



# TEN YEAR PLAN TO END HOMELESSNESS

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**DENVER**  
THE MILE HIGH CITY

A Report to  
the Citizens of Denver by  
The Denver Commission to End Homelessness



# Ten Year Plan to End Homelessness

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# Ten Year Plan to End Homelessness

## To The Citizens of Denver:

**T**his Plan is a call to action for the Denver community. It builds on the significant work already being done. This Plan is intended to be a catalyst for action by the full community to come together to end this epidemic. The work of the Denver Commission to End Homelessness represents a significant milestone in the history of homelessness in Denver. This work will change the way the City and its citizens overcome the root causes of homelessness while providing immediate and sustainable improvements to the current service delivery system. The short-term goal is a 75 percent reduction in chronic homelessness in five years; while the long-term goal is to end homelessness in Denver.

It is not acceptable that each year 4,693 of our neighbors in the City and County of Denver live on the streets, under bridges, in alleyways, in cars or in shelters.<sup>1</sup> Still others are doubled up with friends or family or living in transitional housing. The time has come to allow every person the opportunity to contribute in meaningful ways to our community. The time has come to coordinate efforts among businesses and non profits, public and private sectors, people of means and people who need safety and stability to bring an end to homelessness in the next decade.

In October 2003, Mayor Hickenlooper appointed members to the Denver Commission to End Homelessness. The Commission participated in an intensive community planning process with a mandate to create a plan to end homelessness in 10 years. The Commission includes 41 representatives from various stakeholder groups including people who are homeless, government, nonprofit, funding, City Council, neighborhood associations and business. The Commission is grateful to the large number of citizens, many of whom have experienced homelessness, who helped shape this Plan through their comments and presentations to the Commission.

The members of the Commission realize that solving homelessness is not cheap, easy or basic, but it is possible. Cities across the county including Philadelphia, San Francisco, New York and Atlanta have made significant progress toward ending homelessness. Permanent affordable housing and services to help people return to full participation in the community are fundamental. Denver's 10-Year Plan to End Homelessness is an ambitious, multi-faceted strategy to craft and fund solutions to homelessness. As such, the Commission focused on eight core goals as a means to understand and overcome the obstacles to homelessness.

## Eight Core Goals

### **Goal I: Permanent and Transitional Housing**

**Develop 3,193 permanent and transitional housing opportunities to meet the needs of people at 0-30% of Area Median Income (AMI) or less than \$15,050 per year.**

The Metro Denver Homelessness Initiative (MDHI) Point-in-Time study shows an average of 1,968 homeless households or 2,811 individuals in the City and County of Denver at the time of the study. Homeless households include families, couples, partners or a combination of people living together. This translates into an estimated 4,693 homeless people in Denver during a one year period.<sup>2</sup> Above average housing costs and low incomes combine to create a

<sup>1</sup> The one-year figure was derived by taking 2005 MDHI PIT data for Denver City and County only and applying the annual estimator developed by the Corporation for Supportive Housing.

<sup>2</sup> Ibid.

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crisis for Denver's poor. The first priority of the Commission is to create affordable housing units. Throughout the report the term affordable housing unit includes rental subsidies for existing units or new units of housing. Based on the analysis of need, the Commission is advocating for the creation of 942 permanent supportive housing units, 171 transitional housing units combined with services and 2,080 permanent affordable housing units over the next ten years. This is a total of 3,193 housing units.

## **Goal 2: Shelter System**

**Make safe and legal shelter beds and activities available for all populations both day and night until adequate permanent housing is in place.**

The demand for shelter beds exceeds the supply by almost twofold. Current data analysis identifies a need for 1,453 additional shelter beds. The Commission is embracing a Housing First model, and believes this strategy will reduce the need for emergency shelters over the course of time. However, the Plan calls for a 135 bed expansion of shelter beds in year one, combined with the expansion of shelter services to include day-shelters and 24-hour shelters. This goal will be accomplished by making capital improvements to shelters and by updating zoning ordinances to create flexibility to respond to varying shelter needs throughout the year.

## **Goal 3: Prevention**

**Provide Denver residents facing homelessness more tools to keep them from ending up on the streets or in emergency shelters.**

Based on Point-in-Time survey data, an estimated 672 households become homeless for the first time during a year period. This Plan presumes that the number of people who are homeless on the streets and in emergency shelters will decline as the community becomes more adept at preventing that first incidence of homelessness. The Commission advocates increasing funding for one-time eviction, foreclosure and utility shut off prevention assistance, as well as improved discharge policies from public institutions.

## **Goal 4: Services**

**Provide better access to supportive services that promote long-term stability and improved functioning for those in need and movement into permanent housing as soon as possible.**

In 2004, one in six Colorado households applied for some form of public assistance.<sup>3</sup> Over 16 percent of the total population in Colorado is without health insurance<sup>4</sup>. Point-in-Time data was used to develop a strategic approach to service expansion. It would be virtually impossible to provide local funding for all the treatment needs of people who are homeless. In year one, the Plan advocates for assisting 449 persons who are homeless to qualify for mainstream benefits in order to access treatment services. It is estimated there will be an additional need for those who qualify for no public assistance but still need intensive services. The goal is to expand outpatient mental health benefits for 55 persons who are homeless; expand substance abuse treatment for 31 persons who are homeless; and assist 466 people who are homeless to obtain medical care the first year. The Commission also recognized the need for transportation services and support of family reunification efforts when appropriate.

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<sup>3</sup> Colorado and Denver Department of Human Services data.

<sup>4</sup> Colorado Department of Health Care Policy and Finance data.

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## **Goal 5: Public Safety and Outreach**

**Improve public safety by increasing homeless outreach efforts to reduce panhandling, loitering and crimes against people while better linkages are built between homeless people and service agencies.**

There is growing concern regarding the numbers of people in need who are visibly on the streets in the City and County of Denver. MDHI Point-In-Time data show an average of 343 people living in public places in Denver on any given evening; while 10 percent of the homeless report that they derive income from panhandling. Outreach workers and police must be expanded to provide adequate workers to handle the caseload. The Commission recommends that action be taken to create a 24-hour outreach coordination center. Capacity of the shelter system must also be increased to provide reasonable alternatives for people who are homeless. These actions should be combined with efforts to strengthen city ordinances regarding blocking sidewalks, public passageways and building entrances; disbanding encampments on public and private property; increasing enforcement of the aggressive panhandling ordinance and considering licensing requirements for groups distributing public meals while encouraging inside feedings.

## **Goal 6: Education, Training and Employment**

**Assist people who are homeless to obtain skills and knowledge necessary to participate in the workforce.**

The Point-in-Time survey reveals that 580 individuals need the assistance of a job service center each year. The Commission recommends that the number of job developers be expanded, that pilot programs between area businesses and people who are homeless be created and that 580 employment opportunities be created in tandem with increased training and educational opportunities.

## **Goal 7: Community Awareness and Coordinated Response**

**Build community awareness and support for coordinated responses to eliminate homelessness in 10 years.**

Homelessness is not Denver's problem alone. The 2005 Point-In-Time survey indicated that 54 percent of respondents are located in Denver's six surrounding counties. The Plan's goals will require a strong public outreach campaign to articulate the role individuals and communities must play to solve this large social crisis. The Commission recommends action to improve data gathering and analysis to paint a clear picture of the homeless crisis in Denver and effective interventions for addressing the problems. Community awareness efforts will also leverage public and private funding to create solutions to the homelessness crisis in Denver.

## **Goal 8: Zoning, Urban Design and Land Use**

**Reform Denver's zoning, building and development codes to facilitate an adequate supply of emergency and affordable housing.**

The current need for 1,453 additional shelter beds is placing a strain on existing shelters and putting people who are homeless in harm's way.<sup>5</sup> Portions of the Denver zoning code are

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<sup>5</sup> According to the 2005 PIT data for Denver there are 2,811 homeless people using the 1,358 available shelter beds and family beds as inventoried by State of Colorado and Denver Department of Human Services. This leaves a gap of 1,453 shelter beds and other residential accommodations.

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barriers for determining sites for emergency shelters in the Denver area. The Commission will work with the community to craft solutions that will enable shelters to operate at current capacities while expanding options for emergency shelters while respecting the need for community information and discussion about siting issues.

## Accountability

The Commission recognizes that the Denver community will not support an effort increasing public and private funding without tangible outcomes demonstrating progress toward the goal of eliminating homelessness. The Denver Commission to End Homelessness will meet once every six months to review progress and make recommendations on the action steps. A series of four subcommittees will meet more frequently to expedite and monitor implementation of the action steps, gather and review data, oversee funding status and formulate progress reports for the public and elected officials.

## Budget

The costs of homelessness are tremendous from both a personal and social perspective. The Commission recommends that an additional investment of 18 percent be made by the community. Ending homelessness is not basic, cheap or easy; it is more than a cot and a meal. However, it is encouraging to note that other cities across America are raising the necessary resources to achieve this ambitious goal.

This Plan commits to identifying and establishing funding necessary to implement the actions recommended for each of the eight goals. Over \$7.7 million in start up costs have been identified. Efforts in subsequent years are budgeted at \$12.7 million annually. Denver's current emergency response system with its shelters and fragmented service provision is not cost effective. Current annual spending for people who are homeless in Denver exceeds \$70 million for services and health care. Studies have identified annual savings between \$12,000 and \$16,282 per year for each unit of service-enriched, supportive housing built in place of emergency shelter beds. That savings could pay for 90 percent of the service enriched housing costs including building, operations and services.<sup>6</sup> If even a small portion of these back-end expenditures could be redirected toward homeless prevention, the community will see a large benefit.

## Summary

The Commission believes in these goals and the work of the Plan. The time has come to take a stand; to come together as a community to solve the crisis of homelessness. It has been a challenging 18 months of planning, but the future holds hope and promise. The next ten years will test our will, our perseverance and our commitment to change — but it will define our City and our citizens.

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<sup>6</sup> Ted Houghton, *The New York/New York Agreement Cost Study Synopsis*, Corporation for Supportive Housing, 2001.



# Ten Year Plan to End Homelessness

## SECTION I: History and Housing Need

### History

The absence of housing options for very low income individuals and families in the City and County of Denver has forced a great number of people to use the emergency shelter system or homeless prevention programs, to double up with friends or family, or live in substandard conditions in hotels, cars and on the street.



The rise in Denver's homeless population over the past decade is due 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 the chronically homeless.

The Denver Ten Year Plan to End Homelessness is an aggressive attempt to:

- ⌘ Identify the core problems facing our City and its residents;
- ⌘ Recognize gaps in the housing stock for very low income citizens;
- ⌘ Identify additional need for prevention assistance and services for at-risk and homeless citizens; and
- ⌘ Detail solutions to this epidemic by harnessing the resources of the City of Denver, Denver homeless and service agencies, the business community, faith communities and others.

The Plan focuses on solutions to reduce the number of homeless people in Denver and create a quantifiable increase in the number of homeless people to become housed in safe, decent and affordable housing.

### Background

Nestled at the eastern base of the Colorado Rocky Mountains, Denver is considered the "Gateway to the West," and functions as the capital city of the state. In the past decade, Denver and the State of Colorado have experienced tremendous growth. The high-tech and telecommunications boom of the 1990s augmented by a state-of-the-art new airport and a rise in area skiing and tourism industries created economic prosperity.

Projections estimate the seven-county Denver Metropolitan area will have a population exceeding 2.6 million people in 2005.<sup>1</sup> Of these, 573,204 are living in the City and County of Denver.<sup>2</sup> Growth created an imbalance in the housing market, as lack of supply caused housing prices in Denver to accelerate at a record pace. Many low income residents were displaced by condo conversions, redevelopment of affordable properties into luxury high rises, and the demolition and redevelopment of some deeply subsidized affordable rental housing projects.

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<sup>1</sup> Denver Regional Council of Governments Population and Household Estimates.

<sup>2</sup> Colorado Demography Office.

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Since 1974, Denver has lost almost 3,000 Single Room Occupancy (SRO) units to redevelopment.

As redevelopment changed the landscape, the economy began to decline. Since 2001, Colorado's economy has faltered, making it harder for working families and individuals to make ends meet. Data, including the Metro Denver Homeless Initiative Point-in-Time survey, indicate more people are accessing the emergency housing system and are falling into homelessness. Many more Denver residents are having trouble finding work, and are subsequently losing their housing. While economists project a statewide recovery in 2005, the past three years of economic volatility have left their mark.

- ⌘ The Denver metro area gained 2,100 jobs in 2004 — a small portion of the 69,000 jobs lost in 2002 and 2003.<sup>3</sup>
- ⌘ Personal bankruptcies are on the rise — 2004 saw 26,000 filings for bankruptcy in Colorado (a 21 percent increase since 2002).<sup>4</sup>
- ⌘ Through October 2004, foreclosure rates were up 28.4 percent in the metro Denver area — to almost 10,000.<sup>5</sup>
- ⌘ Denver County Courts processed 13,037 evictions in 2004 — 745 more than in 2003.
- ⌘ Many of the new jobs created were entry level positions in the service industry.<sup>6</sup>

## Policy and Funding

### National History and Policy

On any given day at least 800,000 people are homeless in the United States, including about 200,000 children.<sup>7</sup> Homelessness is a complex issue that has been on the American policy agenda for the last two decades. While the deinstitutionalization of mentally ill people and the loss of affordable housing stock in the 1960s and 1970s sparked an increase in homelessness, it did not become wide-spread again until the 1980s due to several systemic and social factors including:

- ⌘ Scarcity of housing;
- ⌘ Employment and benefits not keeping pace with the cost of housing;
- ⌘ Services becoming harder for people to afford or find;
- ⌘ Social changes exacerbating the personal problems of poor Americans;
- ⌘ New kinds of illegal drugs; and
- ⌘ More single parent and teen-headed households with low earning power and thinning support networks.<sup>8</sup>

Adding to these systemic and social factors, Housing and Urban Development (HUD) policy began shifting away from the development of affordable housing with project based rental assistance in favor of rental subsidies for existing units. The Section 8 Rental Assistance program is now losing funding in favor of programs that subsidize the development of rental

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<sup>3</sup> Denver Metro Chamber of Commerce.

<sup>4</sup> Rocky Mountain News, "Bankruptcies Break New Ground", December 22, 2004.

<sup>5</sup> Rocky Mountain News, "Foreclosure Rate Scary", November 10, 2004.

<sup>6</sup> State of Colorado, Department of Labor and Employment.

<sup>7</sup> 1996 national survey of homeless assistance providers and clients conducted by the U.S. Census Bureau.

<sup>8</sup> *A Plan: Not a Dream. How to End Homelessness in Ten Years.* National Alliance to End Homelessness. 2000.

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housing units targeted to the working poor, but with rents too high for very low income households. Housing authorities are being forced to cut families from the Section 8 program due to budget restraints. As a result of these changes, attempts to provide affordable housing failed to keep up with the growing numbers of people needing it, thereby creating a social problem that could no longer be ignored, homelessness.<sup>9</sup>

Research shows that despite the immense growth in the homeless service delivery system in the 1990s, the number of people who are homeless in America has increased exponentially.<sup>10</sup> National leaders in homeless issues are calling attention to the fact that the more effective the homeless assistance system is in caring for people, the less incentive mainstream public systems have to deal with the most troubled people. “What has emerged is a complex homeless assistance system that operates in parallel with the mainstream public systems charged with providing a safety net for all poor people.”<sup>11</sup>

The National Alliance to End Homelessness advocates four steps:

- 1) Plan for outcomes to END homelessness, not just manage it. Collect better local data and create a process to bring homeless assistance providers and representatives from state and local mainstream systems to the table.
- 2) Close the front door to homelessness through increased collaboration with mainstream service systems and increasing prevention efforts.
- 3) Open the back door out of homelessness by utilizing a Housing First approach.
- 4) Build the infrastructure. People will continue to be threatened with instability until the supply of affordable housing increases, incomes of the poor are adequate to pay for necessities such as food, shelter and health care and disadvantaged people can receive the services they need.<sup>12</sup>

In January 2003, the Bush Administration’s Interagency Council on Homelessness challenged mayors to create 10-Year Plans to end homelessness based on the premises above. The Interagency Council on Homelessness’s major activities include planning and coordinating the Federal government’s programs to assist people who are homeless, making or recommending policy changes to improve such assistance, ensuring technical assistance is provided to help organizations effectively assist homeless persons and disseminating information on federal resources. Almost 200 cities have created or are creating plans to end the national epidemic of homelessness.

Key elements of these plans include:

- ⌘ The re-integration of clients who are homeless and their service needs with mainstream systems;
- ⌘ A long-term prevention model for those at risk of homelessness; and
- ⌘ Housing First Models and transitional housing for those in the homeless service delivery system.

Denver has been chosen to be part of the Model Cities Program, led by Philip Mangano, Executive Director of Interagency Council on Homelessness. The Mayors in twenty-five cities are working to create a “covenant” to conduct street counts and share data collection. With foundation support, the group of cities will meet several times a year. Represented cities

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<sup>9</sup> *A Blueprint for Addressing Homelessness in Denver*. Denver Homeless Planning Group. September 2003.

<sup>10</sup> *“Homelessness: Key Findings and Grant Making Strategies.”* Reported prepared in consultation with the Charles and Helen Schwab Foundation by Putnam Community Investment Consulting. June 2002.

<sup>11</sup> *Ibid.*

<sup>12</sup> *A Plan: Not a Dream. How to End Homelessness in Ten Years*. National Alliance to End Homelessness. 2000.

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include Atlanta, Chattanooga, Los Angeles, San Francisco, Dallas, Washington, D.C., Denver, Indianapolis, Minneapolis, Nashville, New York City, Philadelphia and San Diego.

## Colorado History and Policy

Many Statewide efforts to coordinate homeless services have been made over the past 15 years. During the 1990s, the Colorado Coordinating Council on the Homeless (a coalition of state and nonprofit agencies) worked to regionally coordinate homeless service provision through local coordinating councils. Out of these efforts, and in response to HUD's requirement to develop local coordination through a Continuum of Care model, three statewide coordinating bodies were formed.

The Colorado Interagency Council on Homelessness was created on October 28, 2003, through Executive Order of Governor Bill Owens, to serve as an advisory body on housing needs and homeless issues. This body took the place of the Coordinating Council and meets HUD's requirement to have state Interagency Councils. The council is co-chaired by Marva Livingston Hammons, Executive Director of the Colorado Department of Human Services, and Mike Beasley, Executive Director of the Colorado Department of Local Affairs. Members of the council include government and elected officials, foundations, non-profit housing and homeless providers, business representatives, and representatives from Colorado State Departments that serve homeless populations. The council has developed a five point strategic plan that includes the following five priorities.

