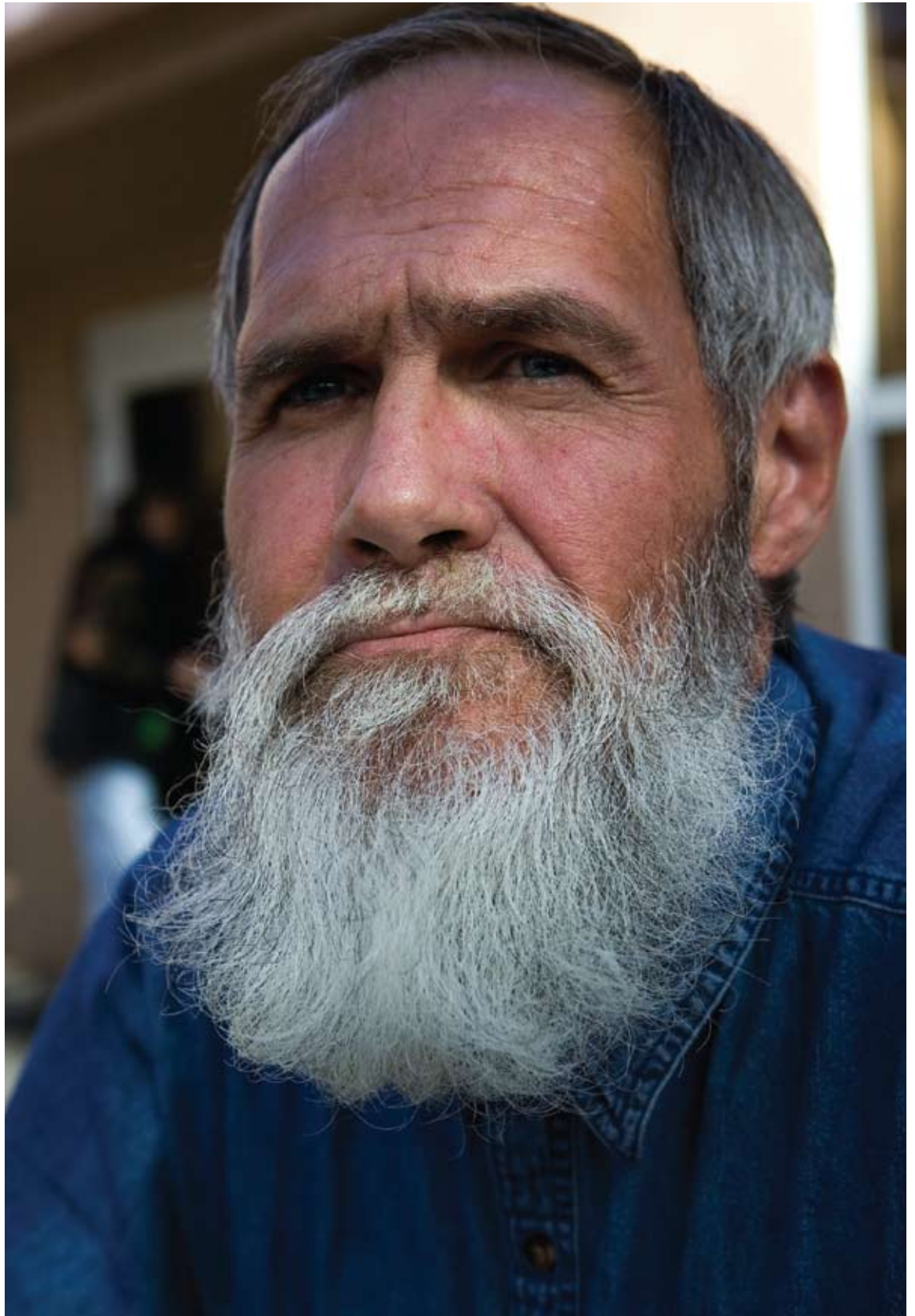


Photo: ©2008 Rich Miller



CONCLUSIONS

This report is the result of a three month community process involving over 500 members of the Fort Collins Community. It is important to note, as with any blueprint, that this offers a broad view of the homeless situation in Fort Collins and is by no means assumes that every perspective is captured in this report. Rather, it provides a barometer of the direction that the Homeless Initiative Task Group should consider taking in advancing their efforts to respond to homelessness in Fort Collins strategically and cost effectively.

