



2014 State of Homelessness Report Seven-County Denver Metropolitan Region



Photos Courtesy of the Colorado Coalition for the Homeless and Bridging the Gap

NOTE: *The 2014 State of Homeless Report contains Point-In-Time data segregated into two separate reports. First, findings based upon data set according to HUD homeless definition and the second findings based upon data set according to at-risk factors. While trends can be analyzed across the years, comparing specific numbers from year to year may not be a valid indicator of population needs or issues.*

It should also be noted that there were 16% fewer surveys submitted for 2014 PIT count versus 2013 (6,204 vs. 7,416). This reduction in the number of surveys is most likely due to a number of factors: poor weather on night of the PIT survey, higher no-show volunteer rate than in previous years, and some interviewees refusing to complete PIT survey. Readers should not assume that fewer surveys indicate fewer individuals and families experiencing homelessness.



Peter Reif

September 15, 1950 – April 8, 2014

We dedicate the 2014 State of Homelessness Report in memoriam to our friend and colleague Peter.

Peter was an active member of the Metro Denver Homeless Initiative Board of Directors. He touched many lives by co-founding a nonprofit, HAAT Force (Homeless Awareness Action Taskforce), to assist those in need of shelter on severe weather nights throughout the South Denver Metro area. Peter will be missed for his hard work for MDHI and HAAT Force, but especially for his unfailing kindness to all those in need.

We would also like to remember all those who died due to homelessness in the last year. We remember them as we continue our work to end homelessness in the region.

“All homeless people are at risk and have a sense that if they die no one will notice. People are at risk of being unstable and having a sense of pain and loss from trauma that includes lack of income, stable financial underpinnings, lack of savings, lack of ability to understand how to use resources, and networks to take care of themselves.

One person in a life threatening circumstance of being unhoused, unstable, unwelcome, and unwanted is one too many and reminds us that we are on the edge of an abyss where there is no place for many people to dwell in this privileged land of dreams.”

Randle Loeb, Advocate

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June 2014

Dear stakeholders:

The Metropolitan Denver Homeless Initiative (MDHI) is celebrating its 20th anniversary as a regional entity addressing housing instability and homelessness. This milestone wouldn't be possible without the support of providers, local governments, faith communities, foundations and many other partners. Thank you for your continued contributions in our collective efforts to prevent and end homelessness. We are grateful to the Burnes Institute on Poverty and Homelessness, in partnership with the School of Public Affairs, University of Colorado Denver for providing the Point-In-Time data analysis and reporting for the 2014 State of Homelessness report.

The annual Point-In-Time survey efforts involve hundreds of volunteers from surrounding communities to capture the need on a single night of the year. This year's effort were hampered by inclement weather on January 27th which resulted in less volunteers therefore less surveys conducted than in previous years. Despite conducting fewer surveys than in previous years, the data and resulting report has important information for the seven county area.

The 2014 Point-In-Time findings include:

- Continued downward decline in the number of veterans experiencing homelessness
- No significant change in chronically homeless numbers
- Households with children are majority of HUD defined homeless (53%) and at-risk (65%)

In this year's report, the PIT data has been segregated into HUD homeless defined populations and then into at-risk of homelessness populations. While comparison of trends across multiple years can be informative, it is not recommended that population numbers are compared from year to year.

While there may be differing definitions of homelessness, MDHI is committed to inform our seven county area of individuals and families who are homeless as well as those on the edge. If we don't address the needs of those at-risk, we will continue to see a rise in homelessness across the region. Prevention is key to effectively prevent future generations from experiencing homelessness. Increased access to housing and services is paramount in our collective efforts. The State of Homelessness report recognizes that homelessness is a manifestation of a myriad of factors.

We are thankful to the Veteran Peer Interviewers who assisted with this year's PIT survey efforts, the US Department of Veteran Affairs for a grant to hire formerly homeless veterans to assist in our efforts, hundreds of community volunteers and stakeholders who conducted the surveys, content experts for contributing their articles, and those who have shared their stories about their homeless experiences.

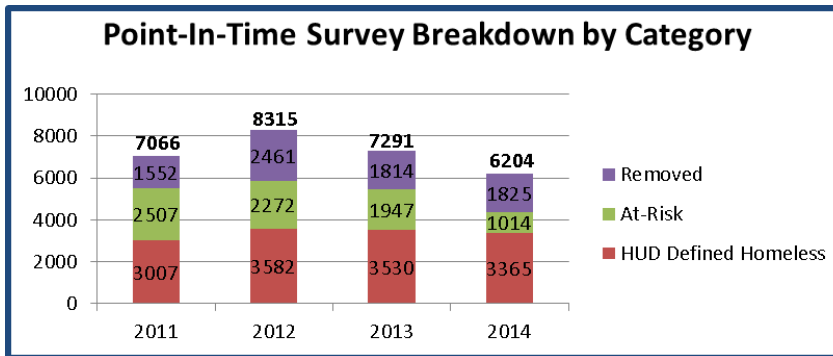
Only through collective efforts will we end homelessness as we know it today.

Thank you for all that you do for our most vulnerable neighbors.

Gary Sanford
Executive Director

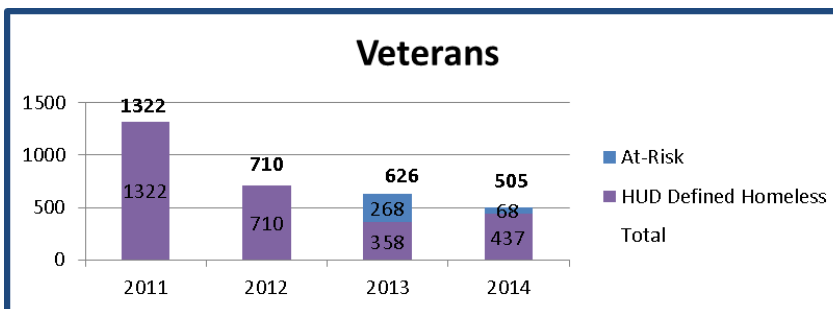
Overview of 2011–2014 Point-in-Time Results

Below are comparisons of data points across the previous four years. It is important to remember that the Point-In-Time survey is a snap shot and certainly an undercount of homeless and at-risk populations. The 2014 PIT survey data indicates downward trends among veterans and chronically homeless persons – but readers should be cautioned that this is only a snap-shot of homelessness in the region. Reduction in family homelessness is most likely result of fewer surveys than an actual downward trend.

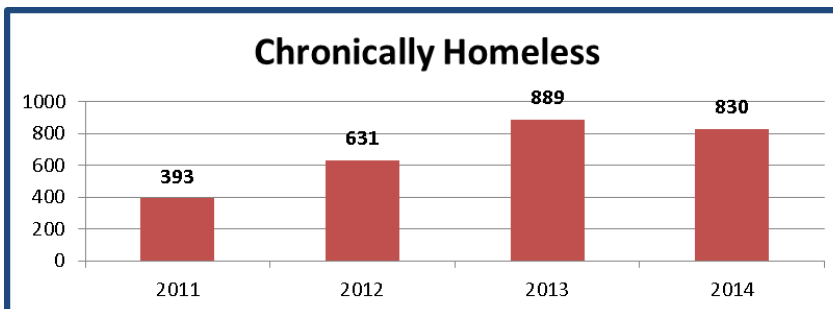


The chart reflects the **number of surveys** collected each year.