1. Expand and Maximize Service Resources;
2. Expand and Maximize Housing Resources;
3. Improve Cross System Policies, Planning and Services;
4. Increase Access to Mainstream Resources; and
5. Develop an Outreach and Education Campaign to Reduce the Stigma of Homelessness.

The Interagency Council is tracking state and local efforts to increase resources directed to homeless individuals and families, monitoring the state legislature and advocating for state legislation to help homeless persons access services, and working with state and local government agencies on discharge planning to reduce the number of persons discharged from institutions to local shelters.

## Continuum of Care

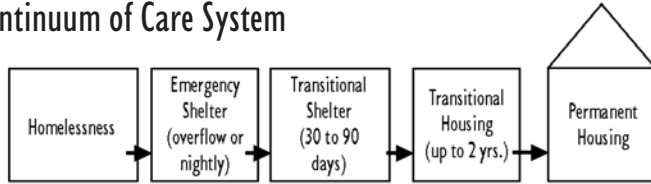
Until recently, local homeless service delivery providers coordinated efforts to address homeless issues through a Continuum of Care model. The Continuum of Care is designed to address homelessness through a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs – physical, economic and social.<sup>13</sup> HUD mandated this model in the mid 1990s to ensure the coordination of homeless activities in local/regional municipalities for the submission of a single, annual comprehensive funding application to HUD for McKinney Vento Funding.

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<sup>13</sup> "Homeless Assistance Programs" U.S. Department of Housing and Urban Development, Community and Planning Development Department. <http://www.hud.gov/offices/cpd/homeless/programs/index.cfm>

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## Continuum of Care System



Colorado currently operates three Continuums of Cares which include:

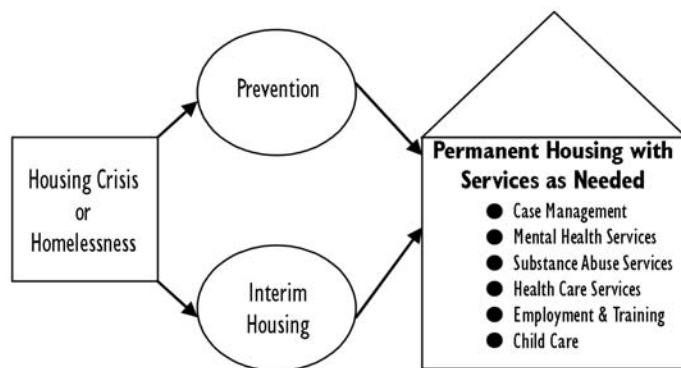
1. The Metropolitan Denver Homeless Initiative - covering the seven-county Denver metropolitan area;
2. Homeward Pikes Peak - covering the Colorado Springs area; and
3. Balance of State - covering the other fifty-six counties.<sup>14</sup>

## Housing First

More recently, policymakers have moved to a Housing First system including:

- ⌘ A comprehensive prevention approach, helping those identified as at-risk of losing their homes to stay in housing.
- ⌘ Short-term “interim housing” designed to move a homeless family or individual into permanent housing as soon as possible.
- ⌘ An adequate supply of long-term housing to meet the needs of those who are homeless and those at-risk.
- ⌘ A range of supportive services, including case management, mental health services, substance abuse services, employment and training, and child care for those with special needs.

## Housing First System



Transitioning from the current system to a Housing First system will require a shift from emergency shelter to interim housing providing short-term options until the person can be moved into long-term units; an increase in the number of long-term affordable housing units (with appropriate supportive services) to meet the needs of those currently on the streets or in shelters and a “right sizing” of the number of emergency shelter beds to meet the short-term housing needs of those who become homeless once those currently on the streets or in shelters are moved to long-term housing.

<sup>14</sup> *Continuum of Care Exhibit 1: 2004 Application Summary*. Metro Denver Homeless Initiative. 2004.

## Denver History and Policy

After meeting for several years, Denver metropolitan area providers created an independent organization in 1997, the Metro Denver Homeless Initiative (MDHI), to coordinate the Continuum of Care planning process. More than 150 stakeholders from 14 local jurisdictions are actively involved in meetings.<sup>15</sup>

Key focus areas this past year for MDHI include:

- ⌘ Strengthening partnerships with the Denver Commission on Homelessness;
- ⌘ Designing and implementing the Homeless Management Information System (HMIS);
- ⌘ Gathering and Analyzing Data through the Homeless Point-In-Time (PIT) Survey;
- ⌘ Updating the homeless housing inventory for the Denver metro area;
- ⌘ Expanding homeless resources and program development through increased funding under the Veterans Administration Per Diem Grant Program and HOPE funding from the Social Security Administration; and
- ⌘ Establishing priorities for homeless in the Denver metropolitan area, including developing and monitoring a comprehensive five point strategic plan for improving access to mainstream services for “chronically homeless persons.”<sup>16</sup>

Since 1997, close to \$50 million dollars has been appropriated to metropolitan Denver through HUD’s SuperNOFA funding process. From Fiscal year 2004, \$10.279 million of these funds will flow directly to Denver service providers. MDHI does not request nor receive any portion of this funding.<sup>17</sup>

In the past few years the City of Denver has positioned itself for change. In June 2003, the citizens of Denver chose a new Mayor and ten new City Council members. Anticipating leadership change, a group of local city and nonprofit stakeholders came together to review the City’s traditional approach to homelessness and to address new opportunities to end homelessness.<sup>18</sup> This group of stakeholders, an outgrowth of the Denver Homeless Planning Group, created a document called “A Blueprint to End Homelessness in Denver” with a key recommendation to create a Commission to produce a 10-Year Plan to End Homelessness for the City and County of Denver.

The Mayor appointed the Denver Commission to End Homelessness in October 2003. The Commission met monthly throughout an intensive community planning process with a mandate to create a plan to end homelessness in 10 years. This Plan, (to include measurable goals, implementation timelines and funding) was presented to the Mayor and City Council for formal approval in May 2005.

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<sup>15</sup> Stakeholders include representatives from local, state and federal government, homeless organizations, affordable housing commissions and taskforces, public and private mainstream human services, neighborhoods, domestic violence organizations and advocates, homeless and formerly homeless persons, veterans, law enforcement officials, private-sector companies, faith based organizations and public school representatives.

<sup>16</sup> Rather than having each Continuum of Care develop their own strategies and actions, the three Continuums of Care agreed to work in concert with the State Homeless Policy Academy/Interagency Council on addressing the needs of persons who are considered chronically homeless.

<sup>17</sup> 1997-2004 Funding Brought into the Denver Metropolitan Area by MDHI. MDHI September 28, 2004.

<sup>18</sup> Commissioner and Committee participant information can be found in Section 4-Appendices and Attachments in the back of the Plan.

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The Commission includes 41 representatives from various stakeholder groups including:

- ⌘ Six people who are homeless;
- ⌘ Ten government representatives;
- ⌘ Seven nonprofit and funding representatives;
- ⌘ Seven City Council representatives;
- ⌘ Three neighborhood association representatives; and
- ⌘ Eight business representatives.

In December 2003, HUD sponsored the regional conference and training for 10-Year Plans in Denver. An Executive Director for the Commission was hired in January 2004 to facilitate the Commission and Committee process.

Eight standing Committees were formed to research and give recommendations to the Commission in the areas of:

1. Community Education and Public Relations
2. Community and Economic Development
3. Emergency Shelter/People Living in Public Places
4. Housing and Supportive Services
5. Panhandling and Public Safety
6. Zoning
7. Fundraising
8. Community Awareness and Marketing

All Commission and Committee meetings were open to the public and participation in committees by Denver citizens was encouraged. The Commission also held meetings across Denver districts to obtain community input once Plan drafts were created. Staff of Denver Department of Human Services also met with leaders from businesses, neighborhoods, nonprofits and funding groups to discuss the work of the Commission and to garner input and support for the Plan. Over 340 diverse stakeholders served on committees and more than 500 people came together to provide recommendations and feedback to the Commission.

The Denver Commission on Homelessness has targeted a Housing First approach for permanent affordable housing. However, transitional housing with intensive support services is needed for survivors of domestic violence, veterans and youth. Research shows that higher success rates for stability are tied to these groups when services are provided before independent living.

Denver is one of 11 sites chosen nationally for a Housing First project through HUD. Named the Denver Housing First Collaborative (DHFC), the lead agency is the Colorado Coalition for the Homeless (CCH). DHFC began on January 1, 2004 and by the sixth month over 622 applications were received. By the end of 2005, the program will be filled to capacity with 100 participants, while over 700 people remain on the waitlist. This represents the first project of this size nationally.

The Assertive Community Treatment Services (ACT) model associated with DHFC represents a comprehensive collaboration with mainstream service providers to offer services for those housed through Housing First. Collaborative partners serving on the ACT team include Mental Health Center of Denver, Arapahoe House, Denver Health, the Denver Department of Human Service and the Denver VA Medical Center. The ACT program averages one staff member to every 10 DHFC participants.

## Defining the Need

**National, state and local research has been collected and analyzed to clearly define the need and justification for the Commission's Homeless Goals.**

This section will quantify the current need and existing capacity of the homeless system for each of the Commission's goals. Before presenting a detailed analysis, it is helpful to explain the large-scale context. The lack of permanent housing, emergency housing, and services should be evaluated by looking at supply and demand. The current supply of truly affordable housing units, shelter beds, transitional housing units, funding for emergency rental assistance, services and healthcare can be thought of as a six inch pipe. Only a certain number of households can fit through this pipe during the course of a year.

The existing pipeline in Denver is designed to serve a maximum flow of 20,268 households. However, demographic statistics reveal that 31,377 very low income households are trying to fit through this small pipeline. This disparity leaves over 11,109 households without access to affordable housing or appropriate services. As demand backs up due to limited space, households find themselves in crisis. The ultimate result is homelessness. Emergency service providers are strained as they attempt to serve an increasing backlog of demand. Given the disparity between capacity and need, it is astonishing that only 672 households (6.0 percent of the 11,109 at risk households) become homeless in any given year.

To fix the problem, the Denver community must increase the size of the pipe to ensure that all who demand housing and services receive them. This involves not only the efforts of the homeless community, but also that of the affordable housing community. Only when the pipeline is expanded can our City eliminate homelessness.

Detailed explanation of the data used to quantify the supply and demand will be discussed in the following pages.

## Permanent and Transitional Housing

Why do people become homeless? The primary causes of homelessness include a lack of income and a lack of affordable, appropriate housing. However, solutions to the issue must reflect the differing needs of this population. This Plan distinguishes between three types of homelessness: transitional, episodic, and chronic. Depending on the category, solutions will range from eviction assistance to transitional housing combined with services to permanent affordable housing.

Households who become homeless based upon lack of income or the loss of a job are considered **transitional homeless**. The term transitional homeless comes from national research on the groups of persons who are homeless currently served in the homeless system. For clarity in this report, we will also refer to this group as **first time homeless**, as their homelessness is a result of economics, and the loss of permanent housing due to high housing costs and a lack of income to pay these costs. The first time homeless (approximately 80



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percent of shelter users) access shelters as they are intended, as an emergency resource. These people stay in the shelter system relatively briefly and, after they leave, usually do not come back.<sup>19</sup> An average of 112 first time homeless households were identified in the PIT. Using a turnover factor of six derived from Dennis Culhane's research at the University of Pennsylvania, an estimated 672 first time homeless households are using services in Denver annually.

The **episodic homeless** tend to be younger and shuttle among various institutions including jail, detoxification centers, residential treatment and hospitals. Episodic homeless need enriched transitional housing providing treatment for alcohol or drug dependency, medical and mental health issues. Denver has an estimated 914 episodic homeless on any given night according to PIT data.

The **chronic homeless** need access to service-enriched permanent housing. These people have an average of two episodes of shelter use, and stay for long periods of time – often years. The chronic homeless tend to be older and have many special needs. Half of most shelter resources are devoted to housing chronic homeless for long periods of time. Placing these individuals in permanent housing will free up many beds for the transitional homeless.<sup>20</sup> Over the past three years, there has been an average of 942 chronic homeless in Denver on any given night, according to PIT data.

Although defining different types of homelessness helps to craft solutions, this Plan also seeks to examine the root causes of displacement and homelessness within the economic and social conditions prevalent in the City and County of Denver.

## Lack of Income

For purposes of this Plan, the incomes of home owner households are distinguished from those of renter households. Historically, renter households have lower incomes than owners. Renter households in Denver have experienced income stagnation since Colorado's economic downturn. Unfortunately, wages before this downturn were not keeping pace with either the cost of living or housing prices – and this scenario has not improved during the recession.



Between 2000 and 2004, Denver metro renters saw a nine percent increase in the Consumer Price Index (CPI), a one percent growth in incomes, and a four percent increase in rents.<sup>21</sup> Current median renter incomes in the metro area are virtually the same as they were in 2001. These economic trends have resulted in a gap between housing costs and wages that lower income wage earners cannot overcome.

The following chart and graphics illustrate the disparity between current income levels for Denver residents with various earnings and the cost of housing in Denver. For all occupations except the dental assistant and patrol officer, rent in Denver is not affordable. None can afford the median priced home in Denver. Those households who must rely on public assistance and

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<sup>19</sup> U.S. House of Representatives Committee on Banking and Financial Services, Subcommittee on Housing and Community Opportunity H.R. 217, Homeless Housing Programs Consolidation and Flexibility Act, Testimony of Dennis P. Culhane, Ph.D., University of Pennsylvania, March 5, 1997. <http://financialservices.house.gov/banking/3597culh.htm>.

<sup>20</sup> Ibid.

<sup>21</sup> Metro Denver Rent and Vacancy Survey, Colorado Legislative Services, Estimates of Households by Income for Colorado and its Regions, Colorado Division of Housing, 2004.

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sources of income such as AND (Aid to the Needy Disabled), SSI (Supplemental Security Income) or OAP (Old Age Pension) can only afford a minimum housing payment.

**Table I**  
**Occupations and Affordable Prices in the Denver Metro Area, 2004**

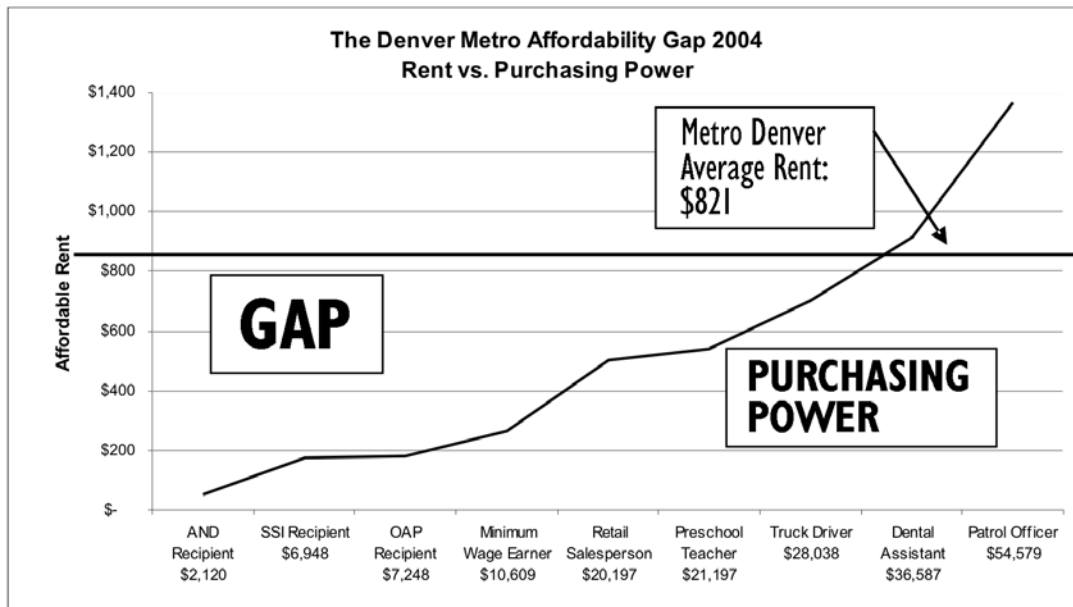
<b>Occupation</b>	<b>Annual Income</b>	<b>Housing Allowance (30% of Monthly Income)</b>	<b>Affordable Purchase Price</b>	<b>% of Median Home Price</b>	<b>Affordable Rent</b>	<b>% of Average Rent</b>
AND Recipient	\$2,120	\$53	\$7,594	3%	\$53	6%
SSI Recipient	\$6,948	\$174	\$24,890	10%	\$74	21%
OAP Recipient	\$7,248	\$181	\$25,964	11%	\$81	22%
Minimum Wage Earner	\$10,609	\$265	\$38,005	16%	\$265	32%
Retail Salesperson	\$20,197	\$505	\$72,351	30%	\$505	62%
Preschool Teacher	\$21,674	\$542	\$77,641	32%	\$542	66%
Truck Driver	\$28,038	\$701	\$100,442	42%	\$701	85%
Dental Assistant	\$36,587	\$915	\$131,066	55%	\$915	111%
Patrol Officer	\$54,579	\$1,364	\$195,519	81%	\$1,364	166%



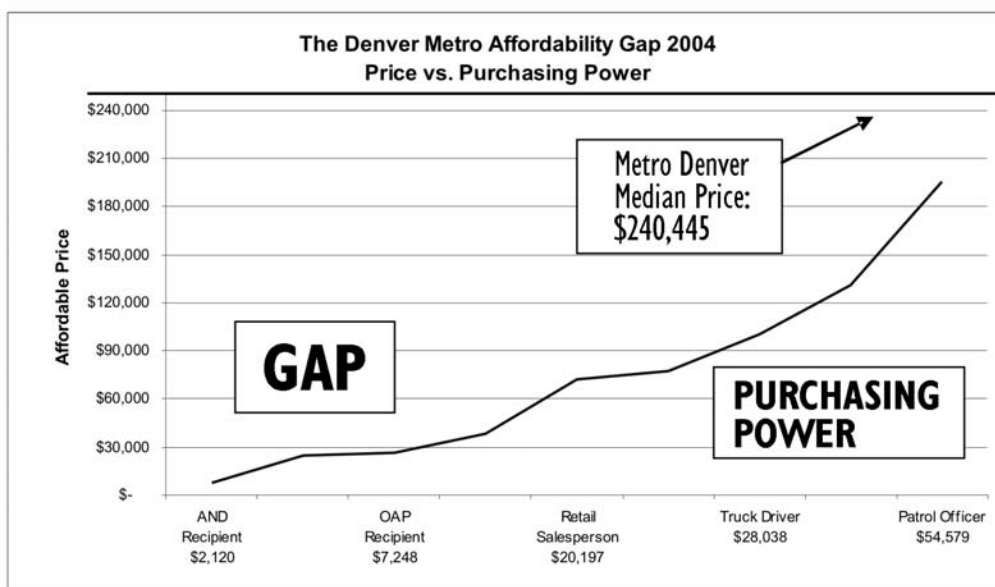
# Ten Year Plan to End Homelessness

An extremely low income household of four earning \$21,500, (30 percent of Area Median Income (AMI) which is \$71,700 in the Denver Metro area) can afford a monthly rent of no more than \$537.50, while the metro Denver average rent for a two bedroom unit is \$821.