As stated at the beginning of this report, there has been an unusual (and encouraging) willingness to cooperate and provide information to this research team to identify where gaps exist in homeless services as they exist in Fort Collins. While estimates range from between 556 and as many as 2,000 homeless men, women and children in this community, there appears to be the will and desire of the community to do something; to seek out solutions and respond in a way that promotes both compassion and accountability. From the leadership in the community, it is clear that there is a strong sense that Fort Collins has the resources, compassion and capacity to end homelessness as it exists today:

“I am convinced that it is possible to end homelessness in Fort Collins.”

Gordon Thibedeau

“You make them responsible and you can decrease it.”

Reverend Richard Thebo

“If you can demonstrate the problem, we have a caring community. It is possible, but it will be a hard job to do.” Sister Mary Alice Murphy

APPENDIX A:

Homelessness in Fort Collins survey

This is a copy of the survey questions and options given to respondents in the online survey method implemented February 6-February 15, 2008. There were total of 454 responses.

On a scale of 1-5, with 1 being “not a problem” and 5 being “a serious problem,” what is the extent of the homelessness problem in Fort Collins?

1	2	3	4	5
Not a problem		Moderate Problem		Serious Problem

Have you ever been approached by a homeless person in Fort Collins?

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

There are a lot of reasons why people are homeless. What would you say are the TOP THREE causes of homelessness in Fort Collins? (Please rank the top three; 1=most important, 2=2nd most important, 3=3rd most important)

- a. Unemployment _____
- b. Laziness _____
- c. Mental/health condition _____
- d. Lack of affordable housing _____
- e. Lack of job opportunity _____
- f. Alcohol/substance abuse _____
- g. Lack of education _____
- h. Homelessness is not a problem _____
- i. Other (please specify in next question) _____

If you did not answer “Other” to the above question, please go on to the next question. If you answered “Other” in the above question, please specify the cause of homelessness you were referring to.

Should there be a community wide response to homelessness in Fort Collins?

- a. Yes
- b. No
- c. Not sure or Undecided
- d. No Opinion

There are a number of ways to address homelessness in Fort Collins. What do you think are the **THREE MOST IMPORTANT** ways to address homelessness? (Please rank the top three; 1=most important, 2=2nd most important, 3=3rd most important)

- a. Provide more affordable housing _____
- b. Provide more treatment and mental health services _____
- c. Provide additional job opportunities an/or training centers _____
- d. Promote more education opportunities for the homeless _____
- e. Provide additional homeless shelters and resource centers _____
- f. Conduct a homeless awareness campaign _____
- g. Do nothing _____
- h. Other (please specify in next question) _____

If you did not answer “Other” to the above question, please go on to the next question. If you answered “Other” to the above question, please specify “other” way of addressing homelessness that you were referring to.

Who do you believe is responsible for addressing and responding to the needs of the homeless? (Choose all that apply)

- a. Government
- b. Non-Profit organizations/Charities
- c. Private businesses
- d. Faith community
- e. General Public
- f. Foundations
- g. Homeless themselves
- h. No one
- i. Other (please specify) _____
- j. All of the above

Who do you believe is the **MOST RESPONSIBLE** for addressing and responding to the needs of the homeless? (Choose one answer)

- a. Government
- b. Non-Profit organizations/Charities
- c. Private businesses
- d. Faith community
- e. General Public
- f. Foundations
- g. Homeless themselves
- h. No one
- i. Other (please specify) _____
- j. All of the above

What characteristics would you use to describe homeless situation in Fort Collins?

What is your gender?

- a. Male
- b. Female
- c. Refuse

What age group do you fall under?