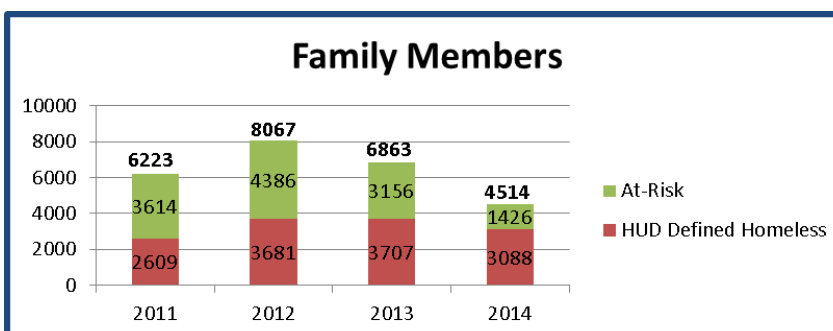
As indicated, each year surveys are removed due to incomplete information or don't meet either homeless or at-risk definitions.



The veteran homeless table reflects **respondents** who have served in the U.S. military.



The chronically homeless table reflects **all respondents and family members** who meet the definition of chronically homeless.



The family table represents **respondents and family members** which meet the HUD homeless definition and at-risk definition.



2014 Key Findings: Homeless Population

Homeless Incidence: On Monday, January 27, 2014 there were **5,812 homeless men, women and children** counted in the seven county Metro Denver area. This number includes only those persons who filled out a survey and their family members.

On the Street: Of all people who reported where they stayed on Monday night, January 27, 2014, **12.5 percent** or **724** people were unsheltered (living on the street, under a bridge, in an abandoned or public building, in a car, camping, etc.) on the night of January 27, 2014.

Monday Night: Of all persons, the greatest proportion stayed in transitional housing (45.3%), followed by emergency shelter (38.0%) and on the street/in a car, etc. (12.5%).

Newly Homeless: Nearly one-quarter (24.0%) of all homeless – 1,392 persons – were considered newly homeless. People were considered newly homeless if they had been homeless for less than one year and this was their first episode of homelessness. Of the newly homeless, nearly three in five (58.7%) or 817 people were living in households with children.

Families: When considering respondents and their family members, persons were somewhat more likely to be living in households with children: **53.1 percent with children versus 46.9 percent without children.**

Domestic Violence: 772 adults and children reported being homeless due to domestic violence.

Employment: Nearly **one-third (30.8%)** or 990 respondents reported that they or someone in their household had worked in the past month.

Chronically Homeless: 699 respondents were chronically homeless. Of these, over three-quarters (78.5%) or 541 persons were male, 145 (21.0 %) were female and three people identified as transgender. The great majority of chronically homeless respondents were single (630 persons or 90.1%). **Of all homeless persons, 830 were chronically homeless.** HUD defines chronic homelessness as (1) having a chronic debilitating condition and (2) sleeping in a place not meant for human habitation or in an emergency homeless shelter or in a safe haven, and (3) having been homeless continually for one year or more **OR** having four or more episodes of homelessness in three or more years.

Unaccompanied Youth: There were **457 or 14.3 percent youth** head of households in the 2014 PIT study (percentage based on the 3,200 respondents who provided age).

Veterans: Only respondents were asked about their veteran status. **Of respondents, 437 or 13.3 percent served in the military.** Nearly all were male (94.2%). Almost two in five veterans (39%) reported that they had a serious mental illness. Nearly half (47.4%) of veterans were staying in an emergency shelter. Approximately one in three (31.1%) were in transitional housing, while nearly one in five (19.7%) were in an unsheltered location. Almost one-quarter (24.3%) or 106 veterans were identified as chronically homeless.

Homeless Definition

Persons are identified as homeless if they are staying in the following locations:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings
- Sleeping in an emergency shelter or safe haven
- Living in transitional housing

2014 Key Findings: At-Risk Population

Total At-Risk for Homelessness: On Monday, January 27, 2014, there were **2,230 men, women and children who were at-risk for homelessness** in the seven county Metro Denver area. This number includes those people who filled out a survey and their family members.

Monday Night: At-risk persons predominantly spent Monday night, January 27, 2014, staying temporarily with family or friends (84.7%).

Families: When considering respondents and their family members, nearly two-thirds (64.5%) of all at-risk persons are living in households with children.

Employment: Two in five (39.5%) at-risk respondents reported that they or someone in their household had worked in the past month.

Public Benefits: Three in five (61.1%) respondents at-risk for homelessness are receiving one or more public benefits.

Youth: There were 210 at-risk youth head of households in the 2014 PIT study.

Veterans: Only respondents were asked about their veteran status. Of at-risk respondents, 68 or 6.8 percent served in the military. Most (69.0%) of at-risk veterans reported that they were honorably discharged.

Disabling Conditions: Of disabling conditions, respondents most frequently report mental illness (28.0%), followed by a medical or physical condition (23.6%) and substance abuse (15.9%).

At-Risk Definition

For the purpose of this report, we define “at-risk of homelessness” as an individual or family who reported staying in the following locations on the night of the Point-in-Time:

- Temporarily with family or friends
- In a hotel or motel paid for by self
- Jail/prison/juvenile detention
- Hospital, psychiatric hospital, substance abuse treatment program, halfway house
- Facing eviction from permanent supportive housing
- Facing eviction from apartment or house including Section 8
- Staying “somewhere else” and said they are homeless
- Staying “somewhere else” and facing eviction

Metropolitan Denver Homeless Initiative

Mission: *To coordinate and support the Denver Metro Continuum of Care (CoC) (cities and counties) to ensure the most efficient and effective services to reduce homelessness in the seven-county region.*

The metro Denver Continuum of Care includes Adams County, Arapahoe County, Boulder County, City and County of Broomfield, City and County of Denver, Douglas County, & Jefferson County

For additional information go to: www.mdhi.org

MDHI and stakeholders in the seven county metro Denver area conducted a Point-In-Time (PIT) survey during the week of January 27, 2014.

*What if you suddenly became homeless?
What would you do?*

*How would you survive?
How would you care for your children?*

*How would you preserve your dignity and your
sense of place and worth in society?*

***On January 27, 2014, there were 5,812 homeless
persons and 2,230 at-risk persons counted in the
annual Point-In-Time study.***

I. Introduction

The Metropolitan Denver Homeless Initiative (MDHI) conducted a Point-In-Time (PIT) study of people experiencing homelessness in the seven-county Metropolitan area. With the help of volunteers, service providers, staff, and outreach workers, MDHI is a coalition working with homeless assistance agencies across the Metro area to coordinate the delivery of housing and services to homeless families, individuals, youth, veterans and persons with disabilities. MDHI seeks to provide the leadership, support and structure necessary to develop and sustain this coordinated system of housing and services. Referred to as the Continuum of Care (CoC), this system encompasses Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson Counties.

This year, in order to be consistent with the U.S. Department of Housing and Urban Development (HUD), MDHI will report on homeless individuals and families using the federal definition, but will also report on those at-risk and likely living on the edge of homelessness. As a Continuum, we understand the critical importance of continuing to provide information, as part of the PIT effort, about persons who could fall into homelessness due to one unexpected bill, the loss of a job, an illness, a death, absence of social supports or countless other financial crises and life circumstances. In previous years, the MDHI Point-in-Time report combined the data for those experiencing homelessness (as defined by HUD) and those at-risk of homelessness. In this year's report, the data for those at-risk of homelessness is reported separately.

The 2014 State of Homelessness report includes information on the Point-in-Time data, which is reported separately for homeless and at-risk for the seven county Denver metro area, and for the seven counties.