Graph 1



Graph 2



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## Estimating Demand for Permanent and Transitional Housing

A large percentage of low and very low income households cannot afford the housing stock in Denver. As a result of this lack of very affordable rental units, poor working families and individuals find themselves in crisis mode: living in motels, in cars, on the street or in overcrowded and unsafe living conditions with relatives and friends. The inability to pay rent or a mortgage has been among the top reasons for homelessness in families and individuals in the MDHI PIT survey since 1997. Other data sources also identify many low-income individuals at risk.

HUD Data. Using a special tabulation by HUD of 2000 Census data, it is estimated in 2005 there are 31,377 very low income renter households in Denver County. Of these, 22,245 pay more than 30 percent of their income towards rent and utilities, putting them in danger of becoming homeless.<sup>22</sup>

DHA Data. In spring 2004, Denver Housing Authority had over 10,000 individuals pick up DHA Section 8 Lottery Interest Cards. A total of 7,735 of these cards were returned to DHA and 846 were randomly picked in a lottery. Of these, 337 applications have been approved and 20 are pending. To qualify for the lottery process, households must have incomes of less than 50 percent of the area median income.<sup>23</sup>

MDHI Data. The current methodology for counting People who are homeless is the Metro Denver Homeless Initiative's Point-in-Time study. This study involves the collective efforts of many service providers and volunteers. In 2005, data was collected from just over 100 separate program agencies at 150 programs and locations throughout the Denver metropolitan area.

The PIT survey most likely misses some hard to find homeless people as research shows that point-in-time efforts undercount those that do not access shelters, meals and other outreach services. These factors cause the count to vary from year to year. Despite any shortcomings this method may have, it is the best data available. **For the purpose of this Plan, the Homeless Commission is using three year averaged data from 2003, 2004 and 2005 to show the City and County of Denver's homeless demographic.** Some data has been collected inconsistently from one year to the next and in these cases only one year data is shown. Every year of the Plan will require that new data be collected and analyzed.

The MDHI PIT study shows an **average of 1,968 homeless households (or 2,811 homeless individuals) in the City and County of Denver at any given time.** This number does not include those persons indicating they are living in transitional housing on the night of the count, or those living with a survey respondent who states they are "staying with family or friends, couch surfing." Respondents living with family or friends are included, but no one else living with them. The past three years show an average of 112 newly homeless households at a given point in time. These households represented 183 individuals. **Using a formula established by the Corporation for Supportive Housing, there are an estimated 4,693 homeless people in Denver during a one year period.**

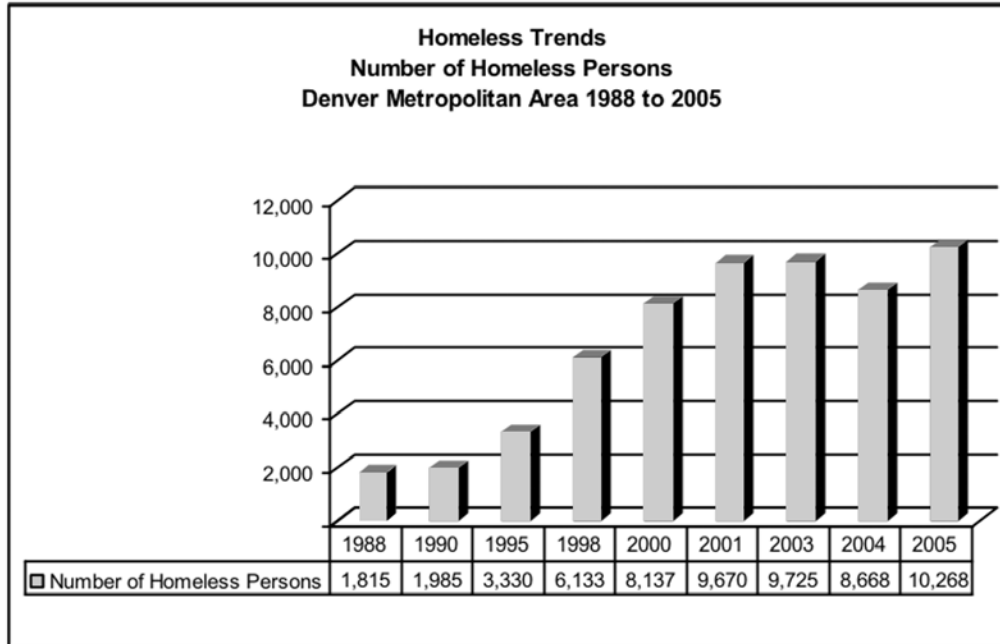
Counts of Denver's homeless population have been conducted since 1990. Though the methodology of surveys in 1990 and 1995 are different than the MDHI Point-in-Time survey, which has been conducted annually since 1998, the data show that since 1990, the metro Denver area's homeless population has grown at an alarming rate. Graph 3 below illustrates this fact for the entire metro Denver area. These numbers include all individuals counted, including those in transitional housing.

<sup>22</sup> HUD CHAS Databook.

<sup>23</sup> DHA Occupancy Department, May 5, 2005

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**Graph 3**  
**Homeless Trends, Total Number of People Who Are Homeless in the Overall Denver Metro Area Including Those in Transitional Housing or Doubled-Up**



The following tables and charts provide a demographic profile of Denver’s homeless population. Again, three year averages of responses were used to create these profiles. Almost 50 percent are members of a family. The most common reasons given for being homeless are the loss of a job or inability to pay for housing. Most homeless households in Denver have been homeless for more than a month.

Over 50 percent of homeless individuals and 35 percent of homeless families are chronically homeless. These are the households needing permanent supportive housing. Table 2 shows the breakdown of individuals counted in Denver. This table shows that the 55 percent of those counted were individuals. Twenty-one percent of the people counted in Denver were children.

**Table 2**  
**Breakdown of People who are Homeless**

<b>Relationship</b>	<b>Average</b>
Single Individual	1,556
Head of Household	412
Child	589
Other Relation	87
Spouse/Partner	189
Friend	9
Unspecified	41
<b>Total</b>	<b>2,811</b>

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**Table 3**  
**Reasons for Homelessness by Household**

<b>Factors Contributing to Homelessness</b>	<b>Number of Respondents</b>	<b>Percent</b>
Unable to pay rent/mortgage	427	22%
Substance Abuse	311	16%
Other*	222	11%
Evicted/Kicked Out	220	11%
Relationship Problems/Divorce	210	11%
Mental Disability	210	11%
Moved to seek work	185	9%
Illness	184	9%
Bad credit	157	8%
Abuse/Domestic Violence	155	8%
Unable to pay utilities	126	6%
Physical Disability	125	6%
Released from correctional facility	124	6%
Problems With Public Benefits	86	4%
Legal Problems	57	3%
Unable to Pay Medical Bills	27	1%
Household Member Sent to Prison/Jail	25	1%
Sexual orientation	19	1%
Aged out of foster care	9	0%
<b>Total Responses</b>	<b>3,796</b>	
<b>Total Respondents</b>	<b>1,968</b>	

\*Other responses included: death in family, fire disasters, financial difficulty/bankruptcy, loss of housing due to foreclosure, eviction or displacement, loss of benefits such as Section 8/Social Security/Child Support, child care costs, pregnancy and incarceration.

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**Table 4**  
**Duration of Homelessness by Household**

<b>Time Homeless</b>	<b>Three Year Average</b>
<30 Days	283
More than a month, less than a year	814
More than a year	727
Not Answered	144
<b>Total</b>	<b>1,968</b>

**Table 5**  
**Chronically Homeless**

	<b>2003-2005 Average</b>
Families	145
Individuals	797

## Estimating Supply of Permanent and Transitional Housing

Currently, there are 16,482 housing opportunities with deeply subsidized rent in Denver County. Deeply subsidized is defined as affordable housing that has rental assistance, which allows a family to only pay 30 percent of their income for housing. This includes public housing units owned by the DHA, Federal Housing Administration (FHA) subsidized housing units, Shelter + Care units, and Section 8 rental assistance vouchers which can be accessed by households earning up to 50 percent of AMI. The Colorado Housing Finance Authority (CHFA) has 231 units targeted to 30 percent of AMI in their portfolio that are not included in the number of deep subsidy units.

According to the latest Metro Denver Apartment Rent and Vacancy Survey, there were another 2,812 privately owned housing units affordable to very low income households. There are currently 743 transitional housing units in Denver, where homeless residents can stay for up to two years. These number will be further refined as the City of Denver Housing and Neighborhood Development Services office creates the city's affordable housing plan.

**Table 6**  
**Housing Opportunities in Denver Affordable for Very Low Income Households**

Deep Subsidy Units (include rental assistance)	16,482
Other units restricted at 30% AMI	231
Free Market Rental Units affordable at 30% AMI	2,812
Transitional Housing Units	743
<b>TOTAL</b>	<b>20,268</b>

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Denver’s development boom created condominiums and luxury high-rises by converting or eliminating many free market affordable rental units — including 3,000 SRO units. This shift has forced nonprofit housing agencies to struggle to serve very low income households within their properties. Units with rents affordable at this income level (not subsidized by rental assistance payments) cost more to operate than the rent charged.

This loss of income makes it necessary for housing providers to create very low income units within mixed income developments: a combination of market rate, lightly subsidized and deeply subsidized units. Currently, many areas of Denver have a glut of affordable rental units targeting households at 50 and 60 percent of AMI or market rents. This makes creating additional housing units targeted at 30 percent AMI or less very difficult.

## Estimating The Gap for Permanent and Transitional Housing

A simple calculation of the number of very low income renters minus the number of rental units in the market that are affordable to them shows a difference of 11,109 more households than housing units affordable to them in Denver. In reality, additional households (as can be shown by the census estimate of 22,245) need a more affordable housing option because they spend more than 30 percent of their income on rent and therefore are at risk of becoming homeless. Higher income renters have the option of choosing between deep subsidy units (restricted to up to 50 percent AMI) and free market units.

Using national studies on the three types of homeless people (chronic, transitional and episodic), their average time spent in shelters and being homeless, and three year averages of MDHI PIT counts of each population, the following estimates of the number of units needed to permanently house Denver’s current homeless population were calculated.

**Table 7**  
**Housing Units Needed to Serve Denver’s Homeless Population**

<b>Population</b>	<b># of Homeless Households</b>	<b># of Opportunities Needed</b>	<b>Type of Units/Opportunities</b>
Chronic Homeless	942	942	Permanent Supportive Housing i.e. Housing First
Episodic Homeless	914	171	Transitional Housing with Services
Transitional (First Time) Homeless	672 /year	2,080	Permanently Affordable Opportunities at 30% AMI or less over 10 years
<b>Total Units Needed</b>		<b>3,193</b>	<b>10 Year Need</b>

The number of permanent supportive housing units (942) needed for the chronic homeless was calculated using a one-to-one ratio. It is important to move these people into permanent housing as they have been homeless for a long period of time and clog the shelter system.

The number of transitional housing units with services needed for the episodic homeless was calculated by subtracting the number of episodic homeless in Denver from the current number of transitional housing units. This gap is 171 units.



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The number of permanently affordable opportunities needed for first time homeless was calculated by creating a model that factored in the number of newly homeless households, the vacancy factor in affordable units and tenant turnover rates. The 2,080 housing opportunities represent a 10-year need projection. As affordable housing providers in the city create more units targeted to very low income families (not targeted to households moving from homelessness) this number could decrease. An increase in homeless prevention activities also should decrease the total number of new affordable housing opportunities needed.

## Justifying the Expense for Permanent and Transitional Housing

The public cost of providing emergency services and shelter is far greater than the cost of providing permanent housing to low income households. The cost to shelter an adult exceeds the monthly cost of an efficiency apartment in Denver. In 2003, the monthly average cost to shelter an adult was \$775 – 153 percent of the cost of an efficiency apartment with an average rent of \$507 in 2004. The cost efficiency of an apartment doubles to serve youth who cost \$1,550 per month to house in a shelter. The \$1,550 amount is a shelter figure for housing and services. Annually, the Denver public could save between \$3,200 and \$12,500 per homeless individual by placing these people in housing units instead of shelter beds.<sup>24</sup>

## Shelter System

Currently in Denver the demand for emergency shelter (2,811 homeless people) exceeds the supply by almost two times. Because this Plan focuses on finding permanent housing solutions, the Denver Commission to End Homelessness does not advocate focusing time and resources on developing shelter space for all people who are homeless. By using the Housing First model, the need for shelter beds should diminish. However, adequate beds are needed to serve those homeless for the first time and those transitional homeless waiting for a deeply subsidized unit. Until new housing opportunities are created, it is necessary to increase the number of short-term shelter beds for people in Denver.



There are 1,358 shelter beds and family units available in the City and County of Denver. This number has remained static since 1990, despite a dramatic rise in the number of people who are homeless in the metro Denver area. In 2003, 120 emergency shelter beds were lost when one shelter closed. While a temporary shelter replaced 60 – 90 of these lost beds until a more permanent solution was found, a deficit in the number of shelter beds remains.

The current disparity between need and supply in shelter beds is 1,453. The lack of beds for the homeless is a crisis. In 2004, the compromised conditions created by homelessness contributed to the deaths of 55 homeless individuals in the City and County of Denver.<sup>25</sup> It is

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<sup>24</sup> *A Blueprint for Addressing Homelessness in Denver*. Denver Homeless Planning Group. September 2003. A survey of homeless service providers in Denver 2004.

<sup>25</sup> Denver Coroner's Office, Michelle Weiss-Samaras, Chief Deputy Coroner, Statistics

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also important to recognize that five percent of PIT survey respondents were mono-lingual Spanish speakers and programs must be flexible enough to accommodate them.

## Prevention

Assisting a family or individual with rent, utility, or mortgage payments before they become homeless is much less expensive than providing emergency services and does not disrupt lives as does an episode of homelessness. Other households get stuck living in temporary situations such as motels because they cannot save enough to secure a rental unit. The discharge policies of the correctional system, mental health system, and child welfare system also force many individuals and families into homelessness.

### At Risk Households

Strategic investment in prevention initiatives can effectively prevent homelessness for groups of people at risk of losing their housing. An estimated 22,245 very low income renter households pay more than 30 percent of their income for rent. An additional 12,920 households between 30 and 50 percent AMI pay more than 30 percent of their income for rent. This captures the population potentially in need of emergency rent or utility assistance – a total of 35,165 households. The loss of a job, medical benefits, unexpected car repairs, or illness can force some to the verge of homelessness.

Financial assistance for rent and utility bills are among the top needs for prevention assistance dollars in Denver, as evidenced through calls to Mile High United Way's 2-1-1 referral line during its first year of operation in 2004. The top two caller needs were rental assistance (21,200 referrals) and utility bill assistance (12,093 referrals). Natural gas bills in Colorado have more than doubled in the past two years. Seniors, people with disabilities and the working poor can spend up to 40 percent of their income on home energy bills. According to Energy Outreach Colorado, the typical Colorado family spends just five percent.

### Displaced Households

Of the 51,506 emergency assistance calls made to the Mile High United Way's 2-1-1 referral line in 2004, almost half indicated they were living with family and friends, and 17 percent indicated they were living in motels. The PIT study estimates an average of 162 Denver households spent the night of the count in motels.

These displaced households find it difficult to rebuild their lives without financial assistance. This population often pays the equivalent or more of one month's affordable housing rent for hotel rooms. The lack of savings for security deposits and first and last month's rent prohibit people from obtaining permanent housing. Less than spotless credit histories and intensive background checks also serve as a barrier to obtaining housing.

Current funding is inadequate to meet the need. Emergency Shelter Grant (ESG) and Homeless Tax Check Off funding are depleted before the end of the year. In the 2002-2003 tax check off program year \$130,562 was allocated in the Denver/Metro area through the Homeless Prevention Activities Program. Three hundred and eighteen families were given an average of \$362 in financial assistance. A total of 467 inquiries for assistance were made during this period — 55 percent of the families needing help had incomes over \$12,000 and 52 percent of the heads of household were employed.

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In 2003-2004, \$88,919 was disbursed to the Denver/Metro area, as the program experienced a \$96,000 reduction in funding. Tax check off funds assisted 195 of the 331 families requesting assistance with an average of \$446 per family. Fifty-nine percent of those receiving help were employed and 52 percent had incomes over \$12,000.

## Discharge Planning

Strategic approaches for discharging clients of the correctional, mental health and child welfare systems must be formed to prevent people from becoming homeless after discharge. Transitional assistance to temporary or permanent housing is needed to reduce the burden current discharge policies put on the emergency shelter system.

## Services

Homeless individuals and families, and those at risk, need services to help them achieve and maintain a life in permanent housing. Where possible, these services should be linked and integrated with long-term affordable housing. Top service needs in the Denver area are related to substance abuse, mental health, domestic violence, food insecurity, integrated healthcare and safety during extreme weather conditions.

The demand for services exceeds the current system's capacity to provide them. For example, the Denver Housing First Collaborative began accepting referrals for its newly created program in January 2004. As of August 2004, there had been 696 referrals. Many of the people referred (475 people) indicated they have a mental health or substance abuse disability. Of these, 171 reported having both a substance use and mental health disability. One hundred and fifty-eight (158) reported a substance use and mental health and physical disability.<sup>26</sup> Providing housing with the appropriate services is a complex and dynamic process depending on the needs of the clients.

The 2005 MDHI Point-in-Time survey provides another perspective to understand the service needs of people who are homeless. The following chart shows the frequency of responses in 2005 for service needs.



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<sup>26</sup> Colorado Coalition for the Homeless, John Parvensky, Statistics, 2005.