- a. 18-24
- b. 25-40
- c. 41-60
- d. 61+
- e. Refuse

What is your highest level of education completed:

- a. Some High School or less
- b. High School/GED
- c. College Diploma
- d. Graduate Diploma

What sector do you professionally represent?

- a. Private
- b. Public
- c. Non-Profit
- d. Student
- e. Retired
- f. Other (please specify) _____
- g. Refuse

On behalf of the Homelessness Initiative Task Group of UniverCity Connections, an initiative of The Community Foundation of Northern Colorado, thank you for taking the time to complete this survey! If you have additional comments about homelessness in Fort Collins, please contact Jamie VanLeeuwen at jvanlee6@yahoo.com. If you have any questions or comments about the administration of this survey, please contact Tom Knecht at tknecht@du.edu.

APPENDIX B:

Open-ended Survey on Homelessness in Fort Collins

These are the open-ended questions that we asked committee members regarding their perceptions of the homelessness problem in Fort Collins.

1. **What is the extent and nature of the homelessness problem in Fort Collins?**
2. **What are your observations, in terms of the impact this problem, if any, it has on the community?**
3. **Tell me about an experience or encounter you may have had with a homeless person and what resulted from your encounter.**
4. **There are a lot of reasons why people are homeless. What would you say are the top three causes of homelessness in Fort Collins and Why? (In order of importance).**
5. **How would a community-wide response to the issue of homelessness be beneficial to Fort Collins and to the homeless?**
6. **There are a number of ways to address homelessness in Fort Collins. What do you think are the three most important ways to address homelessness (In order of importance)? Why?**
7. **Who do you believe is responsible for addressing and responding to the needs of the homeless?**
8. **Out of those you just mentioned, who do you believe is the MOST RESPONSIBLE for addressing and responding to the needs of the homeless?**
9. **What characteristics would you use to describe the homeless situation in Fort Collins?**

APPENDIX C:

Professional Biography of Principal Investigator

Jamie Van Leeuwen has a Masters degree in International Public Health and a Masters degree in Sociology from Tulane University. He completed his PhD in Public Policy at the Graduate School of Public Affairs at the University of Colorado at Denver with an emphasis on affordable housing and homelessness.

In 2006, Jamie was appointed by Denver Mayor John Hickenlooper to work as the Project Manager for Denver's Road Home, the city's Ten Year Plan to End Homelessness. He was also appointed to Chair the Drug Strategy Commission and oversee the Office of Drug Strategy. Prior to this role, Jamie directed fundraising, legislative work and research as the Director of Development & Public Affairs at Urban Peak, a Colorado non-profit agency serving over 3,000 homeless and at-risk youth each year. With extensive experience researching and working with street youth in New Orleans and Denver, Jamie chaired the Denver Outreach Forum and participated on the Mayor's Safety Task Force and the Mayor's Drug Strategy Task Force.

He is a graduate of Leadership Denver (2002), Emerging Leaders (2003), and Leadership Arts (2004) and has served as an associate faculty at Metropolitan State College of Denver and the University of Colorado at Denver. Jamie also served a two-year term on the National Council for Youth Policy for the National Network of Youth. He currently oversees fundraising, public relations and evaluation for Denver's Ten Year Plan to End Homelessness. Jamie was selected in 2005 as a Livingston Fellow by the Bonfils-Stanton Foundation Board to cultivate his leadership in the non-profit community in Colorado and in 2006 was named one of "Forty Under Forty" by the Denver Business Journal.

Over eight years of experience working with young heroin addicts and homeless youth, Jamie developed innovative housing programs to deliver effective substance abuse treatment interventions to a high-risk, homeless adolescent population. He has published on substance dependence, affordable housing and public health among homeless youth as well as strategic outreach interventions to provide youth with HIV and STI testing services. He has coordinated two point-in-time surveys and one national survey to assess the rates of drug and alcohol use among homeless and runaway youth in Denver and has presented on this information at statewide, national and international conferences.