- Section I includes an explanation for the purpose of the PIT, priorities for this year's data collection effort, and definitions for homelessness and at-risk of homelessness.
- Section II sets out a brief history of homelessness in the United States and provides summaries of the state and federal strategies to end homelessness, including information about MDHI.
- **Section III reports the PIT findings for those experiencing homelessness.**
- **Section IV reports the PIT findings for those at-risk of homelessness.**
- Section V contains overviews for homeless and at-risk data for each of the seven counties.
- Section VI provides national and local information about various homeless populations such as veterans and youth. Included in this report are some personal stories from people who have experienced homelessness.
- In Section VII we discuss the underlying causes and factors that contribute to homelessness, with experts in the field contributing information in their own words.

A Point-in-Time count provides a **snapshot** of homelessness by interviewing those who are homeless at a particular time. Designing, implementing and maintaining a Continuum of Care homeless service delivery system requires the ongoing collection and analysis of data on the number, location and demographic characteristics of persons experiencing homelessness who need access to emergency shelter, supportive housing, permanent housing and specialized services. The U.S. Department of Housing and Urban Development (HUD), the primary source of federal funding for housing support for homeless populations, requires that each Continuum of Care across the country conduct a "Point-In-Time" survey every two years during the last ten days of January. HUD, MDHI, local governments and service providers use the information collected by the Point-In-Time survey to assess, project and plan strategies and services to prevent and eliminate homelessness.

Limitations of the PIT

There is no disagreement that it is difficult to count people who are experiencing homelessness. The one consistent finding in the

research on homelessness is that surveys undercount homeless

populations. It is easy to “miss” individuals and families who are experiencing homelessness – they might not receive services at the agencies where persons experiencing homelessness are counted on the night of the PIT, or if they do frequent a particular

agency, they might not be there during the count. People enter and leave homelessness frequently and may become homeless shortly after the Point-In-Time study.

Certain subpopulations of people experiencing homelessness are particularly difficult to count. By definition, unsheltered people are not in places where they can easily be counted, as compared to people staying in transitional housing and homeless shelters. Often, they simply cannot be found when they are staying in automobiles and other kinds of unacceptable living situations. Other groups who are difficult to include in the PIT count are youth, adults and children experiencing domestic violence and undocumented persons. Unaccompanied youth tend to avoid systems of care. Often they do not access “adult oriented” services due to concerns about detection and safety, and tend to be more mobile throughout the day than are homeless adults. Victims of domestic violence are undercounted largely due to confidentiality and safety concerns and hesitate to complete surveys. Understandably, undocumented individuals and families are afraid of being identified.

The comprehensiveness of a sheltered homeless count is entirely dependent upon the level of participation of agencies and organizations that serve homeless individu-

"The Point In Time provides a count of manifestations of homelessness, but perhaps does not fully describe the experience itself. Consider that homelessness is not a person or a geography. Consider that it is, above all, a circumstance—one that is defined by “-lessness” or something that is lacking. That thing is simply a safe, consistent, sustainable, and secure dwelling that is a foremost human need for organizing life and health. Those who have shared information during the Point in Time count are common in that they experience this lack, but each is a wholly independent person, complete with their own memory, aspiration, and set of characteristics. And each labors to fill that “-lessness” as they long for a home." Chris Conner, Denver's Road Home

als and families, another limitation of the PIT. Every year, MDHI recruits as many service providers, volunteers and outreach workers as possible to conduct the count. It uses an extensive system of trained agency staff and volunteers to collect the survey data so that, where possible, volunteers and staff assist homeless (or assumed homeless) individuals to complete the two-sided survey. Nevertheless, participation in the process naturally varies from year to year. **The 2014 PIT effort collected about 16 percent fewer surveys than were collected in 2013 (6,204 versus 7,416).** This variation may be due to multiple factors, e.g. fewer homeless persons, agency and volunteer participation, weather, etc. For example, this year, the weather was extremely severe and many volunteers were unable to get to their assigned location. Further, given the weather, staff were likely occupied with providing direct services to people seeking shelter from the elements, rather than spending time completing surveys.

Although certain populations of people who are experiencing homelessness are difficult to find and count, and participation in the count clearly introduces instability, the PIT count is important as it is the only measure that captures the scope of people experiencing homelessness.

Definition of Homelessness

Historically, MDHI's definition of homelessness as reported in the PIT are persons staying in the following locations:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings
- Sleeping in an emergency shelter or safe haven
- Spending the night in a hospital or other institution but without a permanent place to live
- Living in transitional housing
- Staying temporarily with family or friends
- Staying temporarily in a hotel/motel while looking for shelter or housing
- Being evicted within 14 days

This year, MDHI is segregating the data for those who are literally homeless and those who are at-risk. MDHI is using the definition of homelessness in 24 CFR 91.5 of the *Homeless Definition Final Rule*. This includes individuals and families “living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals” on the night designated for the count. This includes persons residing in Safe Haven projects.

Specifically, persons are identified as homeless if they are staying in the following locations:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings
- Sleeping in an emergency shelter or safe haven
- Living in transitional housing
- Staying in a hotel or motel paid for by a voucher

HUD’s homeless definition does not define a person as homeless who is staying temporarily with family or friends. It is important to note that over the last three years, the PIT reported the highest proportion of homeless persons as staying temporarily with family and friends.

Priorities in the 2014 PIT efforts included:

- Involvement of formerly homeless individuals to assist with planning, training and surveying
- Differentiation between HUD defined homeless and at-risk populations
- Producing an expanded PIT report which includes data points from sources other than PIT, articles from formerly homeless individuals, as well as articles from content experts addressing the underlying causes of homelessness
- Emphasis on surveying unsheltered persons and veterans

- Conducting a PIT cross-walk with the Homeless Management Information System (HMIS) to inform HMIS generated PIT data for future sheltered counts
- Develop PIT Policies and Procedures
- Increase resources to improve PIT efforts

MDHI recognizes that the annual Point-In-Time count is only a snapshot of the overall picture. We encourage stakeholders and others interested in homelessness to read this report with the understanding that homelessness is difficult to measure, and that each PIT effort will face unique challenges. While we may disagree about whether homelessness is increasing or decreasing and on the most effective priorities and interventions, we can agree that it is not acceptable for homelessness to occur in our neighborhoods, cities, state and country. Nationally, statewide and locally, ending homelessness is an unprecedented priority. Together, we can prevent homelessness for future generations.



Photo Courtesy of Colorado Coalition for the Homeless

Definition of At-Risk of Homelessness

The number of homeless individuals and families masks the very real story of the people who are at-risk of homelessness – people who are one step away from the street and forced to stay in temporary situations, many of which are over-crowded, substandard and even dangerous.

In January 2014, there were 2,230 persons counted in the PIT who are likely at-risk of homelessness

This report includes information and PIT data about people who are presumed to be on the edge of homelessness, based on where survey respondents reported they spent the night and the types of services respondents were accessing at the time they completed a survey.



Photo Courtesy of Colorado Coalition for the Homeless

For the purpose of this report, we define “at-risk of homelessness” as an individual or family who reported staying in the following locations on the night of the Point-in-Time:

- Temporarily with family or friends
- In a hotel or motel paid for by self
- Jail/prison/juvenile detention
- Hospital, psychiatric hospital, substance abuse treatment program, halfway house

- Facing eviction from permanent supportive housing
- Facing eviction from apartment or house including Section 8
- Staying “somewhere else” and said they are homeless
- Staying “somewhere else” and facing eviction

As we know, the most fundamental characteristic shared by persons experiencing homelessness and the at-risk population is extreme poverty. In addition to poverty, some populations are more at-risk for homelessness than others, such as single women with children, people without support networks such as unaccompanied youth, youth aging out of foster care, persons who have previously been homeless, persons exiting systems without community support and households paying more than 50 percent of their income for housing.