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**Table 8**  
**Service Needs of Denver’s Homeless Population**

Services	2005	
	Family	Individual
Help finding permanent housing	145	468
Emergency Assistance	117	387
Transportation	108	405
Emergency Shelter or voucher	94	320
Health care	86	370
Help applying for public benefits	76	304
Job service center	70	297
Food Pantry/community meal sites	66	275
Child care	55	21
Help getting a valid Colorado ID	47	223
Legal services	41	182
Education	39	127
None	36	395
Help for folks on the street	30	137
Mental health care	28	189
Other	19	84
Treatment for substance abuse	10	111
<b>Total Responses</b>	<b>1,067</b>	<b>4,295</b>
<b>Total Respondents</b>	<b>394</b>	<b>1,982</b>

Connecting people who are homeless with resources found in mainstream programs such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Medicaid, food stamps and others is essential and growing. In the past year, 359,000 households in Colorado — or one in six, applied for some form of public assistance.<sup>27</sup> The Food stamp program is the fastest growing public assistance program – increasing by 36 percent in the past two years.<sup>28</sup> Over 65,000 families received food assistance and Colorado is one of the top three states in growth of food assistance requests.

Many services needed by homeless and very low income individuals and households have had funding cuts and are difficult to access. It can take years for individuals to get through the process of successfully receiving Social Security Disability Insurance (SSDI) and Supplemental Social Security Income (SSI). In 2004, the Colorado General Assembly decreased Aid to the Needy and Disabled (AND) monthly allotment from \$269 to \$135.<sup>29</sup> This is the primary source of income for many people who are homeless.

<sup>27</sup> Colorado and Denver Department of Human Services data.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

# Ten Year Plan to End Homelessness

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One Denver program has been successful qualifying people who are homeless for Social Security and Disability Benefits in an expedited manner. CCH's Benefits Acquisition and Retention Team (BART) is located in a neighborhood homeless medical clinic, where medical pre-certification and other on-site qualification experts can help expedite the process to obtain mainstream program eligibility and benefits. In its first year, BART decreased processing time from a two year average to three weeks. The program recently received four year funding through the Social Security HOPE grant enabling it to expand staff, thereby serving more people.<sup>30</sup>

Having stable, long term mental health and substance abuse treatment is the only way many chronic homeless can move off of the streets 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 in Denver, particularly in programs that serve those who are dually diagnosed. Colorado is one of only three states in the nation that does not cover substance abuse treatment with Medicaid.<sup>31</sup>

In 2003, the Mental Health Center of Denver was required to cut 400 clients from its rolls, while at the same time the State Division of Mental Health reduced beds and services at mental health institutions in Pueblo and Ft. Logan. As one Denver Post reporter noted, "The message is clear: Don't become mentally ill in Colorado." A study of need for publicly funded mental health services in Colorado estimated the prevalence of serious mental disorders among individuals in families under 300 percent of federal poverty guidelines. The study concluded 46 percent of the target populations were served in the state mental health system, 15 percent were served in other public systems, and 39 percent were not served.<sup>32</sup>

The 2005 MDHI Point-in-Time survey collected data from respondents about current medical conditions. Fifty-three percent of respondents indicated they had a medical, mental health, or substance abuse problem.

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<sup>30</sup> BART Program

<sup>31</sup> A Blueprint for Addressing Homelessness in Denver, Denver Homeless Planning Group, September 2003.

<sup>32</sup> State of Colorado Population in Need of Mental Health Services and Public Agencies Serving the Need, January 7, 2002.

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**Table 9**  
**Current Medical Conditions**

Condition	2005	
	Family	Individual
No Treatment	226	758
Medical	53	489
No Answer	48	259
Mental Health	43	348
Substance Abuse	43	381
Developmental	17	111
HIV/AIDS	0	0
<b>Total Responses</b>	<b>430</b>	<b>2,346</b>
<b>Total Respondents</b>	<b>394</b>	<b>1,982</b>

There are 746,000 people (16.7 percent of the total population) in Colorado without health insurance.<sup>33</sup> Healthcare for the poor, elderly and disabled in Colorado is the second largest State budget expense. Homeless people over-utilize emergency room care, racking up costly bills to the public. In 2003, Denver Health, the largest regional provider of health care to the poor, spent \$42 million in providing services solely to people who are homeless.<sup>34</sup> Those who only access healthcare through the emergency room do not receive follow up care or services beyond immediate intervention. In Denver, the Colorado Coalition for the Homelessness' Stout Street Clinic served 8,265 people through 62,029 individual visits in 2004.<sup>35</sup>

Reliable transportation is also a barrier to accessing services, housing and employment. The cost of maintaining a vehicle in Colorado annually is \$4,000. This cost is prohibitive to homeless people. Conversely, it costs only \$200 or less per year to use public transportation.<sup>36</sup> Currently, there is no local public funding to provide homeless people with transportation to attend appointments, keep and maintain employment or transport children to school or daycare.

Other important service needs include emergency food, childcare, access to secure locations to store personal belongings and access to facilities for persons seeking to meet basic hygiene needs such as bathrooms, showers, and sinks.

The Mile High United Way's 2-1-1 referral line data show only 33 percent of those referred are getting the services they need primarily due to waitlists and filled capacity of area programs. The 67 percent gap between need and services available may still be an under-representation, as only those whom the United Way can reach with follow-up calls are counted. Immediate access to services is an imperative for homeless populations in the Denver area.

<sup>33</sup> Colorado Department of Health Care Policy and Finance data.

<sup>34</sup> Colorado Department of Healthcare Policy and Finance.

<sup>35</sup> "Health Status of Homeless Persons in Metro Denver," Colorado Coalition for the Homeless, 2005.

<sup>36</sup> Homeownership, The Investment for Colorado's Economy, Community Strategies Institute, 2004.

# Ten Year Plan to End Homelessness

## Public Safety and Outreach

There is growing concern regarding the numbers of people who are visibly on the streets in need in the City and County of Denver. MDHI PIT data shows an average of 343 people living in public places in Denver on any given evening and ten percent of the homeless derive income from panhandling.

Denver business leaders feel strongly that Denver has been in a crisis for several years because of the impacts of homelessness and panhandling on business, and that if we are unable to address the most visible aspects of this crisis, it will continue to have a substantial negative economic impact on Downtown and the City of Denver and cripple long-term planning and economic development efforts.

The economic costs of people feeling unsafe on the streets are also important to consider. In surveys conducted by the Downtown Denver Partnership and the Denver Metro Convention and Visitors Bureau, panhandling and homeless people on the streets are ranked as the number two concern of people visiting downtown Denver. The Convention and Visitors Bureau has received a number of letters from companies stating that they won't do business in Denver because of the number of people who are homeless or asking for money on the streets.<sup>37</sup>

Outreach, services and permanent housing are much cheaper alternatives than incarceration for minor offenses that result from being homeless. The simple cost to the community of arresting a person for asking for money is \$174. This is 34 percent of the average monthly rent for a studio apartment in Denver. In the fourth quarter of 2004, there was a vacancy rate of eight percent in these units. Data from San Francisco shows that the majority of chronically homeless individuals rotate through the jail system on a frequent basis, and that 40 percent of the jail population is homeless.<sup>38</sup>

"Sometimes those most in need of services are the most hesitant to request help. Highly visible on Denver's streets, under bridges and in alleys, many chronically homeless individuals have severe mental and physical health issues. Debilitated by the stress and danger of living on the streets and efforts to cope with their problems, it is all they can do to live through a day and they are reticent to approach traditional sources of assistance....Conducting outreach is a constant challenge. It can take days, weeks or months of repeated, positive contact with an individual before there is a window of opportunity for offering help."<sup>39</sup>

Creating a coordinated team of outreach workers who work closely with police has been a successful method of moving people off the streets. Over the past five years, Philadelphia has seen a 75 percent decrease in the number of people living on the streets on any given day (from 847 to less than 200). Success is attributed to centrally organized 24 hour outreach and police efforts that are coordinated with the service provider community, immediate access to shelter and services, and local ordinances that outline behaviors that promote public safety on city-owned property, including sidewalks. The outreach workers and police both focus on diverting people from the streets and helping people access services.

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<sup>37</sup> Surveys conducted by Downtown Denver Partnership and Metro Denver Convention and Visitors Bureau

<sup>38</sup> The San Francisco Plan to Abolish Chronic Homelessness, San Francisco Ten Year Planning Council.

<sup>39</sup> *Colorado Coalition for the Homeless Outreach: Bringing Service Directly to Hard to Reach Populations*. Colorado Coalition for the Homeless, Education and Advocacy Department, September 2004.

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Currently Denver has 7.5 FTE equivalent outreach workers working with homeless adults and youth. MDHI PIT data identified an average of 343 homeless individuals and homeless families living on the streets or in public places. The City of San Francisco has created a methodology for calculating the number of outreach workers needed to effectively help the homeless access housing and services using a 1:12 ratio. Using this model, Denver needs 28 outreach workers (or an additional 20.5 FTE) to provide adequate outreach services. The Philadelphia model has a specialized police units comprised of ten experienced officers and a sergeant working on homelessness in addition to the street outreach workers.

## Education, Training and Employment



To prevent homelessness and assist individuals and families who are already homeless, resources must be invested in job development, education and training programs. Jobs must be created so that people who are able and willing to work can find employment. Yet job development alone is not sufficient; jobs must pay enough to enable workers to afford housing. Educational attainment is the most significant predictor of a family's income, and parents with low levels of education have a hard time supporting a family. Nearly half of all low-income working families in Colorado have at least one parent who lacks a high school degree. In 2001, the median income in Colorado for adults between the ages of 18 and 64 without high school diplomas was \$15,000, while the median income for adults with high school diplomas was \$21,000. The median income for those who had completed college was \$35,000. About 14 percent of the adult population in

Colorado (more than 370,000 people) lack a high school diploma or GED.<sup>40</sup>

In Denver, 367 respondents to the 2005 Point-in-Time survey said they needed the assistance of a job center and 166 said they needed job training. This question was asked for the first time in the 2005 Point-in-Time survey. Based on these responses, it is estimated that 580 people need employment assistance throughout the year. On average one job developer staff person can assist 125 clients. Data from Mile High United Way's 2-1-1 referral line indicates the scope of the issue is even larger. Of the 51,506 calls to the 2-1-1 line in 2004, 56 percent of callers were unemployed and 71 percent earned less than \$9,999 per year.

Many people who are homeless have some form of employment. Table 10 reveals that 22 percent of respondents had a job and 24 percent were day laborers. However, many of these people do not make enough to pay for housing and other living expenses. In 2005, the hourly wage needed to afford a one bedroom apartment in Denver County was \$13.27 — over 228 percent of minimum wage. A minimum wage earner must work 100 hours per week to afford this one bedroom unit. Of top 25 growth occupations in this decade, only eight pay wages that can afford the average rent.<sup>41</sup>

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<sup>40</sup> *Opportunity Lost: When Hard Work Isn't Enough for Colorado's Families*. Bell Policy Center. April 2004

<sup>41</sup> Community Strategies Institute, *Housing Facts and Figures for Housing Colorado!* 2004.



# Ten Year Plan to End Homelessness

**Table 10**  
Sources of Income Identified by PIT Survey Respondents

Sources of Income	Percent	Annual Ave. 03-05
Job	22%	704
Day Labor	24%	764
Family/Friends	11%	343
Food Stamps	14%	435
Social Security	6%	177
Pension	1%	31
Unemployment Insurance	2%	61
Worker's Compensation	1%	16
Child Support	1%	41
Asking for Money	10%	323
Other	9%	276
TANF/Colorado Works	4%	139
SSI	7%	209
Veteran's Benefits	2%	63
Selling Blood/Plasma	3%	100
Prostitution	1%	46
Aid to Needy Disabled (AND)	6%	187
Old Age Pension	1%	23
Medicaid	4%	120
Emergency Assistance	4%	115
Selling Drugs	2%	62
Pawning Items	6%	196
No Income/Not Answered	24%	751

\*Respondents could choose as many answers as were applicable

Table 10 identifies a small percent of the population receiving some form of public benefits. While respondent could check as many categories as applicable, fourteen percent indicate they receive Food Stamps, seven percent SSI, six percent social security and six percent AND. However, studies of homeless populations estimate that 84 percent are eligible but not qualified for public benefits.

Table 11 shows the gap that a single parent with two children trying to live on minimum wage faces in the monthly budget. Even with subsidized daycare, food stamps, and no automobile, there is no way to pay the market rate for a two bedroom rental unit in this household budget. This budget does not include educational costs, job training or any work expenses.

# City and County of Denver

**Table II**  
**Denver Family Budget for a single parent earning minimum wage**  
**with two children under six years of age<sup>42</sup>**

<b>INCOME</b>	
Net pay after taxes	\$ 760
Food Stamp Allotment	\$ 150
<b>Total</b>	<b>\$ 910</b>
<b>EXPENSES</b>	
Rent*	\$ 789
Utilities	\$ 90
Food to supplement food stamps	\$ 208
Transportation	\$ 40
Subsidized Child Care	\$ 50
Household Items	\$ 75
Laundry	\$ 60
<b>TOTAL</b>	<b>\$ 1,312</b>
<b>Monthly Deficit</b>	<b>\$ 402</b>



One of every five homeless people in Denver is a child.<sup>43</sup> These children often suffer disproportionately from developmental delays due to being highly mobile and living in unstable conditions. A public policy report from the National Center on Family Homelessness discusses the devastating effects of homelessness on a child:

- ⌘ Children who are homeless are diagnosed with learning disabilities and language impediments twice as often as other children and have three times as many emotional and behavioral problems;
- ⌘ Anxiety, depression, withdrawal, and other clinical problems are found in 12 percent of homeless preschoolers and 47 percent of homeless school-age children;
- ⌘ Forty-five (45) percent of children who are homeless do not attend school on a regular basis while they are homeless;
- ⌘ At least one-fifth of children who are homeless do not attend school as demands for shelter and food take precedence over learning;
- ⌘ More than one fourth have attended three or more schools in a year;
- ⌘ Children who are homeless are twice as likely to repeat a grade as other children and are suspended twice as often.<sup>44</sup>

<sup>42</sup> Colorado Coalition for the Homeless, *The Facts about Minimum Wage and Homelessness*; Colorado Fiscal Policy Institute, *The Self Sufficiency Standard for Colorado 2004: A Family Needs Budget*.

<sup>43</sup> *Metro Denver Point-In-Time Study*. Metro Denver Homeless Initiative. 2002 – 2005 averages.

<sup>44</sup> *Homeless Children: America's New Outcasts*. Better Homes Fund. 1999.

# Ten Year Plan to End Homelessness

## Community Awareness and Coordinated Response

Homelessness is not Denver's problem alone. The 2005 Point-In-Time survey indicated that 54 percent of respondents' are located in Denver's six surrounding counties. Lasting solutions will require a regional response. The Plan and Commission will continue to work closely to communicate and coordinate efforts with other local, regional and national entities.

Incorporating the 10-Year Plan in the City's Comprehensive Plan 2000 and Blueprint Denver is a priority.<sup>45</sup> It is also recognized that a regional approach with other metro Denver cities and counties is needed to effectively and adequately address the regional complexities and implications of homelessness and proposed solutions. Collaborations have begun with Metro Denver Homeless Initiative (MDHI) to foster regional collaboration to address homelessness in the Denver area. Further, the Plan is being coordinated with the work at the state level through the State Interagency Council on Homelessness and Colorado's 10-Year Plan and at the national level through the Interagency Council on Homelessness. Within the City, the Denver Housing Plan currently being drafted by Housing & Neighborhood Development Services (H&NDS) must reflect the goals of the 10-Year Plan to End Homelessness.

Increasing community awareness and understanding regarding homelessness in Denver is vital to 10-Year Plan efforts. Education and public awareness campaigns can help reduce stigmas and stereotypes attached to the issues of homelessness and put a realistic "face" on the issue for the Denver community. These initiatives will also inform citizens about current services and resources in the Denver community and educate the broader community on the need to expand housing and services.

Public education efforts will educate the entire metropolitan area about the nature of homelessness and encourage citizens to redirect individual contributions away from individuals who panhandle and to organizations that effectively address the needs of homeless people. Fostering community awareness will be critical to garner public support for sustainable funding for affordable housing and other homeless-related issues.

## Zoning, Urban Design and Land Use

There are 2,911 homeless people using the 1,358 available shelter beds and family beds in Denver. This has created a critical shortage of 1,453 shelter beds and other residential accommodations for people who are homeless or persons at risk for becoming homeless. The limitation on shelter beds and the restrictions on the locations of shelters in the Denver Zoning Code are two of the many factors that contribute to this shortage.

Portions of the Denver zoning code are barriers for determining sites for emergency shelter and hinder development of affordable housing in the Denver area. Further, access to adequate transportation for services and employment is a major barrier for homeless populations. Future housing should take into account the transportation needs and requirements of this specific population. Incentives should be considered at a local public policy level to mitigate the barriers to future affordable housing developments.

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<sup>45</sup> Plan 2000 is a comprehensive city plan and Blueprint Denver is a local urban design document that projects and plans for Denver's growth in the next 10 years. Both documents are discussed in detail in the Context piece of this document.

# City and County of Denver

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Other barriers to increasing shelter include zoning code restrictions on facilities operated within and by Churches and those in other nonprofit and government buildings where temporary shelters can be located to address the immediate gap in housing.

# Ten Year Plan to End Homelessness

## SECTION 2: Goals and Action Steps

The objective of the Plan is to create a homeless response system that will reduce chronic homelessness by 75 percent in five years and provide adequate housing and services to eliminate homelessness in ten years.

In 2003, Mayor Hickenlooper formed the Denver Commission to End Homelessness, with representatives from social service and government agencies, neighborhood associations, the business community and people who are homeless. This Commission, with the leadership of the Denver Department of Human Services (DDHS), was charged with a serious task — to marshal the people, systems and resources necessary to eliminate homelessness over the course of the next decade. Denver's 10-Year Plan to End Homelessness was created to map a path necessary to meet the goals of this ambitious task.

In the first section of the report, the scope of the need and structural limitations causing homelessness are identified. The metaphor of the pipeline is used to illustrate the capacity limits of the existing system. The lack of affordable housing and services combined with nationwide economic decline has exacerbated the problems of homelessness for the last decade. As the number of homeless increase, the mission to eliminate the problem becomes more critical.

Homelessness places a severe emotional and social strain on the individuals and families falling into its web. Equally important, homelessness places a burden on society. The cost of serving people in a fragmented system more responsive to crisis than long-term solutions is fiscally irresponsible. It costs society a great deal more to provide emergency shelter than prevention efforts or long-term affordable housing. Furthermore judicial and penal expenses drain public resources and unravel private lives. There are also unmeasured costs from the perception of unsafe streets and the resulting loss of business.