Jamie Van Leeuwen
jvanlee6@yahoo.com
303.478.8231

APPENDIX D:

Survey Tables

Table 2

EXTENT OF PROBLEM IN FT. COLLINS BY AGE

18-24 25-40 41-60 61+ (N=443, Sig.=.008)

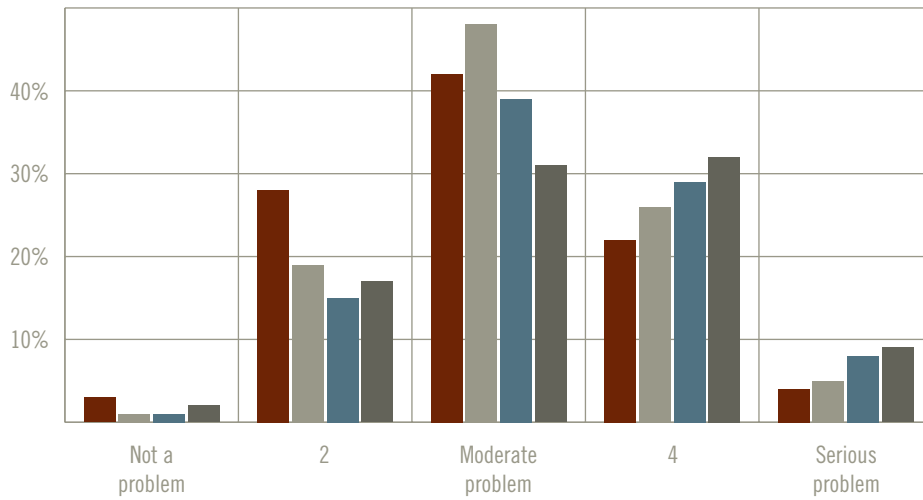
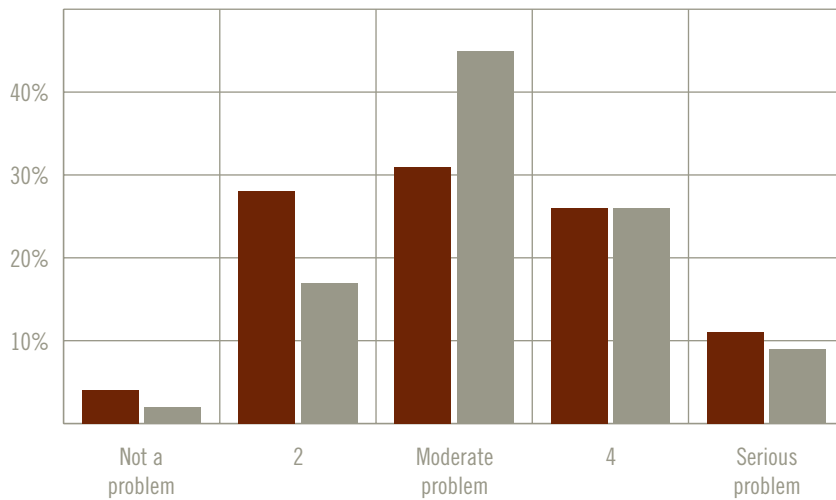


Table 3

EXTENT OF PROBLEM IN FT. COLLINS BY GENDER

Male Female (N=443, Sig.=.022)



Appendix D: Survey Tables

Table 5

HAVE YOU EVER BEEN APPROACHED BY A HOMELESS PERSON IN FT. COLLINS?

■ Yes ■ No (N=442, Sig.=.006)