In 2012, the National Alliance to End Homelessness reported that the effects of the poor economy are expected to escalate the number of persons on the edge of homelessness, as well as those experiencing homelessness, especially with the increase in doubled up households and the number of poor families paying 50 percent or more of their monthly income on housing. The Alliance indicated that in 2013, there were 7.44 million people doubled up.¹

¹ Eng, James. NBC News. www.nbcnews.com/news/us-news.

II. Background on Homelessness and MDHI

Homelessness

In this section, we give a brief history of homelessness. It provides context for the present and helps us understand the problems we currently face. This is followed by summaries of the federal and local strategies to end homelessness, *Opening Doors* and *Pathways Home Colorado*.

Opening Doors: The Federal Strategic Plan to End and Prevent Homelessness, released in 2010, was intended to serve as a guiding document and strategic framework for the Obama administration. The federal government described this plan as “groundbreaking” because of its comprehensive scope, and the fact that it “provides an outline for future policy related actions.”² In contrast, the National Coalition for the Homeless has stated that the plan is too general, and that it lacks concrete action steps and a commitment to allocate funds. Regardless, the Plan is evidence of the federal government’s commitment to prioritize the issue of homelessness.

Pathways Home Colorado was created in 2012 by Governor John Hickenlooper’s Office and the Colorado Division of Housing. The Plan is “part of Colorado’s ongoing efforts to replicate best practice models, support regional priorities and become more strategic in preventing and ending homelessness.”³

A Brief History of Homelessness by Donald Burnes, PhD⁴

Many Americans seem to believe that homelessness in this country is a relatively new phenomenon caused by regressive governmental policies and the recessions that have plagued this country over the last 40 years. The truth is that homelessness is not new. Throughout our history, we have been confronted by the problem of people who live on the margin—homeless vagrants and vagabonds, the dependent poor, the unemployed, and the unemployable. Starting in the earliest days of the colonies, Americans

Many Americans seem to believe that homelessness in this country is a relatively new phenomenon caused by regressive governmental policies and the recessions that have plagued this country over the last 40 years. The truth is that homelessness is not new.

have viewed these marginalized individuals and families alternatively as a threat to their young society, who correspondingly received outdoor relief or were relegated to the poorhouses/

almshouses made famous by the English; as the virtually penniless immigrants that arrived on our shores in waves; as heroic rugged individuals forging West to open the frontier; as the wounded and bitter soldiers of the Civil War and its aftermath, the detritus of one of America’s bloodiest wars; as the hoboes, tramps, and bums who rode the recently constructed rails, or lived in the shanty-town hobo-hemias on the edges of our cities; as the destitute victims of the Great Depression; as the shameful derelicts of skid row; and, finally, as today’s “new homeless.”

By the late 1970s, we were confronted by a growing surge of the homeless population, and the public consciousness of this phenomenon was raised, fueled in part by the very public displays of homelessness advocacy by such individuals as Mitch Snyder and Carol Fennelly of the Community for Creative Non Violence. Although there is some debate about the causes of this huge influx of the destitute among us, there can be no denying the importance of several factors. The huge growth in the overall American population, the Baby Boom, and its maturation in the late 1960s and 1970s meant that there were millions more people prone

⁴ Acting Executive Director and Board Chair, Burnes Institute on Poverty and Homelessness.

² National Coalition for the Homeless. Response to United States Interagency Council on Homelessness. <http://www.nationalhomeless.org/advocacy/nationalstrategicplan.html>.

³ <http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251611679326>.

to the ravages of inadequate housing, un- and under-employment, and the scourge of drugs, alcohol, and mental illness. The unintended consequences of major and well-intended federal policies also fed the expanding streams of the homeless. The deinstitutionalization of the mentally ill from state hospitals, started in the Kennedy/Johnson years, left many former patients/ inmates of state hospitals without housing and services, as the supply of community mental health facilities never materialized. The decriminalization of alcohol left many public inebriates without shelter, as former drunk tanks were never replaced by the necessary public detox facilities. Urban renewal and the destruction of skid rows spread the homeless throughout urban areas where their needed services, including housing and jobs, were very slow if ever to materialize. The arrival of the Reagan administration saw significant cutbacks in funding for housing and other reductions in benefits for the very poor among us, and many of these cutbacks continue today. More recently, welfare reform, one of the signature accomplishments of the Clinton presidency, has reduced benefits for most poor families, forcing many of them into either homelessness itself or, at the very least, into utilizing services intended for the homeless. Finally, the Great Recession of 2008-2010 has devastated many families, forcing them into foreclosures on housing, into battles for rental units that frequently don't exist, into emergency shelter and transitional housing, or onto the streets.

Over the last number of years, fortunately, there have been some significant advances in our understanding of homelessness and how to address it. Ever since the passage of the McKinney-Vento legislation in 1987 and its more recent successor, the Homelessness Emergency and Rapid Transition to Housing Act of 2009, there has been federal fiscal interest specifically in the issue of homelessness. As the nation's service providers and researchers have become more familiar with the issues surrounding homelessness, there has been a shift in focus from a continuum of care approach that tried to move homeless individuals and families through a series of graduated steps that relied on substance abstinence and mental illness stabilization toward permanent housing, to a Housing First approach that places individuals in Housing First with wraparound supportive

services to address substance abuse, mental illness, and other issues confronting them. There has also been a revitalization of the US Interagency Council on Homelessness (USICH). Finally, under the current Obama administration, the development of Opening Doors, the federal strategic plan to address homelessness, indicates a new level of commitment in addressing the issue, as was the allocation of federal dollars to the Housing Prevention and Rapid Rehousing Program under the American Recovery and Reinvestment Act.

In addition, services for the homeless have proliferated around the country. As the number of homeless people has grown, so too has the number of emergency shelter beds, Housing First beds, permanent supportive housing beds and other support services. Likewise, 10-Year Plans to End Homelessness are now commonplace throughout the nation, and communities across the country are moving forward in implementing those plans. The focus on the chronically homeless and on the countless number of traumatized veterans returning from one or another of America's forays into foreign battle-field entanglements has had an appreciable effect on reducing their numbers nation-wide.

However, there is substantially more work to be done. The bottom quintile of Americans, based on income, still pays 87 percent of its income on housing,⁵ and at the lower end of that cohort are the homeless. Furthermore, from 2007 to 2011, family incomes across the country

decreased by 8%, while the cost of housing rose 15%.⁶ Among the homeless, rates of unemployment and under-employment continue to skyrocket. Most worrisome, national estimates of homelessness still stand at over 600,000, and this does not include the estimated 7 million people who are unstably housed.⁷ Finally, nationally, ser-

From 2007 to 2011, family incomes across the country decreased by 8%, while the cost of housing rose 15%.

⁵ National Alliance to End Homelessness. 2013. The state of homelessness in America 2013. Retrieved from <http://www.endhomelessness.org/library/entry/the-state-of-homelessness-2013>.

⁶ National Alliance to End Homelessness. 2013. The state of homelessness in America 2013. Retrieved from <http://www.endhomelessness.org/library/entry/the-state-of-homelessness-2013>.

⁷ *ibid.*

vice providers have developed a total; of 424,000 beds for the homeless, almost 200,000 less than is currently needed to meet the demand. As the data that follow indicate, the Denver metro region and its homeless population are not immune from these kinds of numbers; rather they mirror the rest of the country.

Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness

The current administration in the United States is unquestionably prioritizing homelessness, as evidenced by the vision, goals, and values of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (United States Interagency Council on Homelessness). The Plan was created on the belief that “no one should experience homelessness—no one should be without a safe, stable place to call home.” Based on this vision, the USICH developed six core values to be reflected in the Plan. These values include: (1) Homelessness is unacceptable; (2) There are no “homeless people,” but rather people who have lost their homes who deserve to be treated with dignity and respect; (3) Homelessness is expensive; it is better to invest in solutions; (4) Homelessness is solvable; we have learned a lot about what works; (5) Homelessness can be prevented; (6) There is strength in collaboration and USICH can make a difference.⁸

The federal strategic plan is focused on four key goals: (1) Finish the job of ending chronic homelessness in five years; (2) Prevent and end homelessness among Veterans in five years; (3) Prevent and end homelessness for families, youth, and children in ten years; and (4) Set a path to ending all types of homelessness. These goals are being addressed through a number of objectives such as increasing leadership, collaboration, and civic engagement, access to stable and affordable housing, and economic security. Additional objectives include improving health and stability, as well as transforming the homeless crisis response system.⁹

⁸ United States Interagency Council on Homelessness. (2010). *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*. Retrieved from http://usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf.

⁹ *ibid.*

The development of the Plan was guided by the key principles that it should be collaborative, solutions-driven and evidence-based, cost-effective, implementable and user-friendly, lasting and scalable, and measureable with clear outcomes and accountability.¹⁰ The vision, values, goals, and principles of *Opening Doors* guide the strategy and partnership of the federal administration to work with the state and local governments, as well as the private sector, to strive toward effective and efficient solutions to end homelessness.

Pathways Home Colorado: Ensuring All Coloradans Have a Place to Call Home

Influenced by the federal strategic plan, *Opening Doors*, Colorado is also prioritizing homelessness, as demonstrated in *Pathways Home Colorado*. The vision stated in the plan is that, “All Coloradans have a place to call home.”¹¹ *Pathways Home Colorado* was created to promote regional collaborative efforts to address homelessness. By incorporating this vision into its strategic plan, the State can be an effective advocate, partner, and investor in the sustainable future of Coloradans.

In *Pathways Home Colorado*, the state administration identified three goals to be achieved through the initiative, including: (1) Encourage six regional strategies via a coordinated state plan by January 2013; (2) Create housing and accessible services for homeless Veterans by January 2015; and (3) Create housing and accessible services for homeless youth and families, the chronically homeless, and other populations by January 2020. The coordinated efforts through *Pathways Home Colorado* are intended to improve cost efficiencies, encourage sharing of resources and information, promote collaborative partnerships, build political will and regional priorities, develop innovative approaches to local needs and issues, and increase understanding of mobility of specific homeless and at-risk populations.¹²

¹⁰ *ibid.*

¹¹ Sanford, G., Cheevers, C., and Zarrin, A. (2012). *Pathways Home Colorado*. Retrieved from <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=ContentDisposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22Pathways+Home+Colorado.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251914300391&ssbinary=true>.

¹² *ibid.*

The state strategic plan involves building capacity and creating solutions to prevent and end homelessness in Colorado. *Pathways Home Colorado* promotes collaborative partnerships, setting priorities based upon community needs and resources, identifying policies which complicate and interfere with preventing homelessness, promoting community education, and engaging political leadership to mobilize community partners to assist in these efforts. *Pathways Home Colorado* strengthens the State's role in supporting regional and local efforts to prevent and eradicate homelessness in Colorado through the development and evaluation of new policies and programs aimed at providing stable and affordable housing. This effort is intended to ensure that housing becomes the norm in Colorado, rather than a privilege.¹³

History of MDHI

Twenty Years

An initial meeting was held on March 7, 1994, at the Department of Housing and Urban Development (HUD) Denver Regional Office to discuss developing a metro-wide homeless Continuum of Care (CoC) system. In April 1994, HUD hosted a symposium to gather input from seventy (70) organizations representing homeless and housing providers, local and state agencies, private foundations, mental health centers, neighborhood organizations, veterans, youth and homeless or formerly homeless individuals. Thirty (30) representatives from this symposium were elected to serve on a steering committee to coordinate the continued planning for the development of a metro-wide homeless CoC.

During the same time period, homeless agencies received notice of several awards for homeless housing units as a result of the Lowry Air Force Base closure, through Title V of the Stewart B. McKinney Homeless Assistance Act. The number of units awarded to homeless providers exceeded the number of homeless units approved for development by the Lowry Redevelopment Authority and the Denver Consolidated Plan.

¹³ Sanford, G., Cheevers, C., and Zarrin, A. (2012). *Pathways Home Colorado*.

The Steering Committee submitted a proposal to the Department of Housing and Urban Development for funding available through the Innovative Cities Demonstration Program to address both the development of the metro homeless continuum of care and to address the concerns surrounding discrepancies in the number of homeless surplus property units approved for on-base development. In May 1994, The Colorado Division of Housing, acting on behalf of the metro communities and homeless providers, submitted a proposal to HUD for \$5 million dollars called The Metro Denver Homeless Initiative – A Multi-Jurisdictional Continuum of Care for Families, Individuals, and Youth.

The proposal called for the establishment of a community planning board that would determine a stakeholder process for developing the MDHI strategic plan. The proposal also requested funding to disperse, throughout the metro area, development of 150 affordable transitional and permanent housing units off the Lowry Air Force Base. Funding for an additional 173 units approved for on-base development was also made available through this proposal. In July 1994, HUD funded the project at \$5 million with an additional \$3.8 million committed from the Colorado Division of Housing, the City of Denver, and the Lowry Redevelopment Authority. The MDHI Steering Committee continued meeting monthly throughout 1994 to develop a broad-based inclusive stakeholder process. This process was used over the course of the next year to develop the strategic plan for addressing homelessness through a metro-wide continuum of care.

The Metro Denver Homeless Initiative was officially kicked-off on December 8, 1994. A community planning board was established with 125 “members” or “stakeholders” to guide the planning process for developing a metro-wide homeless Continuum of Care. Meetings were held every three weeks throughout 1995 with an average of sixty to seventy-five people in attendance at each meeting. Meetings were facilitated by the National Civic League, who helped the community develop a Governance Board, mission and vision statements, and the process for involving stakeholders in designing a strategic plan.

In the 20 years since its inception, MDHI has leveraged over \$200 million in HUD funding for homeless housing and services to the seven county Metro Denver region.

With passage of the HEARTH Act, continuums of care across the country are working with partners to identify strategies to effectively address homelessness. Through these partnerships, communities have become more innovative and collaborative to achieve desired outcomes.

This past year has been a significant benchmark for MDHI. During 2013, the continuum of care hired three full-time staff, updated organizational by-laws, revised conflict of interest policy, increased funding and infrastructure, secured funding from the Denver Foundation to implement a Peer Navigator project in five day centers, hired formerly homeless veterans to assist with the 2014 Point-In-Time survey, increased board membership from ten to seventeen members, collected health care access information from stakeholders, implemented HMIS policies including security and data quality plans, convened regional planning group to improve annual NOFA grant process, as well as, supporting the work of seven CoC committees which involve over 100 stakeholders.