The Denver Commission to End Homelessness is a collection of committed individuals looking at a multifaceted issue. In crafting solutions to the problem, a balance was struck between the critical needs of people who are homeless, the limitations of existing systems and the challenges faced by the business community and neighborhoods.

The charge of the Commission includes creating systemic changes to fundamentally alter the ways in which Denver responds to the homeless: to move from a crisis management model to a holistic approach incorporating improved health and mental health care, education and job training with a permanent affordable housing supply. However, simply identifying goals without regard to the expansion of resources necessary to implement the findings would be irresponsible. Everyone agrees that raising adequate resources to meet the needs is a fundamental reason for adopting the Plan. Much work will need to be done over the next ten years to harness the continuing resources to create effective solutions.

Section two details the overall goals developed by the Commission and presents a series of actions necessary to meet the goals. The actions are placed within the 10-year timeline and corresponding funding and resource allocations are listed. These will be refined on an annual basis. Existing staff and funding will be prioritized to meet the goals of this Plan. But most importantly, additional funding and staffing needs will be identified. DDHS, the Commission, and the City of Denver will use this Plan to guide their efforts to eradicate homelessness in 10 years.

## GOAL I: Permanent and Transitional Housing

Develop adequate permanent and transitional housing opportunities to meet the needs of people at 0-30% Area Median Income (AMI) or less than \$15,050 per year.

**H**omeless housing providers and funders in the Denver metro area are embracing the Housing First model. Under this model, people who are homeless are placed in a stable housing situation as services are identified and provided. This concept recognizes that the provision of affordable housing is primary to solving the problems of homelessness. Affordable housing provides the cornerstone of stability allowing individuals and families to address other issues in their lives, be they health or employment related.

This approach to solving problems of homelessness recognizes that living on the streets is not an acceptable option for members of our community. An adequate supply of affordable housing units and rental assistance is necessary to meet the needs of the homeless population, at-risk families and low-income workers in our regional economy. The analysis accounts for individuals, families, youth, veterans, victims of domestic violence and others. The focus of Plan actions will be to supply housing for those with incomes below 30 percent AMI. This translates to less than \$15,050 annually for one person, \$17,200 annually for two people and \$21,500 annually for a family of four.

Understanding the type of housing needed is vital to effectively respond to homelessness. The MDHI PIT survey provides detailed information on Denver's homeless demographic. Homeless populations are more likely to need accessible units as they have higher rates of physical disabilities than the overall population. More single people are homeless than families. Solutions based on this data will be the most successful. Furthermore, it is important to stage the increase in a way that responds to the housing market, capacity of private and non profit housing developers and access to funding. Currently, many units in the Denver metro area are vacant. In this situation, it is essential to make rental assistance available to fill existing units before adding new inventory to the market.

**The plan recommends a total of 3,193 housing units to meet the overall need.** To accomplish this goal, 2,080 permanent affordable housing opportunities must be created for those Transitional or First Time homeless over the next ten years. For the Chronic homeless population, 942 permanent supportive housing units must be added to the overall affordable housing inventory. Creating additional transitional housing with intensive support services is also vital. Transitional housing provides people who are homeless with time and resources necessary to move to self-sufficiency. This plan recommends that 171 units of transitional housing with intensive services be created to serve those who are classified as Episodic homeless.

To achieve these targets, the Denver Housing Authority (DHA) has committed 25 percent of their open units each year. This represents approximately 900 units of deep subsidy housing for the populations identified in this Plan. Those units will be made available from units and vouchers vacated by existing residents during the coming ten years. In order to accommodate this action administratively, DHA will provide a selection preference to those households which meet the homeless definitions contained in this Plan. The Housing Authority action represents a major allocation of the needed housing resources.

Success will depend on the cooperation of existing housing providers and developers to target resources toward the goals of the Plan. These providers include funders such as Denver

# Ten Year Plan to End Homelessness

Division of Housing and Neighborhood Development Services and the Colorado Division of Housing along with private and not for profit housing developers and the Denver Housing Authority. It is also necessary to harness the energy and support of the religious community through programs to sponsor families or individuals who are homeless.

The Commission also sees value in fostering innovative design of affordable housing. By sponsoring a design competition for the creation of new affordable housing, the Commission hopes to educate the public about the need for permanent affordable housing incorporating original and cost-saving design options.

To further understand the dynamic between neighborhoods within Denver, the Commission proposes an action step to analyze the disbursement of existing affordable housing within the City and County and to identify opportunity zones for the placement of future affordable housing.

## GOAL I: PERMANENT AND TRANSITIONAL HOUSING, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
I.1	Create 2,080 permanent affordable housing opportunities for Transitional (First Time) Homeless. Opportunities should include new construction, expansion of rental subsidies or acquisition and rehabilitation of existing units.	Yrs. 1 -10	HUD, DH&NDS, DDHS, DHA, CHFA, Denver CHDOs, Non-Profits, Private Developers, RTD, CDOT	\$\$\$\$\$\$	Partially available, cannot be achieved without new revenue
I.2	Create 942 permanent supportive housing opportunities for Chronic Homeless.	Yrs. 1 -10	HUD, DH&NDS, DDHS, DHA, CHFA, Denver CHDOs, Non-Profits, MHCD, Private Developers, RTD, CDOT	\$\$\$\$\$\$	Partially available, cannot be achieved without new revenue
I.3	Increase the number of transitional housing units with intensive supportive services by 171 units for those classified as Episodic Homeless.	Yrs. 2 - 7	HUD, VA, DDHS, DH&NDS, United Way, Transitional Housing Providers, Foundations, Faith Communities, Denver Health	\$\$\$	Partially available
I.4	Work with Denver Housing Authority to set aside 90 units of rental housing (with or without rental assistance) affordable to those homeless with incomes at 0-30% AMI.	Yrs. 1 - 10	HUD, DHA, DDHS, DH&NDS	\$\$\$\$\$	Available as units/vouchers turn-over

# City and County of Denver

## GOAL 1: PERMANENT AND TRANSITIONAL HOUSING, ACTION STEPS, Continued

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
1.5	Create a program whereby groups (faith communities and others) sponsor a family or individual who is homeless including housing assistance. These groups will help identify receptive landlords and apartment managers to assist with the program.	Yrs. 1 - 10	DDHS, Religious Community, Landlords, Apartment Managers	\$	Available
1.6	The Homeless Commission will sponsor a Housing Ideas Competition to submit architectural and planning concepts for housing people at 0-30% AMI.	Yr. 1	HUD, DDHS, DH&ND, AIA, Homeless Providers, Faith Communities	\$	Can be achieved with little or no cost through in-kind work and donated prizes
1.7	Conduct research using census data to identify opportunity zones for permanent affordable housing affordable to those at 0-30% AMI.	Yr. 1	DDHS, DH&ND, Neighborhoods, CHDOs	\$	Available

## GOAL 2: Shelter System

**Make safe and legal shelter beds and activities available for all populations both day and night until adequate permanent housing is in place.**



**W**hile permanent affordable housing is the number one goal of the plan, efforts must be made to accommodate the needs of people who are homeless and families currently in the system as a temporary solution until adequate permanent housing becomes available.

To accommodate the timeframe necessary to establish new permanent housing, it is unfortunate but necessary that the emergency response system combining temporary shelter beds with services must be improved. The emergency response system meets the most basic and immediate needs of the homeless. At one time, shelter beds were provided only at night and only to single men. Recognizing the composition of the homeless has changed and become more diverse, the emergency response system has evolved to create shelter beds for men, women, families and youth. The Commission recommends action to expand the capacity of shelters to serve a greater number of people in the first years of the Plan.

The current gap in shelter beds is 1,453. The Commission believes that use of the Housing First model will reduce the number of homeless over time and therefore reduce the need for emergency shelter beds. The Plan includes an action step to add 135 new shelter beds in year one as a temporary solution until permanent affordable housing can be added to the inventory.



# Ten Year Plan to End Homelessness

Shelters will also expand hours of operation — embracing coffee house models providing 24-hour or day shelters. The objective of the 24-hour shelters is to provide one stop shopping for services and collaboration with existing service providers as well as provide a place for people to be throughout the day in order to conduct job searches and engage in services. The over-arching goal is to bring services to clients rather than have clients come to services. The Commission recognizes the importance of these changes and recommends action to further expand these opportunities. In addition, the Commission members are aware that five percent of PIT survey respondents were monolingual Spanish speakers and access to services for this population is a priority.

Recognizing that directing scarce resources toward building new shelters can be difficult given the costs of new development and neighborhood concerns, members of the Commission recommend action to partner with other agencies, businesses and the faith community to expand shelter space. The faith community has stepped up to the plate, opening their facilities as emergency shelters in extreme weather conditions. The Commission also seeks to formalize a severe weather ordinance to sanction opening of overflow shelters or temporarily increase the capacity of existing shelters during cold weather.

The Commission recognizes that solutions to problems of homelessness will come from many sources. As such, it is vital that resident advisory committees be created allowing people who are homeless direct input into shelter policies and program design. These boards are in addition to neighborhood advisory boards which are required for new and expanded projects to ensure that neighbors also have input into program operations.

## GOAL 2: SHELTER SYSTEM, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
2.1	Because there is an immediate need for 1,453 additional beds, 100 beds for single men, 20 beds for single women and 15 units for families will be created in year one of the Plan. Shelter is a secondary and temporary solution until adequate permanent housing becomes available.	Yrs. 1 - 5	DDHS, Shelter Providers, United Way, Faith Communities, Foundations, Neighborhood Organizations, CDOH, SHHP	\$\$\$	Partially available, cannot be achieved without new funding
2.2	Establish standards for publicly funded shelters to provide increased services throughout the day and for general improvement of shelter conditions.	Yr. 1	DDHS, Shelter Providers, United Way, Faith Communities, Businesses, Foundations, Neighborhood Organizations	\$\$	Available assuming reallocation of some existing resources
2.3	Create and fund a schedule for capital improvements at shelters including replacing mats with beds at existing shelter sites.	Yrs. 2 - 6	DDHS, Denver DH&ND State of Colorado: DOH, Shelter Providers, United Way, Faith Communities, Businesses, Foundations	\$\$	Cannot be achieved without new funding
2.4	Provide adequate day-shelter space and 24-hour shelter space for people who are homeless.	Yrs. 1 - 6	DDHS, Businesses, Foundations, United Way, Faith Community, Denver Division of Workforce Development	\$\$\$	Partially available, cannot be achieved without new funding

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## GOAL 2: SHELTER SYSTEM, ACTION STEPS, Continued

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
2.5	Double the number of respite beds in the community from 35 to 70 beds for people who are homeless and have been discharged from medical facilities, yet still require bed rest and follow-up care.	Yrs. 1 -5	DDHS, Shelter Providers, Hospitals	\$\$\$	Available
2.6	Adopt a Severe Weather ordinance to allow shelters to expand numbers served during extreme weather conditions.	Yr. 1	DDHS, MDHI, Faith Communities, Shelter Providers, Neighborhood Organizations, Denver Police, Department of Environmental Health, Denver Fire Department	\$	Available
2.7	Open public recreation centers, churches and other facilities as overflow shelters in extreme weather conditions.	Yr. 2	DDHS, Denver Parks & Recreation Centers, Shelter Providers, Neighborhood Organizations, Churches	\$\$	Available
2.8	Require all publicly funded agencies to receive training on all state and federal antidiscrimination laws to protect vulnerable populations.	Yr. 1	HUD, DDHS, Colorado Civil Rights Commission	\$	Available
2.9	Create on-site resident "advisory committees" at area shelters to facilitate resident input on shelter policies, challenges and best practices.	Yr. 1	DDHS, Shelter Providers	\$	Available
2.10	Develop consistent criteria for use of the involuntary mental health hold by outreach workers and police when homeless persons are at risk due to severe weather.	Yr. 4	DDHS, DDPS, Denver DA, Denver City Attorney, Emergency Service Providers, Denver Health, MHCD	\$	Available

# Ten Year Plan to End Homelessness

## GOAL 3: Prevention

**Provide Denver residents facing homelessness more tools to keep them from ending up on the streets or in emergency shelters.**

**T**he prior goals have addressed action steps to reduce the number of people who are homeless in the emergency system. However, as the pipeline expands to meet the needs of those currently in the system, steps must be taken to minimize the number of new people becoming homeless and entering the emergency homeless system. Research has shown that prevention is effective for the individual and for society. Individuals and families can be traumatized by the loss of individual worth that can accompany a stay in a mass homeless shelter. The costs of supporting persons in the emergency system are greater than the investment needed to secure permanent housing for that same individual.

An underlying presumption in this Plan is the numbers of people who are homeless on the streets and in emergency shelters will decline as the community becomes more adept at preventing that first incidence of homelessness. The most basic cause of homelessness is poverty. Without sustained employment or income, housing becomes difficult to maintain. Even short term losses of wages or benefits or an unforeseen medical expense can have devastating consequences on people who lack savings or a safety net to continue paying rent and utility expenses. More and more people are falling behind on rent, mortgage and utility payments. Ultimately, this will lead to eviction or foreclosure and in many cases homelessness.

Motels are becoming the housing of last resort as people can access this type of shelter without costly application and deposit expenses. However, it is safer and less expensive to pay rent as opposed to a series of motel bills over the course of a month. As a result of these worrisome trends, the Commission recommends action to create funding for one-time emergency rent, mortgage and utility expenses for low income individuals and families at risk. Additionally, the Commission sees a need to coordinate with other organizations to fund or create waivers or guarantees for rental application fees, security deposits or other move-in costs.

Further complicating this issue is the lack of preventative planning by mainstream systems (state and local mental health institutions, hospitals, the criminal justice system and youth transitioning from foster care) for the discharge of clients. The significant increase of these homeless, coupled with the complex needs of those discharged without adequate transition assistance, is creating a crisis situation for area homeless shelters. The Commission applauds the efforts of local non profits, MDHI and the Colorado Interagency Council on Homelessness for collaborating on local discharge goals and planning maps to ensure a comprehensive state and local approach. Further coordination is a recommended action of this Plan.

The Commission hopes to identify successful prevention models that can be replicated as well as establish programs to help people with poor credit histories access more stable housing options.

# City and County of Denver

## GOAL 3: PREVENTION, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
3.1	Coordinate with other organizations to fund one-time eviction, foreclosure and utility shut off prevention assistance for those at 0-50% of AMI.	Yrs. 1 - 10	FEMA, HUD, State Homeless Tax-Check-off Fund, DDHS, DHA, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers, Landlords	\$\$	Available but increased revenue is needed to increase assistance
3.2	Coordinate with other organizations, policymakers and landlords to create funding or negotiate waivers for rental application fees, deposits and move-in costs.	Yrs. 1 - 10	FEMA, HUD, State Homeless Tax-Check-off Fund, DDHS, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers	\$\$	No resources available. Waivers and trades of other funding resources such as HOME may be adequate.
3.3	Coordinate with other agencies to improve the discharge policies and procedures of the Correctional System, the Mental Health System, the Child Welfare System and the Public Health System to reduce the number of people discharged with no place to go and who consequently end up in the emergency shelter system.	Yr. 2	Denver Health, Denver Hospitals, Denver Jail, Colorado Dept. of Corrections, Denver Human Services, CHDOs, Division of Workforce Development.	\$	Changes in policy could be accomplished with little new cost incurred by any of the partner agencies.
3.4	Develop programs for people with poor credit histories and/or criminal backgrounds to qualify to housing.	Yrs. 6 - 10	Landlords, Apartment Mangers, FEMA, HUD, DHA, State Homeless Tax-Check-off Fund, DDHS, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers	\$	Sources of Revenue not identified
3.5	Create evaluation systems to identify effective prevention programs	Yrs. 1 - 10	CDHS, HUD, DDHS, Homeless Providers, Foundations	\$	Partially Available

# Ten Year Plan to End Homelessness

## GOAL 4: Services

**Provide better access to supportive services that promote long-term stability, improved functioning for those in need and movement into permanent housing as soon as possible.**

**T**he Housing First model seeks to remedy the problems of homelessness by first providing housing to an individual. However, a place to live is not the only key to successfully moving people from homelessness to self sufficiency. The provision of services is also fundamentally important. The services needed to help people maintain housing over the long term include health care, mental health care, drug and alcohol treatment, employment and educational training, child care and transportation. Unfortunately, many of these publicly-funded services have been reduced significantly in the past several years due to the state's budget woes.

Isolating the person's needs and responding effectively takes time, resources and sustained effort on the part of service providers. People who are homeless often face multiple issues barring them from successfully functioning in the larger community. Dual diagnoses – that of substance abuse and mental illness – is prevalent among the chronic homeless populations.

Packaging services in an efficient and effective way is often difficult. Homeless populations are transient. Efforts to locate emergency housing cause individuals and families to move from one service provider or community to the next in a short window of time. The Housing First model attempts to simplify the task of service provision by establishing the stability of place for people who are homeless. Once permanent housing is secured, efforts to link people with services are less complex.

It would be virtually impossible to provide local funding for all the treatment needs of people who are homeless. Consequently the Plan relies heavily on helping people who are homeless qualify for mainstream resources and advocates for more support from the State.

Based on analysis of Colorado Coalition for the Homeless data, it is estimated that 84 percent are eligible for public benefits but are not qualified. Applying this percentage to PIT data collected on the number of people needing but not receiving services, the Commission recommends that a Benefits Acquisition and Retention Team (BART) type system be expanded or established to serve 449 people who are homeless in years one through seven of the Plan. The complex web of application procedures for public services is often a significant barrier for people who are homeless. Efforts to streamline the process have been implemented by BART. The Commission recognizes that staff must be trained to assist people who are homeless to navigate the benefit system. This approach benefits the individual, but also brings vital federal dollars into Colorado.

The Plan calls for additional annual funding for outpatient mental health services for 55 people who are homeless and for providing targeted substance abuse treatment for 31 people who are homeless. These are people who would not be assisted through the BART program. Based on PIT data, these are the populations not eligible for public benefits yet indicate they have mental health or substance abuse problems. In addition, the Plan calls for ensuring that people who are living in housing and need support services receive these services.

The Commission recommends increasing coordination between mainstream health providers and not for profit providers to increase access to integrated health services for the homeless. The Plan calls for funding additional medical services for 466 individuals not captured in the services recommended by the BART program or other programs. Currently these people access expensive emergency care to obtain medical care for all conditions. The Commission is

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recommending the formation of at least one additional clinic for serving these households and mobile medical outreach services to reach the households.

It is often more effective to bring health services directly to the people. The Commission commends programs such as the mobile outreach and search and rescue programs and recommends action to support and expand the physical and mental health services this outreach van provides.