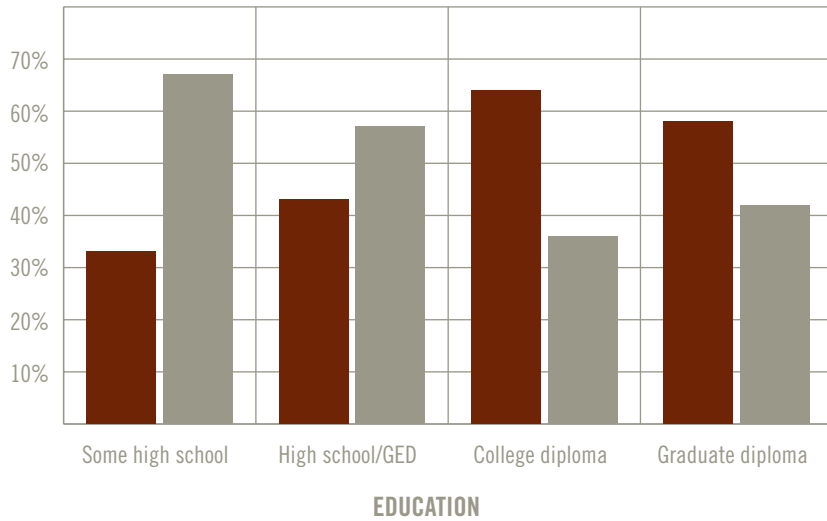


Table 6

HAVE YOU EVER BEEN APPROACHED BY A HOMELESS PERSON IN FT. COLLINS?

■ Yes ■ No (N=442, Sig.=.002)

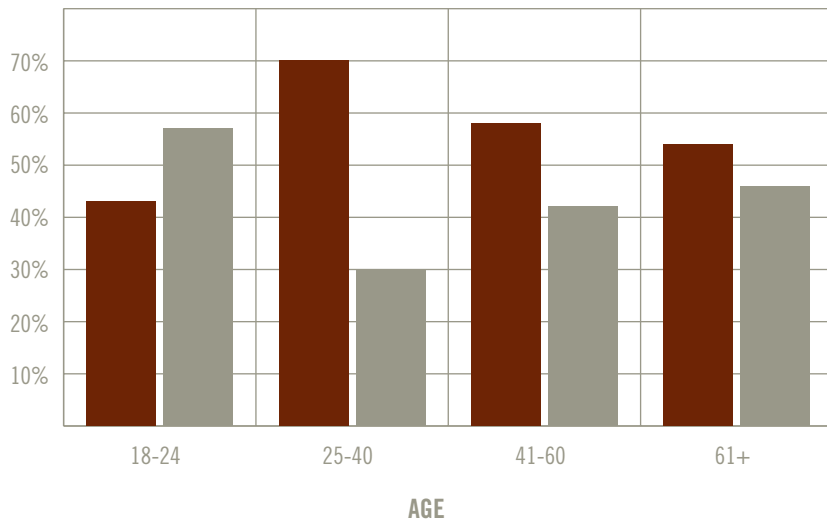
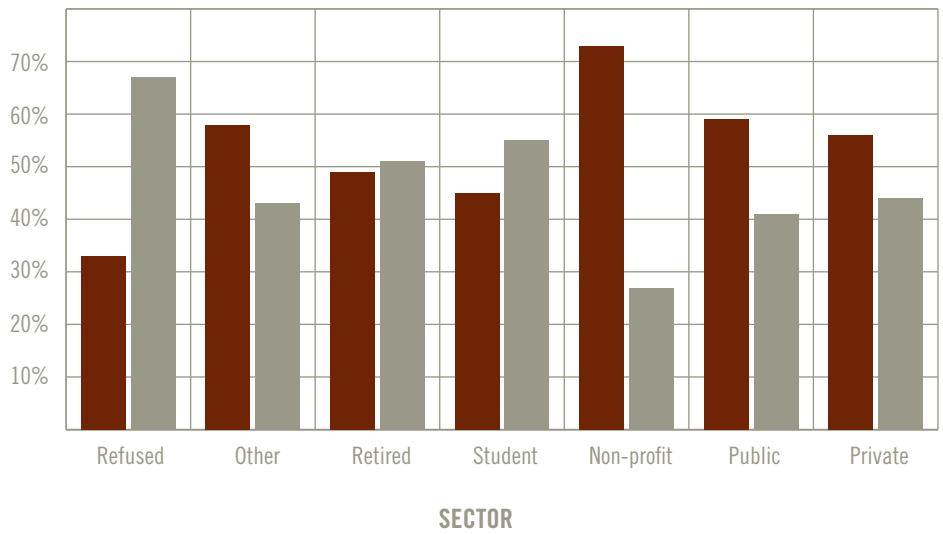


Table 7

HAVE YOU EVER BEEN APPROACHED BY A HOMELESS PERSON IN FT. COLLINS?