In 2013, local and regional stakeholder meetings were conducted to collect information regarding local needs and challenges to inform Continuum of Care priorities. Following are six priority areas identified across the region:

1. Increase regional coverage of CoC funded projects
2. Improve access to resources
3. Increase housing resources
4. Target mainstream services for populations in need
5. Identify resources to better meet supportive service needs
6. Strengthen regional data

As MDHI enters its 21st year in operation, many exciting opportunities are ahead including:

- Relocating to the new Mile High United Way offices
- Implementing a pilot Coordinated Assessment and Housing Placement System
- Developing a Governance Charter for the continuum of care

- Increasing effectiveness of the Homeless Management Information System (HMIS)
- Expanding transparency relative to CoC funding, and operating policies and procedures
- Strengthening local and regional partnerships with local governments, private sector, community volunteers, and non-profit agencies

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III. 2014 Point-in-Time Findings: Homeless Population

Understanding the PIT Data

The count of persons experiencing homelessness and the characteristics of various homeless subpopulations and their reported proportions are based on a different definition of homelessness than was used in past years. Further, in 2014, MDHI will report on both the homeless population and those at-risk of homelessness. This year’s PIT report segregates HUD’s definition of homelessness from those who are at-risk of experiencing homelessness.

For the homeless data, we report the findings for respondents and all homeless. Respondents are those individuals who completed a survey. The “all homeless” category is the sum of respondents and the homeless family members with them. The findings are reported in one or both of these two categories, depending on which category is most informative and on whether the variable logically can be imputed to all homeless. For example, military status can be reported for respondents only, while it makes sense to report where people spent Monday night, January 27, 2014 for all homeless (respondents and their family members).

For the homeless data, we report the findings for respondents and all homeless. Respondents are those individuals who completed a survey. The “all homeless” category is the sum of respondents and the homeless family members with them.

Additionally, some respondents did not answer every question. As a result, the percentages represent only those people who answered the question and not the total number of respondents. In other words, unless otherwise noted, the percentages do not include missing responses. Therefore, when adding up responses in various categories, the numbers typically do not sum to the total number of “respondents” or “all homeless” due to missing data.

Submitted Surveys

The PIT effort collected about 16 percent fewer surveys in 2014 than were collected in 2013 (6,204 versus 7,416).

Further, in 2013, of the total number of surveys completed, 21 percent were removed as not homeless; in 2014, 42 percent were identified as not homeless. This is due to the change in the 2014 definition of homelessness.

Table 1 describes the number of surveys collected, the number removed, and the final number of at-risk and homeless persons counted.

Table 1. Survey Collection and Elimination

Surveys collected	6,204
Duplicates removed	177
Spent night out of Metro area removed	42
Nearly blank surveys removed	8
Very young children as respondent removed*	38
Not at-risk or homeless removed	1,560
Final cases in at-risk dataset	1,014
Final cases in homeless dataset	3,365

* 38 surveys were submitted with children ages 1 to 12 as respondents. These surveys were missing nearly all data and/or data could not be reconciled.

2014 PIT Findings for Persons Experiencing Homelessness

Total Estimated Homeless Persons

A number of respondents who identified themselves as having children, either as part of a couple or as a single parent/guardian, did not document their family members when completing the survey. Others reported they were part of a couple without children but did not document their spouse or partner. Where respondents did report their family members, we calculated the average number of known family members for that family type. We then applied the appropriate average to those households that neglected to report any information about family members. For example, if a respondent said they were a single parent with children but did not indicate the number of people with them or report ages or relationships in the survey’s family table, we assigned them the average family size for single parents.¹⁴ Due to this procedure, there may be slight nu-

¹⁴ The average household size for single parents is 3.2060 persons, and the average household size for couples with children is 4.5926 persons.

meric differences in total counts for all homeless across various data points due to rounding.

Table 2 shows the total homeless count – it includes respondents and family members.

Table 2. Total Homeless

Respondents	3,365
Family Members	2,447
Total All Homeless	5,812



Photo Courtesy of Colorado Coalition for the Homeless

Ages

Respondents range in age from 13 to 97 years. The average age is 42. Given that the younger population is hard to reach, we can say with certainty that the 32 teens counted in the 2014 PIT is an undercount.

Table 3. Ages — Respondents

	Frequency	Percent
Teen (13-17)	32	1.0
Young Adult (18-24)	*425	13.3
Adult (25-54)	2,133	66.6
Senior (55 and over)	610	19.1
Total	3200	100.0

* This number does not include 81 youth-headed households served by Family Unification Program (FUP) vouchers.

Figures 1 and 2 show the number of homeless respondents age 60 and above and those age 18 to 24.

Figure 1. Number of Homeless Respondents Age 60+ by County

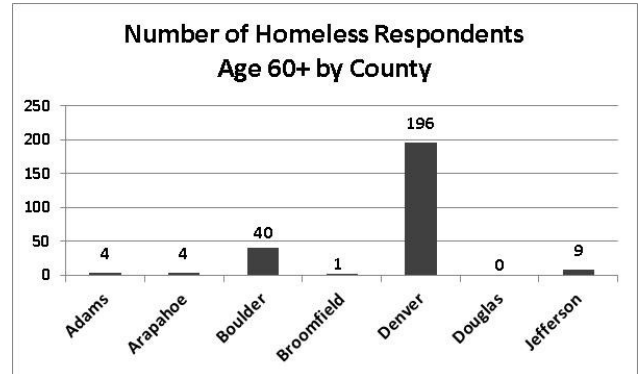
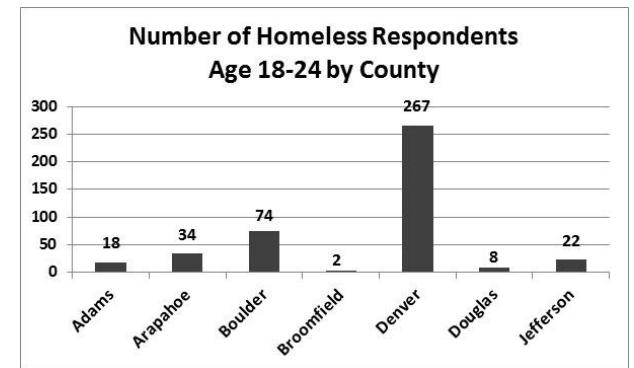


Figure 2. Number of Homeless Respondents Age 18-24 by County



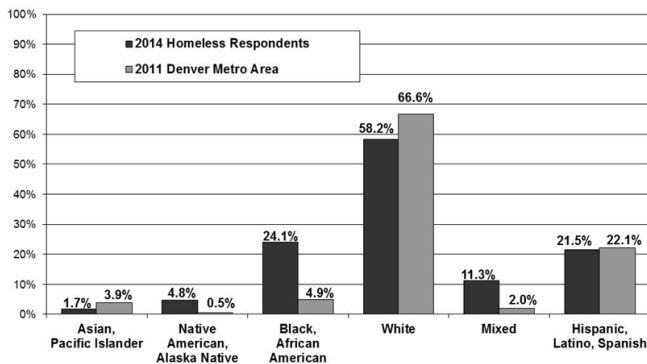
Gender

Male respondents outnumber female respondents: 60.2 percent (1,986) to 39.5% (1,303). Nine people identified themselves as transgender. Notably, while the majority of respondents are male overall, there are significant differences in gender across counties. The majority of respondents are male in Denver and Boulder. However the majority of respondents are female in the remaining counties.

Race/Ethnicity/Language

Compared to the general population of the 2012 seven county Denver Metro area, whites are substantially under-represented and African Americans are substantially over-represented among the homeless population (see Figure 3).¹⁵

Figure 3. Ethnicity of Homeless Respondents Compared to 2012 Denver Metro Area Demographics



* Persons of Hispanic origin may be of any race.