Increased access to transportation is also an action step in this Plan. Mobility between home, training, work and services is key to helping people who are homeless reconstruct their lives. The Commission recommends action to increase funding for bus passes and tokens for those participating in service or work programs.

The Commission also recognizes that individuals are part of larger family and social networks. When individuals are displaced from their communities and families, homelessness becomes more commonplace as support networks are absent. The Commission recommends funding be identified to assist individuals who wish to be reunited with family or support systems are given the means to do so.

The Commission recognized the critical need for data on this issue. PIT survey data provides information on the magnitude of the problem and insight regarding homeless demographic. However, further information must be gathered and analyzed to gauge program effectiveness and further understand this demographic of the families and people being served in this system.

The Commission is deeply committed to developing outcome measures and data tracking systems for all programs. Therefore, the Commission recommends the HMIS information gathering system become operational as soon as possible. The Commission also understands that due to concerns about safety and pending legislative action, alternative data sources may need to be developed for programs that serve people who are homeless and victims of domestic violence. Further data will also be collected to track deaths among people who are homeless in order to provide appropriate services.



## GOAL 4: Services, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
4.1	Annually assist 449 persons who are homeless and eligible for public benefits to apply and receive benefits and services through a BART-type model.	Yrs. 1-7	DDHS, Denver Health, Colo. Medicaid, SAMHSA, ADAD	\$\$\$\$	Partially available, cannot be completed without new revenue
4.2	Annually assist 55 homeless persons not eligible for public benefits to purchase targeted mental health treatment.	Yrs. 1-7	DDHS, Denver Health, Colo. Medicaid, SAMHSA, ADAD	\$\$\$\$	Partially available, cannot be completed without new revenue

# Ten Year Plan to End Homelessness

## GOAL 4: Services, ACTION STEPS, Continued

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
4.3	Annually assist 31 persons who are homeless not eligible for public benefits to purchase outpatient substance abuse treatment.	Yrs. 1-7	DDHS, Denver Health, Colo. Medicaid, SAMHSA, ADAD	\$\$\$\$	Partially available, cannot be completed without new revenue
4.4	Annually assist 466 people to access medical care. These are individuals not accessing services through the BART program.	Yrs. 3-10	Agencies, DDHS, Denver Health and Hospitals, State Legislators	\$\$\$	Not available.
4.5	Increase coordination and collaboration between mainstream mental health resources, substance abuse resources and programs, mainstream health providers and nonprofit providers to ensure better utilization of health care resources.	Yr. 1	DDHS, Denver Health, Colo. Medicaid, CDHS, MHCD, Homeless Service Providers, ADAD	\$	Available, policy/procedure changes should maximize existing resources
4.6	Expand the Mobile Health Outreach Program providing physical, mental health and substance abuse services.	Yrs. 5-7	DDHS, Denver Health, Colo. Medicaid, CDHS, CADAD, MHCD, Homeless Service Providers	\$\$	Partially available, cannot be completed without new revenues
4.7	Bring HMIS system or other evaluation tools on line and further expand their use over the next 10 years.	Yrs. 1-10	CDHS, HUD, DDHS, Homeless Providers	\$	Partially available
4.8	Collect data to track deaths among people who are homeless.	Yrs. 1 - 10	Deputy Coroner, Denver Health, Stout Street Clinic	\$	Available
4.9	Increase utilization of mainstream benefit systems to improve stability and self sufficiency of homeless populations.	Yrs. 2 - 3	CDHS, DDHS, Homeless Providers	\$	Available
4.10	Support efforts qualify homeless youth for SSI DA in order that they might access substance abuse and/or mental health services.	Yr. 1	DDHS, Service Providers	\$	Available
4.11	Expand direct assistance to obtain transportation services, identification and birth certificates for those participating in service programs and work activities.	Yr. 2	DDHS, RTD, Homeless Providers	\$	Available
4.12	Provide funding to ensure that all homeless and at risk persons who wish to be reunited with family or support systems are provided opportunities to do so. Special focus to be paid to Child Welfare and family reunifications services for abused and neglected youth.	Yr. 6	DDHS, DDPS, Homeless Service Providers, Faith Communities	\$	Sources of revenue not identified

## GOAL 5: Public Safety and outreach

**Improve public safety by increasing homeless outreach efforts to reduce panhandling, loitering and crimes against people and increase the incidence of connecting people who are homeless with appropriate housing and services.**

**B**y increasing the capacity of the existing homeless assistance system, the Commission believes that homelessness will be reduced in the Denver Metro area over the course of time. However, many businesses and citizens are growing increasingly concerned over the visibility of the homeless on the streets in the City and County of Denver. The Commission is recommending increased services, diversion from the streets, and enforcement in response to these concerns.

Many downtown businesses are sympathetic to the plight of people who are homeless and many have contributed \$500,000 annually for the Downtown Ambassador Program and the Social Service Outreach Program. However, they are among the most affected by the many negative consequences arising from homelessness. These consequences including public health and sanitation problems, lack of security, increased demand for social and other services as well as the negative perception of our community at the local, national and international levels which affects both business and tourism.

The increased number of panhandlers in the Denver metro area has created a sense of urgency among the business community and neighborhood associations that short term solutions to the problems of loitering and panhandling must be crafted. According to PIT data, an average of 10 percent of people who are homeless obtain money by panhandling. Furthermore, reports of crimes against the homeless highlight the need for protection and outreach to this often vulnerable population.

The solution to this problem is multidimensional. The primary goal is to divert people from the streets and into services. An increase in outreach workers will provide the necessary staff to help and direct people who are homeless to appropriate housing and service options. Outreach must be expanded to provide adequate workers to handle the caseload created by the number of people who are homeless in Denver City and County as defined by the PIT survey. In other U.S. cities, increasing the number of outreach workers, combined with police and enforcement, has dramatically reduced the number of people who are homeless on the streets. Working together, outreach workers and police represent a cost-effective and practical solution to solving the problems of homelessness.

Capacity of the shelter system must also be increased to provide reasonable alternatives for people who are homeless. As day shelters, coffee-house settings and 24-hour shelters expand services, the homeless will have options other than loitering in public. People who are homeless face great risk living on the streets. Some have been the victims of violent crimes, others have died from exposure. Fifty-five homeless individuals were reported to have died in the City and County of Denver in 2004.<sup>1</sup> More detailed information will be collected in subsequent years to further understand the nature of these deaths.

Although many efforts have improved the overall emergency response system, a coordinated, sustained attempt to link the community and the homeless with existing services has been absent. The Commission recommends that action be taken to create a 24-hour outreach

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<sup>1</sup> Denver Coroner's Office, Michelle Weiss-Samaras, Chief Deputy Coroner, Statistics, 2004.



# Ten Year Plan to End Homelessness

coordination center by year two. The center would provide outreach workers, police, service providers and community members with appropriate alternatives for people who are homeless. Of course, a critical component of this strategy will be to increase the number of outreach workers and to train existing public safety workers to access the social service system.

Finally, ordinances must be adopted and strengthened to offer mechanisms for individuals, businesses and public safety officers to respond to the most egregious cases of inappropriate behavior. The Commission recommends efforts to pursue the enactment of ordinances prohibiting the blocking of sidewalks, building entrances, and public passageways. This action includes evaluation and pursuit other legal options (in tandem with increased access to shelter beds with services) to address and reduce sidewalk behaviors that negatively affect the quality of life in the public right-of-way. The Commission also recommends that action be taken to disband encampments on public and private property; increase enforcement of the aggressive panhandling ordinance and consider licensing requirements for groups distributing public meals while encouraging inside feedings.

These combined solutions will only be implemented if efforts are coordinated. The Commission will continue to work with the Denver Police Department and the courts to find alternatives to arrest and incarceration of people who are homeless as well as link the police with the 24-hour outreach coordination center. Furthermore, alternative sentencing models such as community courts and homeless courts are recommended actions of the Commission.

## GOAL 5: Public Safety and outreach, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
5.1	Based on outreach worker assessments, prioritize access to shelter and services to people who are homeless living in public places.	Yrs. 1-10	DDHS, Emergency Service Providers, MDHI	\$	Available
5.2	Pursue enactment of ordinances addressing the blocking of sidewalks, building entrances and public passageways. Evaluate and pursue other legal options (in tandem with increased access to shelter beds & services, increased outreach and pre-arrest diversion) to address and reduce behaviors that negatively affect the quality of life in the public right-of-way.	Yr. 1	City Council, Mayor, Denver Police Dept., DDPS, Businesses, Neighborhood Organizations	\$	Available

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## GOAL 5: Public Safety and outreach, ACTION STEPS, Continued Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
5.3	Expand the use of pre-arrest diversion and diversion options to prevent unnecessary incarceration for people who are homeless including community and/or drug courts to address non-violent offenses.	Yrs. 1-5	DDHS, DDPS, Emergency Outreach Workers, Denver Police Dept., Homeless Service Providers, City Attorney's Office, Court Systems, Crime Prevention and Control Commission	\$\$	Partially available
5.4	Study the need for a targeted court docket (through a pilot program) for people who are homeless. Pursue enactment if pilot is successful.	Yrs. 1 -3	City Attorney's Office, Judges, External/Public Defender Providers, DDHS, Service Providers	\$\$	Partially available
5.5	Enforce and expand the existing protocol for disbanding encampments on public and private property.	Yr. 2	Parks and Recreation, DDHS, Denver Police Dept., City Council, Mayor, DDPS, Businesses, Neighborhood Organizations	\$	Available
5.6	Coordinate with other agencies to establish a 24-hour outreach and police coordination center with common intake and assessment procedures.	Yrs. 2-10	DDHS, Emergency Service Outreach Providers, DDPS, Businesses, United Way, Denver Health and Medical Center, Denver CARES	\$\$\$	Partially available, cannot be completed without new revenue
5.7	Strengthen enforcement of existing aggressive panhandling ordinance in conjunction with pre-arrest diversion efforts.	Yr. 1	City Council, Mayor, DDPS, Businesses, Neighborhood Organizations	\$	Available
5.8	Increase collaboration with Denver Police Department. Provide education and training to police officers on expanded Crisis Intervention Team (CIT).	Yr. 2	DDHS, DDPS, Emergency Outreach Workers, Homeless Service Providers	\$	Available

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## GOAL 5: Public Safety and outreach, ACTION STEPS, Continued Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
5.9	Work with the Denver Police Department to establish effective procedures for returning identification to individuals held in custody.	Yr. 1	DDHS, DDPS, City Attorney	\$	Available
5.1	Expand the number of outreach workers to meet caseload demands.	Yrs. 1-10	DDHS, United Way, Emergency Outreach Service Providers, City Council, Mayor, Businesses, Faith Communities	\$\$	Cannot be completed without new revenue
5.1.1	Create a pilot program (using Philadelphia model) combining outreach workers and specialized police units to work extensively with homeless populations in District 6 with special focus on pre-arrest diversion.	Yrs. 1-10	Denver Police Department, Mayor, City Council, DDHS, Business Community, BID, Outreach Service Providers, CDCJ	\$\$	Available for pilot; cannot be expanded without additional resources
5.1.2	Encourage distribution of public meals by community groups at indoor sites; consider licenses and clean-up requirements.	Yr. 2	DDHS, DDPS, Planning Department, Faith Communities, Homeless Service Providers, Denver Parks and Recreation, Business Community	\$	Available
5.1.3	Reinstate Denver CARES' van outreach on a 24/7 schedule to assist public inebriates add a second van shift for high volume hours.	Yr. 3	Denver Health, SAMSHA, ADAD	\$	Available
5.1.4	Provide cross training to Downtown District Ambassadors to use the outreach coordination center.	Yr. 1	DDHS, Emergency Outreach Service Providers, DDPS, Business Community, BID	\$	Available

## GOAL 6: Education, Training and Employment

**Assist people who are homeless to obtain skills and knowledge necessary to participate in the workforce.**



**J**ob training, skills development and educational opportunities represent a special category of services within the 10 year plan. Due to economic changes, many people find themselves homeless due to layoffs or downsizing. As they look for work, many find newly created jobs in this economy pay a low-wage. Some lack the skills necessary to qualify for even the most basic, entry level positions. PIT data show that 22 percent of respondents indicate they have a job and 24 percent work in day labor. Although respondents could mark as many sources of income as applied to their situation, it is obvious that many are working but are not earning enough to make ends meet. When traditional sources of income cannot be obtained, many resort to panhandling – an average of 10 percent of those who are homeless stated they receive panhandling income in the PIT survey.

The Commission recognizes that increased access to job training and skill enhancement is critical for people to move out of the cycle of poverty. The Commission recommends action to use job development staff from key workforce development partners to work closely with area homeless employment centers. The job developers will expand the number of employers hiring people who are homeless and work with agencies to screen and recommend potential employees. The job developers will also help people who are homeless gain additional skills and assist with employment placement.

Recognizing that gainful employment is a key to preventing homelessness as well as overcoming homelessness, the Commission used PIT data to set specific job creation goals. Based on PIT data, it is estimated that 580 people need employment services annually and the Commission will work with the local business community and others to create these 580 employment opportunities annually for people who are homeless. Currently, 5,000 donated voice mail lines are available for use by homeless persons in the Denver metro area. Access to this service increases the changes of a person connecting with service providers, case workers and employment opportunities. The Commission recommends action to preserve this partnership with Multi-Link Communications.

Recognizing that job training and educational services are often delivered in a fragmented way, the Commission recommends action to improve coordination with the Mayor's Office of Workforce Development, homeless providers and businesses to increase access to training opportunities for the homeless. One component of this effort will be to encourage the development of pilot employment programs for the homeless. The Commission has identified an action step to pilot a program with the hospitality industry and homeless youth during the first year of the Plan. This pilot is a starting point.

As the number of children facing homelessness increases, it becomes imperative for educational services to continue with the least amount of disruption. Denver Public Schools are addressing many critical needs of homeless children by funding homeless liaisons and transportation services. The Commission recommends that further action be taken to support and expand efforts to ensure homeless youth have access to appropriate education including diplomas, GED, ESL, college preparation, vocational education and financial literacy. The

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Commission also recommends continued efforts to ensure that families who are homeless are able to access subsidized child care through the Denver Department of Human Services.

## Goal 6: Education, Training and Employment, Action steps

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
6.1	Use job development staff from key workforce development partners to work closely with area homeless employment centers. Add up to four job developer positions to meet caseload demands.	Yrs. 1 - 10	Denver DWD, WOW, FaithWorks, TANF contractors, Homeless Service Providers, Day Labor Agencies, DDHS, HVRP	\$	Partially available, cannot be completed without new revenue
6.2	Create a pilot employment program with the hospitality industry for people who are homeless. Evaluate program for expansion if successful.	Yr. 1	Denver DWD, DDHS, DDP, Businesses, Homeless Service Providers, HVRP	\$	Available
6.3	Develop 580 employment opportunities annually for people who are homeless in the Denver area. Emphasis should be placed on jobs paying living wages and providing benefits.	Yrs. 1 -10	Denver DWD, DWD Contractors, DDHS, DDP, Businesses, Homeless Service Providers, Day Labor Agencies	\$\$	Partially available, cannot be completed without new revenue
6.4	Preserve partnership with Multi-Link Communications to maintain at least 5,000 voicemail lines with phone numbers for people who are homeless across the Denver metro area.	Yrs. 1-3	DDHS, Multi-Link Communications, Homeless Service Providers	\$	Available
6.5	Increase access to employment and training opportunities offered through key workforce development partners.	Yr. 1 - 3	DDHS, DWD, DWD Contractors, AFL-CIO, Homeless Providers, Businesses, HVRP	\$	Available
6.6	Convene public and private educational organizations to structure programs for homeless youth including GED, Diploma, ESL, college preparation vocational education, and financial literacy.	Yr. 3	DDHS, DPS, CDE, Homeless Service Providers, Higher Education	\$	Available
6.7	Collaborate with homeless liaisons in Denver Public School systems to provide resources needed for homeless children and youth in transition to access schools and other educational facilities in an immediate and uncomplicated manner.	Yr. 3	DDHS, DPS, CDE, Homeless Service Providers	\$	Available

## GOAL 7: Community Awareness and Coordinated Responses

**Build community awareness and support for coordinated responses to eliminate homelessness in ten years.**

Solutions to the problems of Denver's homelessness will come from a collective sense of urgency on the part of its citizens. The increased visibility of panhandling and loitering create ongoing reminders to people that this issue will not be resolved without attention. The Commission recognizes the need to educate businesses, providers and individuals about the causes of homelessness and effective solutions for responding to this crisis. Working with Mile High United Way and the Mayor's Office of Strategic Partnerships, the Commission is also undertaking a community wide fundraising campaign to help harness resources to support the Plan.

Because of strong regional leadership from the Metro Denver Homeless Initiative (MDHI), the area has established the continuum of care necessary to help bring supportive housing funding to our region over the years. Homelessness is not Denver's problem alone. The 2005 PIT survey indicated that 54 percent of respondents are located in Denver's six surrounding counties. Lasting solutions will require a regional response. The Commission will continue this coordinated approach over the 10-year time frame of the Plan.

The Plan's goals will require a strong public outreach campaign to articulate the role individuals and communities must play to solve this large social crisis. The work of the Plan must be coordinated with existing organizations such as MDHI, the Metro Mayor's Caucus, the Metro Area County Commissioners and the Federal Interagency Council on Homelessness. Affordable housing funders and providers including Denver Division of Housing and Neighborhood Development Services and the Denver Housing Authority must be encouraged to expand their involvement by prioritizing resources to meet the goals set forth in the Plan.

The Commission recommends action to improve data gathering and analysis to paint a clear picture of the homeless crisis in Denver and effective interventions for addressing the problems. The Commission will work with marketing experts to develop a campaign designed to increase awareness of who is homeless, increase financial support for all aspects of the Plan and redirect charitable giving away from panhandlers to organizations with the capacity to address the issues of homelessness in a comprehensive manner.

To better articulate priorities within the City and County of Denver, the Commission recommends action to adopt the 10-year Plan as a supplement to the Comprehensive plan. To keep abreast of the policy environment, the Commission recommends action to develop an annual legislative agenda to address homeless issues.