■ Yes ■ No (N=442, Sig.=.041)



“They [the homeless] aren’t begging; they’re just hanging around.”

Anonymous Respondent

“I live on campus and do not have a car so I have not seen much of the city, so I have never seen any homeless people.”

Anonymous Respondent

Appendix D: Survey Tables

Table 10

COMMUNITY WIDE RESPONSE BY SECTOR

■ Yes ■ No ■ Not sure ■ No opinion (N=425, Sig.=.00)

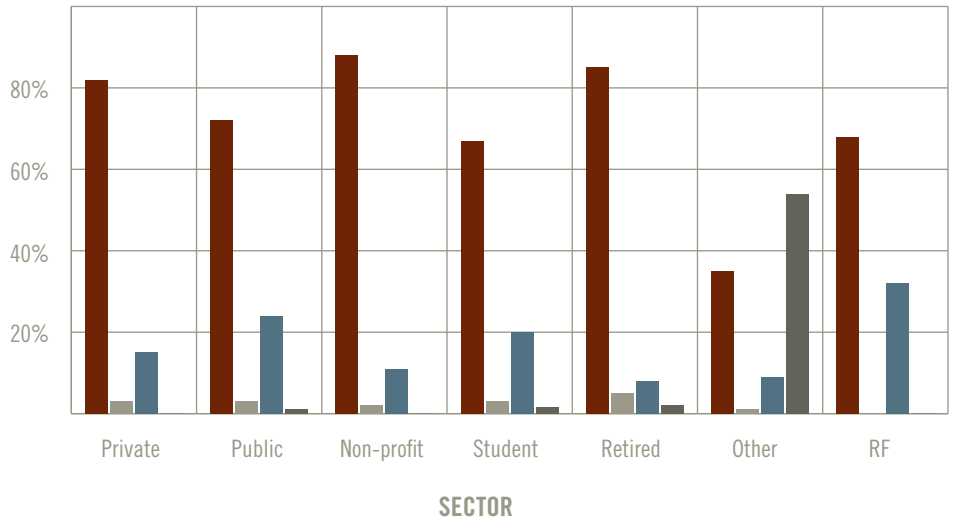


Table 11

COMMUNITY WIDE RESPONSE BY GENDER

■ Yes ■ No ■ Not sure ■ No opinion (N=425, Sig.=.022)