Families

People who identified themselves as single or as part of a couple without children are grouped as “households without children.” People who identified themselves as a single parent/guardian with children or as part of a couple with children are categorized as “households with children.”¹⁶ Family type is reported for respondents and for all homeless, while households with and without children is reported only for all homeless.

The majority (70.3%) or 2,367 respondents are single. One in five (19.0%) respondents are single parents.

Table 4. Family Type — Respondents

	Frequency	Percent
Single	2,367	70.4
Single Parent with Children Under 18	640	19.0
Couple with Children Under 18	239	7.1
Couple without Children	119	3.5
Total	3,365	100.0

Table 5. Family Type — All Homeless

	Frequency	Percent
Single	2,472	42.5
Single Parent with Children Under 18	2,006	34.5
Couple with Children Under 18	1,082	18.6
Couple without Children	253	4.4
Total	5,812	100.0



Photo Courtesy of Colorado Coalition for the Homeless

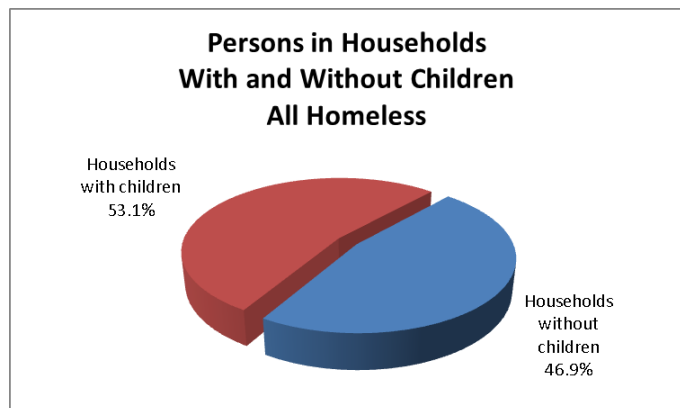
¹⁵ <http://www.metrodenver.org/do-business/demographics/ethnicity/>.

¹⁶ There are some exceptions to this rule. A single person or a couple without children may have reported having a child under 18 with them, such as a sibling, a nephew, etc. In these cases, they were counted as a household with children.

Homeless Persons in Households With and Without Children

People experiencing homelessness are somewhat more likely to be living in households with children.

Figure 4. Homeless Persons in Households With and Without Children



Family Member Demographics

There were 2,447 family members counted in the PIT. Respondents reported their family members' ages, gender, relationship to them, ethnicity, race and disability status. However, many respondents failed to report ethnicity, race and disability status of their family members.

Over three-quarters (77.8%) of reported family members were under 18; consistently respondents reported that 80.4 percent of family members were children or grandchildren. Family members were slightly more likely to be male (51.6% male versus 47.9% female). Respondents reported that 201 family members have a disability.

The following series of tables describe the demographic characteristics of respondents' family members.



Photo Courtesy of Colorado Coalition for the Homeless

Table 6. Ages – Family Members

	Frequency	Percent
Under 18	1,664	77.8
Young Adult (18-24)	138	6.5
Adult (25-54)	295	13.8
Senior (55 and over)	41	1.9
Total	2,138	100.0

Table 7. Relationship to Respondent – Family Members

	Frequency	Percent
Spouse/partner	284	13.7
Child/grandchild	1,672	80.4
Sibling	33	1.6
Parent	34	1.6
Other relative	48	2.3
Adult child	9	0.4
Total	2,080	100.0

Table 8. Ethnicity – Family Members

	Frequency	Percent
Hispanic	700	44.8
Not Hispanic	863	55.2
Total	1,563	100.0

Table 9. Race – Family Members

	Frequency	Percent
American Indian/Alaska Native	103	5.5
Asian	47	2.5
Black/African American	708	38.0
Native Hawaiian/Other Pacific Islander	17	0.9
White	755	40.6
Mixed Race	233	12.5
Total	1,863	100.0

Table 10. Gender – Family Members

	Frequency	Percent
Female	1,003	47.9
Male	1,081	51.6
Transgender	11	0.5
Total	2,095	100.0

Table 11. Disability – Family Members

	Frequency	Percent
Yes	201	10.3
No	1,743	89.7
Total	1,944	100.0

Military Service

Ending veteran homelessness is a national priority. The federal government has increased resources toward this goal and many states and communities have developed strategies to reduce homelessness among the men and women who have served our country. The Denver Metro area is no exception to improving system response, streamlining access to housing and services as well as engaging veterans to assist in assisting their peers. The 2014 PIT survey reflects that the seven county area continues to experience a decline in the number of veterans experiencing homelessness.



Photo Courtesy of Colorado Coalition for the Homeless

We asked respondents if they had served in the U.S. Military, if they were receiving Veterans Benefits and VA health care, and what type of discharge they received. Of respondents, 13.3 percent or 437 persons served in the military.

Some respondents said they were receiving benefits or reported on their discharge status, but did not answer the question if they had served in the military. Based on that, we assume there are more veterans than were counted. However, the following information is based on the 437 persons who reported they had served in the military.

Less than one-third (28.6%) are receiving Veterans Benefits, and about half (49.0%) receive VA health care. The majority (69.7%) reported they had been honorably discharged. The following table shows veterans' discharge status.

Table 12. Discharge Status of Veterans – Respondents

	Frequency	Percent
Honorable	278	69.7
General	54	13.5
Medical	14	3.5
Dishonorable	10	2.5
Other	32	8.0
Don't know	11	2.8
Total	399	100.0

The vast majority of veterans are male (94.2%) and living in a household without children (93.4%). Nearly half (47.4%) of veterans spent Monday night in an emergency shelter and approximately one in three (31.1%) were in transitional

housing. One in five (19.0%) are newly homeless, and almost one-quarter (24.3%) or 106 veterans are chronically homeless. Eighty-six veterans or 19.7 percent of all veterans are unsheltered. Two-thirds (284 persons) have at least one serious disabling condition, and 28.6 percent have co-occurring conditions – in fact, one in ten (9.6%) veterans report three or four serious disabling conditions.

Employment/Government Benefits

Nearly one-third (30.8%) or 990 respondents reported someone in their household had worked in the past month, and 59.8 percent or 1,911 respondents said their household was receiving one or more government benefits. Clearly, the benefits that these 1,911 households are receiving are inadequate to lift these households out of homelessness.

Duration and Episodes of Homelessness

Duration of homelessness refers to how long a particular episode of homelessness has lasted. Number of episodes refers to the number of separate times a household has experienced homelessness, regardless of how long each of the episodes lasted.

Nearly half (47.8%) of respondents say their household has been homeless for less than one year, while 40.8 percent have been homeless for one year or more (see Table 13).

Table 13. Duration of Homelessness — Respondents*

	Frequency	Percent
Less than 1 month	269	8.2
More than 1 month but less than 1 year	1,338	40.9
1 to 3 years	931	28.5
More than 3 years	440	13.5
Don't know	82	2.5
Total	3,060	93.6

* The table adds up to 93.6 percent. The difference between 100.0 and 93.6 represents those respondents who did not answer or reported they were not homeless in this question, but were homeless based on HUD's definition

As shown in Table 14, the single largest group of respondents (46.2%) said their household was experiencing its first

episode of homelessness in the last three years. More than one in five (21.2%) had been homeless twice in the last three years, and nearly 10 percent (8.9%) or 298 respondents had been homeless five or more times.

Table 14. Episodes of Homelessness -- Respondents*

	Frequency	Percent
Once in last three years	1,556	48.3
Twice in last three years	715	22.2
Three times in last three years	342	10.6
Four times in last three years	148	4.5
Five or more times in last three years	298	9.2
Total	3,059	94.8

* The table adds up to 94.8 percent. The difference between 100.0 and 94.8 represents those respondents who did not answer or who reported they were not homeless in this question, but were homeless based on HUD's definition.