# Ten Year Plan to End Homelessness

## GOAL 7: Community Awareness and Coordinated Responses, Action Steps Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
7.1	Coordinate the Plan and work of the Commission with MDHI, the Colorado Interagency Council on Homelessness, the Federal Interagency Council on Homelessness, the Metro Mayors Caucus and the Metro Area Counties Commissioners.	Yrs. 1-10	DDHS, MDHI, State of Colorado, Metro Communities	\$	Available
7.2	Coordinate with Division of Housing and Neighborhood Development Services and the Denver Housing Authority to identify ways in which all of these agencies can expand their role by prioritizing resources to the housing needs listed in this Plan.	Yrs. 1-10	DDHS, DH&ND, DHA, Colorado Dept. of Local Affairs (CDOLA)	\$	Available
7.3	Use DDHS data and data collected by other agencies and homeless service providers to educate the public on homelessness issues and solutions.	Yrs. 1-10	DDHS, DH&NDS, MDHI, CDHS, CDOLA, Homeless providers, Businesses, agencies, United Way	\$	Available
7.4	The Commission will convene subject matter experts to develop a primarily pro-bono multi-media homeless awareness program.	Yr. 1-10	DDHS, United Way, Mayor's Office of Strategic Partnerships, Media Outlets, Public Relations Firms, Professional Organizations, United Way, Channel 8, Business Community, Homeless or Formally Homeless Individuals, Service Providers	\$	Partially available
7.5	Develop a Community Appeal to solicit financial support for implementation of Plan.	Yrs. 1-10	DDHS, United Way, Mayor's Office of Strategic Partnerships, Business Community, Religious Organizations, Foundations, Service Providers, People who are Homeless	\$	Partially available

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## GOAL 7: Community Awareness and Coordinated Responses, Action Steps, Continued Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
7.6	Provide venues for homeless and formerly homeless to participate in the 10-year Plan presentations, updates and evaluation processes.	Yrs. 1-10	DDHS, Homeless Service Providers, Media Outlets, People who are Homeless	\$	Available
7.7	Recommend to City Council that the 10-Year Plan become a supplement to Denver's Comprehensive Plan 2000	Yr. 1	DDHS, City Council	\$	Available
7.8	Develop an annual legislative agenda to address issues of homelessness.	Yrs. 1-10	DDHS, Homeless Commission, City Council	\$	Available

## CORE ISSUE 8: Zoning, Urban Design and Land Use

**Reform Denver's zoning, building and development codes to facilitate an adequate supply of emergency and affordable housing.**

Collaboration with the Planning Department of the City and County of Denver is essential to remove barriers to building or expanding emergency shelters. The current gap in shelter beds is 1,453. The Commission believes that use of the Housing First model will reduce the number of homeless over time and therefore reduce the need for emergency shelter beds. The Plan includes an action step to add 135 new shelter beds in year one as a temporary solution until permanent affordable housing can be added to the inventory.

The Commission examined several technical aspects of the current zoning code to assess where structural barriers exist to the creation of additional housing. The objective of this review was to expand the locations available to site shelters, allow for the expansion of services at existing sites and increase the time frame for seasonal provision of emergency services.

The Commission recommends action to change the zoning code to allow currently existing large shelters to operate on overflow status without suspending the zoning ordinances for shelters having a zoning permit as of January 1, 2005 allowing two hundred (200) beds or more, the maximum number of beds in the shelter shall not exceed three hundred and fifty (350). The increase simply puts current practice into code and eliminates the need to declare "life threatening conditions" and overflow status. By expanding the capacity at existing facilities, more people can be served while costs can be monitored and controlled.

The Commission also recommends action to allow church based shelters to increase the number of days they can operate within a calendar year from 75 days to 120 days. Furthermore, existing public structures should be allowed to operate as temporary shelters to meet critical needs. These changes would further increase capacity with existing resources. In addition to efforts that increase the use of existing sites, the Commission recommends action to include the operation of homeless shelters within some of the mixed-use zoning code.



# Ten Year Plan to End Homelessness

The increasing cost of land combined with a growing wave of neighborhood concern regarding development merge to make the expansion of shelters an expensive and exhausting process. By changing the zoning codes, shelter providers would face fewer hurdles in their attempt to respond to the need of homeless populations. They would obtain institutional backing necessary to make a case to the community about the soundness of their project.

The Commission also recommends action to continue the discussion regarding zoning barriers with housing developers, funding agencies, and zoning officials. This is especially important as the Blueprint Denver committee is making recommendations to update the 1956 zoning code.

The Commission recognized that good neighborhood relations are vitally important and is recommending that Community Oversight Boards and Neighborhood Agreements be created to facilitate communication regarding new shelter facilities.

## CORE ISSUE 8: Zoning, Urban Design and Land Use, Action Steps Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
8.1	Request a change in the zoning code to allow currently existing large shelters to operate on overflow status without suspending the zoning ordinances and declaring life threatening conditions. [Section 59-82(d)(5)(c)(2)].	Yr. 1	City Council, DCP&D, Businesses, Neighborhood Organizations	\$	Available
8.2	Request a change in the zoning code section allowing church based shelters to operate up to 120 days per calendar year. [Section 59-82(d)(5)(c)(3)].	Yr. 1	City Council, DCP&D, Businesses, Neighborhood Organizations, Faith Communities	\$	Available
8.3	Request a change in the zoning code to permit permanent homeless shelters to be sited in mixed-use zone districts in conjunction with a neighborhood input process. CMU-20, RMU-30, CMU-30 and TMU-30. [Section 59-82(d)(5)(c)(1)].	Yr. 1	City Council, DCP&D, Businesses, Neighborhood Organizations, Faith Communities	\$	Available
8.4	Request a change in the zoning code to allow temporary shelters with fewer than 100 residents in any zone so long as the shelter is located in a structure with a pre-existing public use for up to 120 days per calendar year in conjunction with a neighborhood input and oversight process.	Yr. 1	City Council, Mayor, DCP&D, DPS, Businesses, Neighborhood Organizations, Faith Communities	\$	Available
8.5	Convene affordable housing developers, funding agencies and officials to review existing zoning, building and housing codes to identify changes to facilitate the construction of affordable housing units.	Yr. 2	City Council, Mayor DCP&D, CHFA, DHA, Denver HBA, Housing Developers, Non-profits, Denver Board of Realtors	\$	Available

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## CORE ISSUE 8: Zoning, Urban Design and Land Use, Action Steps, Continued Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
8.6	Encourage the development of new affordable housing along public transportation lines.	Yr. 2	DDHS, RTD, Housing Developers	\$	Available
8.7	Require Community Oversight Boards and Neighborhood Agreements for new shelters that are supported by the Commission.	Yr. 2	DDHS, Neighborhood Organizations, Homeless Service Providers	\$	Available

# Ten Year Plan to End Homelessness

## SECTION 3: Managing for Results

### The Key to Managing for Results

**D**enver's 10-Year Plan to End Homelessness has three critical components: goals and action steps to address key issues; a funding plan to direct future investment and a management plan to monitor progress and provide direction for future improvements. The Denver community will not support an effort increasing public and private capital without tangible outcomes demonstrating progress toward the goal of eliminating homelessness. The Denver Commission on Homelessness has developed a Plan with tangible actions to realize these goals. The management process works in tandem with the action steps to ensure future decisions are based on accurate, current data.

The Denver Commission on Homelessness will meet once every six months to review progress and make recommendations on the action steps. A series of four subcommittees will meet more frequently to expedite and monitor implementation of the action steps, gather and review data, oversee funding status and formulate progress reports for the public and elected officials.

**The Implementation Team** will coordinate with all Plan partners and interested members of the Commission to develop specific implementation strategies around each major goal. This group will ensure that individual action steps are moving forward within the specified timeframe. Each goal and action step listed in the Plan requires further detail and planning to fully implement. For instance, to implement **Goal 1, Permanent and Transitional Housing**, agreements between funders, lenders, service providers and housing developers will need to be forged to devise financing and development packages to meet the needs of the target population as well as the regulatory requirements of multiple public bodies. The Implementation Team will need to have members with expertise in each of the major goal areas.

**The Evaluation Team** will collect data and feedback to appraise progress on the action steps and their benchmarks as outlined below. Staff from various Denver City agencies, along with interested Commission members, homeless service providers, people who are homeless or recently homeless and representatives from various coordinating entities, such as MDHI, will monitor progress and compile information to be used by the Oversight Committee in making course corrections and preparing communications to the public.

**The Fund Raising Team** will include staff and senior management of DDHS, Executive Director of the Denver Commission on Homelessness, Mayor's Office of Strategic Partnerships, Mile High United Way, business leaders, foundation representatives and other Commission and community members. Mile High United Way is committed to managing a Community Appeal for solicitation of financial contributions. The team's primary emphasis will be to provide assistance in identifying and securing grants and contracts, contributions from individuals, corporations, other public and private funders, and potential tax generated funding sources for on-going support to help with implementation of the Plan. The Fund Raising Team will meet monthly and prepare progress reports for the Oversight Committee as well as provide quarterly reports to the public and elected officials.

**The Oversight Committee** will include staff and senior management of DDHS, Denver Office of Economic Development, the Executive Director of the Denver Commission on

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Homelessness and any other Commission members and agency staff with time to commit to daily oversight. This group will provide overall management, administration and troubleshooting to ensure that implementation efforts are successful. They are also responsible for convening the Commission, the Implementation Team, the Evaluation Team and the Fund Raising Team. The Oversight Committee will prepare progress reports for the Denver Commission to End Homelessness and will provide semi-annual reports to the public and elected officials.

For many years, homeless program evaluation has been hampered by the lack of a dependable management information system to capture critical data regarding the number of persons who are receiving homeless services and the frequency and longevity of service utilization. HUD has actively encouraged jurisdictions to adopt its Homeless Management Information System (HMIS). Denver and partners in the MDHI Continuum of Care will begin to implement HUD HMIS in the summer of 2005. The Denver Commission on Homelessness sees the HMIS as an essential tool in the quest to more effectively manage homeless service delivery. However, the Commission has reservations about the quality of the computer software used to operate the system as some users have encountered difficulties using it. Unfortunately, HUD does not have a strong track record providing simple to use management information software to its grantees and sub grantees. Assuming the operating challenges can be overcome, the HMIS will become an essential tool for implementing and tracking progress on Denver's 10-Year Plan to End Homelessness. The Denver Commission on Homelessness recognizes that other data tracking tools may need to supplement data from the HMIS system including the Results Orientated Management and Accountability (ROMA) system developed for the Community Services Block Grant Program.

The HMIS is designed to assist outreach workers and service providers to maintain an inventory of resources and available shelter beds. This information will help direct individuals to programs and locations with capacity to assist them. The HMIS will be a tool in the ongoing evaluation of this Plan.

Expectations of the evaluation system include:

- ⌘ Provide indicators of service utilization, demographic profiles and data on trends as they emerge.
- ⌘ Provide an ongoing "point in time" count of shelter populations.
- ⌘ Provide program/service tracking reports to measure the length of homeless episodes and number of households experiencing multiple homeless periods.

DDHS will devote staff resources to utilizing the HMIS system and other data collected from service providers to build the data component of the evaluation process. This data will also be used to increase public awareness regarding the challenges of homelessness and identify solutions. Below is a listing of the goals and benchmarks to be used for developing the evaluation component of Denver's 10-Year Plan.

# Ten Year Plan to End Homelessness

**Goal 1: Develop adequate permanent and transitional housing opportunities to meet the needs of people at 0-30% of Area Median Income (AMI) or less than \$15,050 per year.**

## Benchmarks

- ⌘ Seventy-five (75) percent reduction in chronic homelessness by year five.
- ⌘ Ninety-four (94) new permanent housing units with supportive services are produced for chronically homeless households annually.
- ⌘ Two hundred and eight (208) new permanent housing units are produced annually.
- ⌘ One hundred and seventy-one (171) new transitional housing units with supportive services for episodically homeless households are produced in years two through seven.
- ⌘ The City of Denver will complete a housing study and this work will be coordinated with the Commission and the work of the Commission.

**Goal 2: Make safe and legal shelter beds and activities available for all populations both day and night until adequate permanent housing is in place.**

## Benchmarks

- ⌘ One hundred and thirty-five (135) emergency shelter beds added to inventory in year one.
- ⌘ Expand 24-hour and daytime shelter programming in year one.
- ⌘ Shelter improvements are funded based on annual capital improvement plans in years two through six.
- ⌘ Thirty-five (35) new respite beds added to inventory in years one through five.
- ⌘ Severe Weather ordinance adopted by City Council in year one.
- ⌘ Wider use of temporary shelters and mental health holds results in zero homeless deaths to exposure in severe weather conditions in years two through 10.

**Goal 3: Provide Denver residents facing homelessness more tools to keep them from ending up on the streets or in emergency shelters.**

## Benchmarks

- ⌘ Memos of understanding are executed to record improved discharge policies for the Corrections System, Mental Health System, Child Welfare and Public Health Systems in year two.
- ⌘ The number of persons residing in shelters following discharge from other organizations declines by 80 percent at the end of year eight.
- ⌘ Based on comparisons of HMIS data, 100 more households receive financial assistance to avoid losing their present dwelling unit in year two versus year one.
- ⌘ At least one affordable housing landlord executes agreement to waive individual damage deposits in favor of guarantees from housing assistance provider annually.
- ⌘ HMIS data and service provider data used for outcome analysis of prevention efforts annually.

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**Goal 4: Provide better access to supportive services that promote long-term stability and improved functioning for those in need to facilitate movement into permanent housing as soon as possible.**

## Benchmarks

- ⌘ Qualify 449 people who are homeless for public benefits in years one through seven.
- ⌘ Assist an additional 55 people who are homeless to obtain outpatient mental health treatment in years one through seven.
- ⌘ Assist an additional 31 people who are homeless to obtain outpatient substance abuse treatment in years one through seven.
- ⌘ Medical assistance provided to an additional 466 individuals.
- ⌘ HMIS data shows a 10 percent annual increase in the number of homeless households enrolled in a mainstream program for needed services and income support annually in years one through 10.
- ⌘ HMIS operates as regional interagency referral system in years two through 10.
- ⌘ Ninety percent (90%) of eligible youth are enrolled for SSI benefits annually beginning in year one.
- ⌘ One hundred percent (100%) of homeless households have access to public or no cost transportation systems for travel to employment, training and service appointments in years two through 10.
- ⌘ The Mobile Crisis Team increases the number of contacts by 10 percent in years five through seven.
- ⌘ HMIS data shows an overall decrease (10 percent annually) in the average length of homeless periods in years two through 10.
- ⌘ HMIS data, United Way 2-1-1 data show 10 percent more homeless households per year receive needed services in years one through six.

**Goal 5: Improve public safety by increasing homeless outreach efforts to reduce panhandling, loitering and crimes against people while better linkages are built between homeless people and service agencies.**

## Benchmarks

- ⌘ Based on HMIS data and point-in-time counts reduce the number of people who are living in public places 10 percent annually in years one through 10.
- ⌘ Analysis of shelter bed inventory shows an adequate number of beds to accommodate the number of individuals typically residing in public places by year five.
- ⌘ City ordinances adopted to address the blocking of sidewalks, public passageways and building entrances by the end of year one.
- ⌘ Pilot program for designated time at court for people who are homeless with five agencies in years one through three.
- ⌘ Public complaints of encampments on public and private property decline by 50 percent in year two.

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- ⌘ By year five, have a total of 20 street outreach and police officers assigned to street outreach ensuring a ratio of one worker per 12 individuals needing intensive street-based case management services.
- ⌘ Police officers and supervisors assigned to Denver Police Department District 6 participated in training to effectively link outreach workers and homeless individuals as a first response to a first contact in year one. In years two through 10 the program is expanded to all Denver Police Department districts requesting assistance.
- ⌘ Second Denver CARES van operates during high demand periods in year three.
- ⌘ The number of registered complaints to police and elected officials about vagrancy and undesirable behavior in public areas decline in year one.
- ⌘ Twenty-four (24) Hour Outreach Center operating in year two.

## **Goal 6: Assist people who are homeless to obtain skills and knowledge necessary to participate in the workforce.**

### **Benchmarks**

- ⌘ Five hundred and eighty (580) people who are homeless obtain employment annually.
- ⌘ Data analysis shows that all homeless households who request one have access to a voice mail number in year one.
- ⌘ Analysis of demographic data leads to established benchmarks for enrollments in supported education programs for homeless youth.

## **Goal 7: Build community awareness and support for coordinated responses to eliminate homelessness in 10 years.**

### **Benchmarks**

- ⌘ Three other metro area jurisdictions adopt comparable plans for homeless services in year three.
- ⌘ Implementation plans for expansion of housing opportunities are executed in year one.
- ⌘ The Commission's evaluation team and oversight committee provide semi-annual reports to public on homeless issues and solutions in years one through ten.
- ⌘ Multi-media awareness program disseminated in year one.
- ⌘ Fundraising plan developed and endorsed by City of Denver in year one.
- ⌘ Semi-annual plan review sessions held in locations convenient for participation in years one through 10.
- ⌘ Denver's 10-Year Plan to End Homelessness adopted as a supplement to Comprehensive Plan in year one.
- ⌘ Legislative agenda developed and updated annually in years one through 10.
- ⌘ Funding necessary to support implementation of the Plan secured.

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**Goal 8: Reform Denver’s zoning, building and development codes to facilitate an adequate supply of emergency and affordable housing.**

Benchmarks

- ⌘ Overflow limitation policies for existing shelters permits are codified in year one.
- ⌘ Adequate physical space is available for all homeless populations during severe weather periods in year one.



# Ten Year Plan to End Homelessness

## SECTION 4: Budget Plan

### A Successful Action Plan Necessitates Resources

Raising new resources will be a challenging task. Yet the rewards can be significant. Some will claim that ending homelessness is an impossible goal, yet cities across the county including Philadelphia, San Francisco and Atlanta have made considerable progress. In Philadelphia a 75 percent reduction in chronic homelessness has been attained and in San Francisco a 25 percent reduction has been achieved in only two years. In two years, Atlanta raised \$17 million in private dollars to support their plan. Some people may always come to the streets, but there is no reason people should be making the streets a home for their families.

Denver's 10-Year Plan to End Homelessness originated with the identification of eight core issues. These core issues spawned eight goals and numerous action steps designed to achieve the goals. To apply the necessary resources to implement these actions, costs were estimated to form a 10-year budget plan. Like any document attempting to predict the future, a variety of assumptions were made.

To minimize conjecture and creative accounting in the Plan, all estimates are stated in 2005 dollars. In quantifying need over time for the three homeless subpopulations, no adjustments were made for population growth, or other external variables that could impact the number of people in a specific homeless category at any point in time. This budget plan assumes that all existing services and funding will remain in place. A fundamental component of Denver's 10-Year Plan is an annual evaluation of the action items combined with a review of demographic and fiscal data needed to modify the Plan.