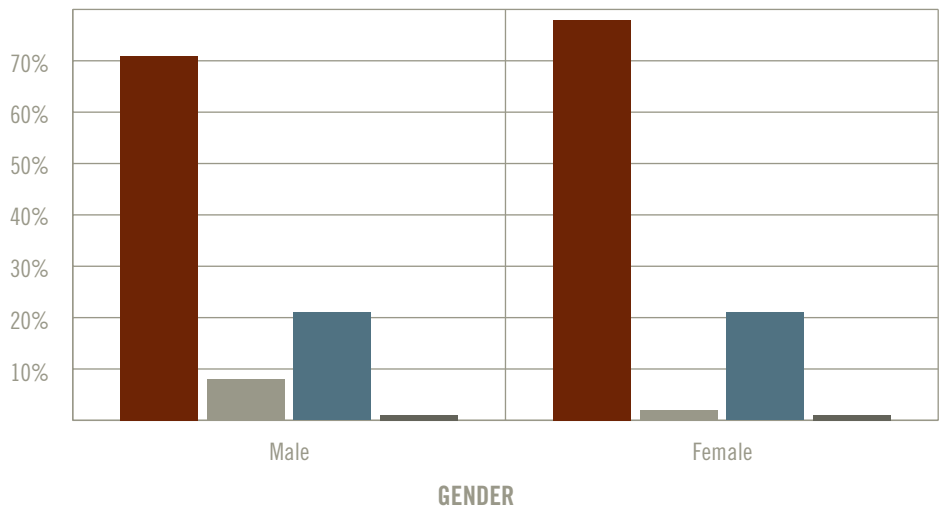
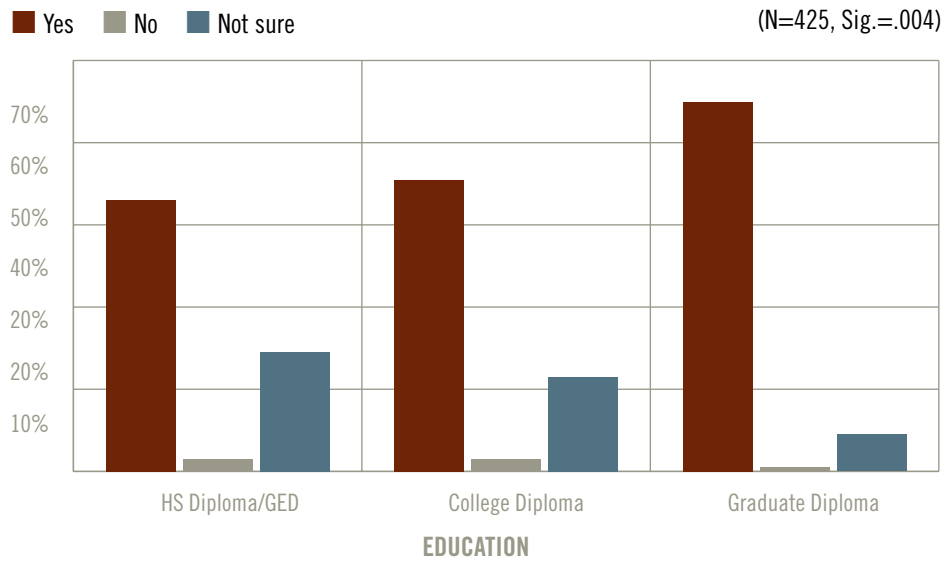


Table 12

COMMUNITY WIDE RESPONSE BY EDUCATION



“There needs to be more community and local government response. Churches are already involved so much. There is a need for a lot more funding.”

Anonymous Respondent

Appendix D: Survey Tables

Table 14

MOST IMPORTANT WAYS TO ADDRESS HOMELESSNESS: BREAKDOWN BY GENDER

Male Female (N=418, Sig.=.000)

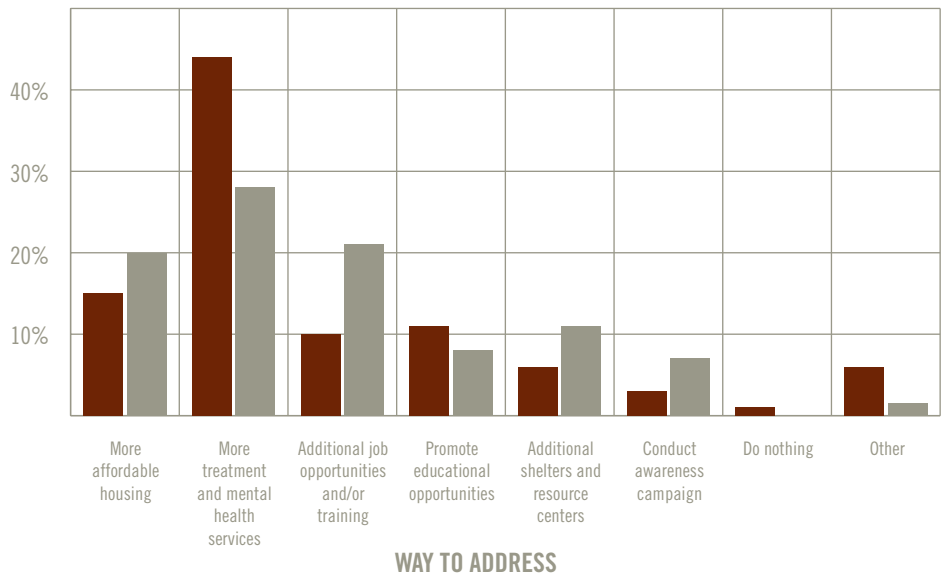


Table 15

MOST IMPORTANT WAYS TO ADDRESS HOMELESSNESS: BREAKDOWN BY AGE

18-24 25-40 41-60 61+ (N=418, Sig.=.019)