Throughout the many discussions and forums held on the Plan, three distinct realities emerged:

1. Many systemic and procedural improvements must be made to reduce homelessness;
2. Due to a number of barriers in services, current funds are not always used in a manner that supports solutions to homelessness; and
3. Present resources are insufficient to successfully implement all of the actions envisioned in this Plan.

Housing units are the single most expensive element of the Plan. Subsequently, the Plan calls for phasing the housing units at a steady rate over the 10 year period. For some, 10 years may seem an excessive time to wait for housing to become available. However, the resource base is limited and such a large investment can only be achieved incrementally. This funding plan calls for a steady growth in dollars invested for housing the homeless population. Existing resources must be redirected to support stabilization for people, new resources must be developed and new partnerships must be established for the housing investment to grow.

To achieve these targets, the Denver Housing Authority (DHA) has committed 25 percent of their open units each year. These units will be made available from units and vouchers vacated by existing residents during the coming ten years. In order to accommodate this action administratively, DHA will provide a selection preference to those households which meet the homeless definitions contained in this Plan.

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Without this support and that of the Denver Division of Housing and Neighborhood Services, the amount of new dollars needed would be far greater. This Plan calls for the provision of housing for those households with intense needs for costly supportive services to assist their transition from a chronically homeless state to independent living in permanent housing. Because supportive services are essential in order for these households to maintain a level of independence, an annual allocation has been included to pay for the supportive services for the Chronically Homeless population. This allocation is in addition to other funds budgeted under the broader Services category of this Plan. There exist many variables in meeting the housing goals for the identified subgroups. It should not be assumed that if costs are less in one area, that those savings will not be needed to provide essential housing to other groups.

Other critical items in the Plan demand substantial investment. All action steps listed within this Plan are new and will expand the existing base of resources. Expansion of funding and services is a vital component of the Plan because state and federal resources have been reduced for homeless populations needing medical care and mental health services. Colorado's fiscal crisis has resulted in 30 percent cuts to mental health service dollars. The service needs created by these funding and program gaps cannot be ignored if homelessness is to be eradicated. As the effects of state and federal cuts emerge, Denver's Plan must respond by seeking new state and local resources and reprogramming existing funding. In addition, the Community Awareness efforts must include action to preserve and restore services for people who are in need.

Formulating a budget leading to successful implementation presents definite challenges. However, as certain action items are implemented, there will be cost savings and opportunities to shift resources to more pressing needs. Various research projects in communities around the country have identified both cost effective and inefficient ways of managing homeless needs. The analysis done in preparing Denver's Plan concludes that elements of the emergency system are the least cost efficient means of caring for the needs of people who are homeless.

Presented with few alternatives, people who are homeless end up in mass shelters, hospital emergency rooms, mental health crisis centers and jail. These destinations are more expensive than providing permanent housing enriched with appropriate services. Denver Health spent \$42 million in 2003 providing healthcare services to people who are homeless.<sup>1</sup> These dollars could be redirected toward better services for those who are homeless. The University of California has tracked outcomes from its successful Serial Inebriate Program and concludes that in-patient charges were reduced by over \$55,000 a month for those enrolled in the program.<sup>2</sup>

Dr. Culhane of the University of Pennsylvania found that in the New York area, a homeless mentally ill person uses an average of \$40,000 of publicly-funded services annually. If the same person stays in a service-enriched, supporting housing unit the savings achieved is, on average, over \$12,000 per year. Factoring the natural turnover rate and improvement in individual conditions, the savings grows to over \$16,282 per year for each unit of service-enriched, supportive housing. That savings could pay for 90 percent of the service enriched housing costs including building, operations and services.<sup>3</sup>

Another way of examining the issue is to compare shelter or service costs to those of permanent housing. In 2003, the monthly average cost to shelter an adult was \$775 – 153 percent of the cost of an efficiency apartment in Denver with a \$507 average rent in 2004.<sup>4</sup> It

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<sup>1</sup> Colorado Department of Healthcare Policy and Finance.

<sup>2</sup> "Serial Inebriate Program," Policy Paper, Ongoing research study by University of California at San Diego Medical Center & SDSU Institute for Public Health, 2005.

<sup>3</sup> Ted Houghton, The New York/New York Agreement Cost Study Synopsis, Corporation for Supportive Housing, 2001.

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costs \$174 to arrest a panhandler – or 34 percent of the average monthly rent for a studio apartment in Denver.

The savings obtained from lowering emergency treatment costs can help finance needed housing assistance. The current service delivery system spends over \$70 million annually in response to homelessness.<sup>5</sup> As over 300 new housing opportunities are brought on line annually throughout the ten year term of the Plan, it will be possible to move from an emergency system to one providing more permanent solutions.

Marybeth Shinn, a professor of psychology and former chair of the Psychology Department at New York University, and others reviewed all research dealing with homeless prevention programs. They summarized their findings this way:

“Every study that has looked has found that affordable, usually subsidized housing prevents homelessness more effectively than anything else. This is true for all groups of poor people, including those with persistent and severe mental illness and/or substance abuse.”<sup>6</sup>

This research has important implications in planning for the needs of families and individuals who are at risk of homelessness for the first time. Families who moved from shelters with some form of rental assistance remained housed two years after receipt of the assistance.<sup>7</sup>

In many cases, families avoid the shelter system if they can receive financial assistance for rent and utilities before an eviction. Eric Lindblom, a policy analyst focusing on homelessness issues with the Department of Veterans Affairs, cites studies showing that cash assistance for rent and utilities helped 80 percent of recipients to avert eviction. The costs of this prevention assistance amounted to 15 percent of the cost to shelter a household in the emergency system for the typical length of shelter stay.<sup>8</sup> These preventative investments will result in savings to a variety of other homeless expenditures over time. These savings will help finance the cost of increasing housing and service opportunities within Denver’s Plan.

To focus resource planning, budget estimates have been prepared for each goal in the Plan. These estimates include assumptions related to quantities of service, cost of a unit of service, etc. The Denver Department of Human Services, in its role as facilitator of the Denver Commission to End Homelessness proceedings has detailed budget estimates for each of the major goal areas. However, in the interest of clarity and accuracy, the detailed estimates will not be included in the 10-Year Plan. As part of the yearly evaluation and budgeting process, new estimates will be prepared reflecting current cost and resource conditions.

The budget estimate below shows the anticipated first year outlay compared with an annualized calculation of the total outlay divided by the 10 year term of the Plan. The comparison between the first year cost and annualized cost reflects the ambition of the Plan. No cost shifting was factored into the Plan. The challenge facing the community is securing the resources necessary to meet the spending plan over time. New partnerships are needed and existing partnerships must be reinvigorated to grow the necessary resources. While the amounts listed may seem large, they represent only 18 percent of the \$70 million spent annually on homeless needs in Denver by government and non-profit providers.

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<sup>4</sup> “A Blueprint for Addressing Homelessness in Denver,” Denver Homeless Planning Group, September 2003. And a survey of homeless service providers in Denver 2004.

<sup>5</sup> “Costs to the Community for Homeless Related Services,” Denver Commission to End Homelessness, 2004.

<sup>6</sup> Shinn, M. and Baumohl, J., “Rethinking the Prevention of Homelessness”. In Fosburg, L.B., Dennis, D.L. (eds.), *Practical Lessons*. Washington, DC: HHS & HUD. 1999.

<sup>7</sup> Dennis Culhane, “New Strategies and Collaborations Target Homelessness,” *Housing Facts and Findings*, Volume 4, Issue 5, 2002.

<sup>8</sup> Eric Lindblom, “Toward a Comprehensive Homeless Prevention Strategy”, *Housing and Policy Debate*, Volume 2, Issue 3, 1996.

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<b>GOAL</b>	<b>Initial Costs</b>	<b>Annualized Costs</b>
Permanent and Transitional Housing	\$4,474,000	\$8,137,000
Shelter System	\$535,000	\$733,000
Prevention	\$168,000	\$335,000
Services	\$2,107,000	\$2,823,000
Public Safety and Outreach	\$165,000	\$492,000
Education, Training and Employment	\$240,000	\$240,000
Community Awareness and Coordinated Responses	\$60,000	\$20,000
Zoning, Urban Design and Land Use		
<b>Totals</b>	<b>\$7,749,000</b>	<b>\$12,780,000</b>

Costs were based on current need as calculated by respondents from the Point-in-Time Surveys, actual costs for services, and data supplied by provider agencies. The number of service units were based on PIT survey data and included an annual calculation of need. The amounts in the table above represent costs that are *not* funded at this time. This table represents the amount of new investment needed to fully implement the action items listed under the eight major goals.


To ensure that adequate resources are assembled, the Plan will create a Fund Raising Team to include staff and senior management of DDHS, Executive Director of the Denver Commission to End Homelessness, Mile High United Way, and other Commission and community members. Mile High United Way is committed to managing a Community Appeal for solicitation of financial contributions. The group's primary emphasis will be to provide assistance in identifying and securing grants and contracts, contributions from individuals, corporations, and other public and private funders, and potential tax generated funding sources for on-going support to help with implementation of the Plan. The Fund Raising Team will meet monthly and prepare progress reports for the Oversight Committee as well as provide quarterly reports to the public and elected officials.

# Ten Year Plan to End Homelessness

## THE DENVER COMMISSION TO END HOMELESSNESS

  
ROXANE WHITE

  
Tom Knorr

  
NAN MOREHEAD

  
Father John Lager

  
DEBORAH ORTEGA

  
Doug Linkhart

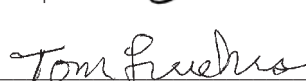
  
RICHARD AUDSLEY

  
Randle Loeb


  
CHARLIE BROWN

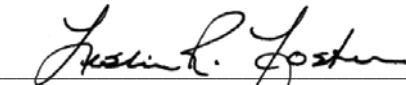
  
Stephen Gourd

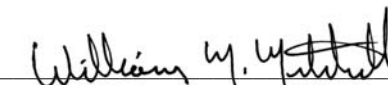
  
HAROLD CHAPMAN

  
Tom Luehrs

  
LISA FLORES

  
Stella Madrid

  
LESLIE FOSTER

  
Bill Mitchell

  
RICK GARCIA

  
Judy Montero

  
MICHAEL HANCOCK

  
Cec Ortiz

  
MIKE HENRY

  
John Parvensky

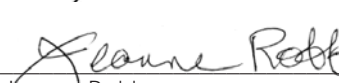
  
MYRNA HIPPI

  
Jerene Petersen

  
DOROTHY HORRELL

  
Jim Polsfut

  
WALTER ISENBERG

  
Jeanne Robb

  
VIKKI KELLY

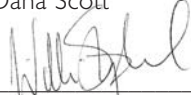
  
Richard Scharf

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Dana Scott



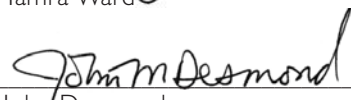
Willie Shepherd



Dave Walstrom



Tamra Ward



John Desmond



Elbra Wedgeworth



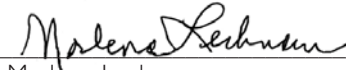
Gerald Whitman



Mark Trast



John Kubes



Marlena Lechman

# Ten Year Plan to End Homelessness

## Appendix A:

### List of Acronyms

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<b>Acronyms</b>			
ACT	Assertive Community Treatment Services	DPS	Denver Public Schools
ADAD	Alcohol and Drug Abuse Division	DWD	Division of Workforce Development
AIA	American Institute of Architects	ESG	Emergency Shelter Grant
AMI	Area Median Income	FEMA	Federal Emergency Management Agency
AND	Aid to the Needy Disabled	FHA	Federal Housing Administration
BART	Benefits Acquisition and Retention Team	HBA	Home Builders Association
BID	Business Improvement District	HMIS	Homeless Management Information System
CCH	Colorado Coalition for the Homeless	HUD	Housing and Urban Development
CDCJ	Colorado Division of Criminal Justice	HVRP	Homeless Veterans Reintegration Program
CDE	Colorado Department of Education	MDHI	Metro Denver Homeless Initiative
CDHS	Colorado Department of Human Services	MHCD	Mental Health Center of Denver
CDOH	Colorado Division of Housing	OAP	Old Age Pension
CDOL	Colorado Department of Local Affairs	PIT	Point-In-Time Survey
CDOT	Colorado Department of Transportation	ROMA	Results Orientated Management and Accountability
CHDO	Community Housing Development Organizations	RTD	Regional Transportation District
CHFA	Colorado Housing Finance Authority	SAMHSA	Substance Abuse and Mental Health Services Administration
CIT	Crisis Intervention Team	SHHP	Supportive Housing and Homeless Programs
CPI	Consumer Price Index	SRO	Single Room Occupancy Units
DCP&D	Denver Community Planning and Development	SSDI	Social Security Disability Insurance
DDHS	Denver Department of Health and Human Services	SSI	Supplemental Social Security Income
DDP	Downtown Denver Partnership	SSI DA	Social Security Income Disability Assistance
DDPS	Denver Department of Public Safety	SSI DA	Social Security Income Disability Assistance
DHA	Denver Housing Authority	WOW	Work Options for Women
DHFC	Denver Housing First Collaborative		

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# Ten Year Plan to End Homelessness

## Appendix B

### Glossary of Terms

**2-1-1 COLORADO** – 2-1-1 Colorado is a collaborative effort of more than 40 member organizations throughout the state. The mission is to ensure the citizens of Colorado have easy access to the 2-1-1 phone number and an online database of comprehensive health and human services.

**ACT MODEL** – Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

**AFFORDABLE HOUSING** – Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

**AMI** – The area median income (AMI) is used to determine the eligibility of applicants for both federally and locally funded programs. It sets the maximum limit that a household can earn to be eligible for programs. Income limits are calculated for specific geographic areas based on HUD estimates of median family income with adjustments for family size.

**B.A.R.T.** – Based at Stout Street Clinic in Denver, the Colorado Coalition for the Homeless' (CCH) Benefit Acquisition and Retention Team (BART) helps to navigate the maze of regulations involved in the process of receiving benefits for homeless persons. Funded by a grant from the Social Security Administration under the HOPE initiative, CCH is one of 30 sites nationwide to receive program funding.

**CHRONIC HOMELESSNESS** – A chronically homeless person is an unaccompanied disabled individual who has been continuously homeless for over one year in frequent intervals.

**CDBG** – The Community Development Block Grant Program (CDBG) was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, and urban counties (called "entitlement communities"), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

**CSBG** – The Community Service Block Grant program (CSBG) provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

**COLORADO INTERAGENCY ON HOMELESSNESS** – A task force comprised of representatives of state agencies, local governments and service providers to develop and implement a state plan to address homelessness. It is jointly chaired by the Executive Directors of the state Departments of Local Affairs and Human Services and meets quarterly.

**CONTINUUM OF CARE** - The Continuum of Care stresses permanent solutions to homelessness through comprehensive and collaborative community planning.

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**DDHS** – The Denver Department of Human Services provides and coordinates services for the well being and the protection of the residents of Denver. These services are provided through partnerships that help people move towards independence and realize their potential.

**DENVER'S COMMISSION TO END HOMELESSNESS** - The Commission is a diverse, broad based group assembled to create a 10-year plan to end homelessness in Denver. The Commission includes individuals who are homeless, homeless service providers, and representatives from the business community, neighborhood organizations and public agencies.

**DHA** – The Denver Housing Authority (DHA) owns affordable housing units and administers Section 8 rental assistance vouchers for residents of Denver.

**DHNDS** – The Division of Housing and Neighborhood Development Services (DHNDS) oversees federal and City funds for the development and preservation of affordable housing in Denver, services tied to housing, and Denver's inclusionary zoning ordinance.

**CDOH** – The Colorado Division of Housing (CDOH) finances the construction of new housing and rehabilitation of existing housing throughout Colorado using federal and state funded grants and loans. CDOH also administers over 2,000 Section 8 rental assistance vouchers with local agencies throughout the state.

**DUALLY DIAGNOSED** – Dual diagnosis refers to the co-occurrence of mental health disorders and substance abuse disorders (alcohol and/or drug dependence or abuse).

**EPISODIC HOMELESSNES** – Episodic homelessness affects approximately 10 percent of homeless persons and applies to a person who experiences periodic incidents of homelessness, generally for short periods of time.

**FMR** – The Fair Market Rents (FMR) are schedules published in the Federal Register establishing maximum eligible rent levels allowed under the Section 8 rental assistance and other HUD housing financing programs by geographic area.

**FEDERAL INTERAGENCY COUNCIL ON HOMELESSNESS** – Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

**GOVONER'S BLUE RIBBON PANEL** – Composed of Realtors, builders, bankers, housing providers, and others closely involved with housing and economic development throughout Colorado, the Blue Ribbon Panel works to identify Colorado's housing needs, define how housing is a key element in economic development around the state, and promoting sound solutions to the housing crunch in Colorado's many diverse communities throughout the state.

**MHCD** – The Mental Health Center of Denver (MHCD) is a private, not-for-profit, 501 (c) (3), community mental health care organization providing comprehensive, recovery-focused services to residents in the Denver metro area.

**HOPWA** – The Housing Opportunities for Persons with Aids (HOPWA) Program was established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, states, and nonprofit organizations for projects that benefit low income persons medically diagnosed with HIV/AIDS and their families.

**HOME** – HUD's HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.

# Ten Year Plan to End Homelessness

**HOUSING FIRST** – The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable housing and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness.

**HOMELESS** – According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” 42 U.S.C. § 11302(a) The term “homeless individual’ does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.” 42 U.S.C. § 11302(c)

**MEDICAID** – Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

**MDHI** – The Metropolitan Denver Homeless Initiative (MDHI) is a coalition working with homeless assistance agencies in the seven-county Denver metropolitan area to coordinate the delivery of housing and services to homeless families, individuals, youth and persons with disabilities. MDHI is governed by a Board of Directors with 25 members representing homeless service providers, government agencies, the business community and consumers.

**PEOPLE LIVING IN PUBLIC PLACES** – People living in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**PLAN 2000** – Plan 2000 is the Comprehensive Plan for Denver, and is intended to guide Denver in responding to problems, conditions and opportunities for the early part of the 21st Century.

**POINT-IN-TIME SURVEY** – The Metropolitan Denver Homeless Initiative (MDHI) annually conducts a “count” of the homeless population in the Metro Denver area as of a specific point in time.

**SRO** – Single Room Occupancy housing units are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

**SELF-SUFFICIENCY STANDARD** – The Self-Sufficiency Standard is a measure of income adequacy that calculates how much money working adults need to meet their family’s basic needs without subsidies. Unlike the federal poverty line, this approach is tailored to each family, varying with size and composition, as well as being geographically specific and including work expenses.

**TRANSITIONAL HOUSING** – Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period that is set by the project owner before occupancy.