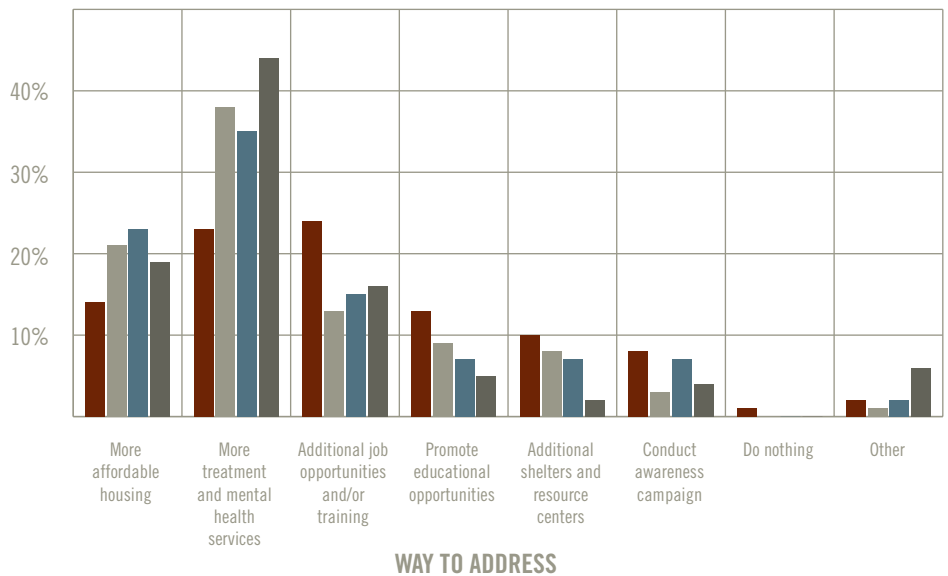
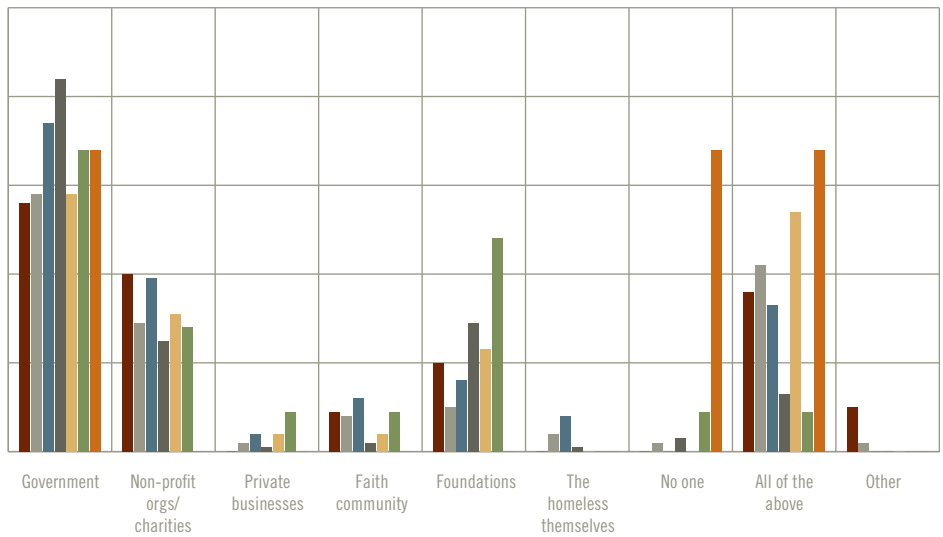


Table 18

WHO IS MOST RESPONSIBLE?/WHAT SECTOR DO YOU REPRESENT?

■ Private
 ■ Public
 ■ Non-profit
 ■ Student
 ■ Retired
 ■ Other
 ■ RF



WHO IS RESPONSIBLE

(N=411, Sig.=.002)



Photo: ©2008 Rich Miller