Newly Homeless

For the purpose of this study, people were considered “newly homeless” if they had been homeless for less than one year and this was their first episode of homelessness. We report persons who are newly homeless for all homeless (respondents and their family members). **On January 27, 2014, nearly one in four (24.0%) of all persons experiencing homelessness, or 1,392 people, were considered newly homeless. Of the newly homeless, 58.7 percent or 817 people were in households with children.**

Chronically Homeless Respondents

In the 2014 PIT, 699 respondents or 20.8 percent are chronically homeless. The absolute number of 699 chronically homeless respondents in 2014 can be compared to 709 in 2013; The majority of respondents who are experiencing chronic homelessness are male (78.5%) and single (90.1%). Two-thirds (65.1%) spent Monday night, January 27, 2014 in an emergency shelter and one-third (34.9%) spent the night unsheltered -- on the street, under a bridge, in a car, etc.

Chronically Homeless - All Homeless

Of all homeless persons, 14.3 percent or 830 people were experiencing chronic homelessness. Of the chronically homeless population, the great majority (89.0%) or 738 people are living in households *without* children (92 people or 11.0% are living in households with children).



Photo Courtesy of Aurora Warms the Night

Where People Spent Monday Night

On January 27, 2014, people were predominantly staying in transitional housing, followed by an emergency shelter including domestic violence and youth shelters. One in eight (12.5%) or 724 people were unsheltered (see Table 15).

Historically, the greatest proportion of people experiencing homelessness in the Denver Metro area were staying temporarily with friends or family members, many to avoid going to a shelter or living on the street. Often, people living doubled up are in overcrowded and/or substandard living situations due to their inadequate economic resources. This population is included in the At-Risk section later in this report.

Table 16 shows that the majority of people spent Monday night, January 27, 2014 in the City and County of Denver, followed by Boulder and Jefferson Counties.

Table 15. Where Spent Monday Night – Respondents and All Homeless

	Respondents	All Homeless	% of All Homeless
Transitional housing	1,130	2,632	45.2
Emergency, domestic violence or youth shelter	1,563	2,209	38.0
On the street, under a bridge, in a car, etc.	544	724	12.5
Hotel, motel paid for by voucher	105	224	3.9
Safe Haven	23	23	0.4
Total	3,365	5,812	100.0

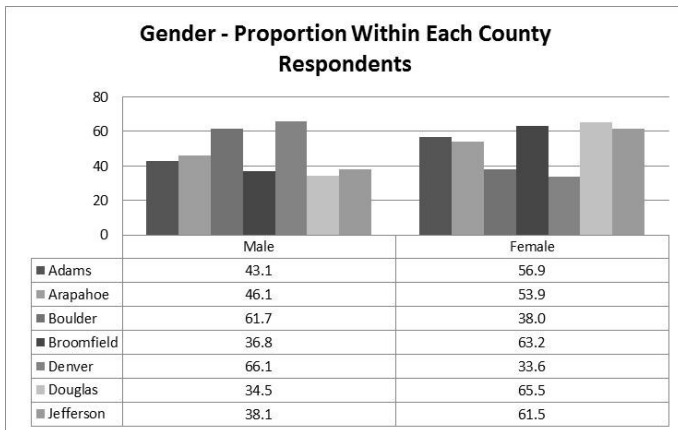
Table 16. County Where Persons Spent Monday Night – Respondents and All Homeless

	Respondents	All Homeless	Percent of All Homeless
Adams County	215	532	9.2
Arapahoe County	209	491	8.4
Boulder County	551	850	14.6
Broomfield City & County	19	40	0.7
Denver City & Cty	2,099	3,245	55.8
Douglas County	29	44	0.8
Jefferson County	243	611	10.5

County Comparisons

Figure 5 shows the variation in gender of respondents by county. The data table embedded in the figure provides the actual percentages of males and females by county.

Figure 5. Gender – Proportion Within Each County – Respondents



On average, respondents are older in Denver than in the other six Metro area counties.

Table 17. Age of Respondents by County

	Minimum	Maximum	Average
Adams	14	72	36.98
Arapahoe	19	67	38.20
Boulder	13	76	39.88
Broomfield	24	61	39.63
Denver	14	97	42.77
Douglas	18	59	36.67
Arapahoe	18	75	40.49

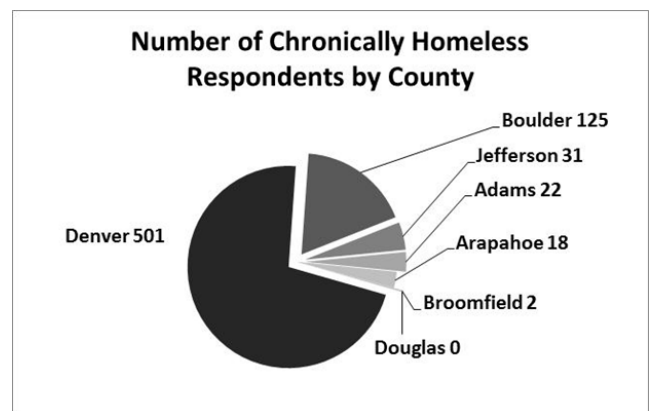
Table 18 illustrates the proportion of veterans within each county – not across counties. Broomfield, Arapahoe and Denver show the highest proportion of veterans.

Figure 6 shows that the greatest proportion of chronically homeless respondents across the seven county area spent the night in Denver (71.7%), followed by Boulder (17.9%).

Table 18. Proportion of Veterans Within Each County

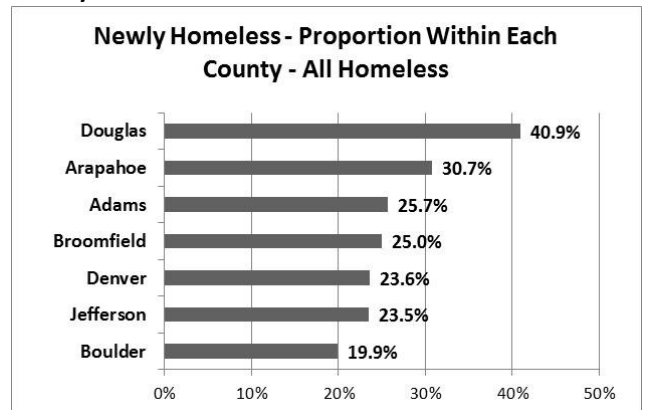
	Frequency	Percent
Adams	14	8.0
Arapahoe	34	16.3
Boulder	48	9.1
Broomfield	3	16.7
Denver	328	15.8
Douglas	0	0.0
Jefferson	10	4.1

Figure 6. Chronically Homeless by County - Respondents



The greatest proportion of newly homeless persons spent the night in Douglas, followed by Arapahoe and Adams counties, as shown in Figure 7.

Figure 7. Newly Homeless Proportion Within Each County – All Homeless Persons



Location on Monday Night by County

Table 19 is a comparison of where all homeless persons spent Monday night, January 27, 2014, within each County. Comparing counties based on where persons spent Monday night may not be as useful as other comparisons, because the count of where persons spent the night is partially based on where each county collected surveys, although it may also be a reflection of the types of services provided in a given county.

County	Transitional Housing		Emergency Shelter		Unsheltered		Motel Paid by Vouchers		Safe Haven	
	#	%	#	%	#	%	#	%	#	%
Adams	213	40.0	222	41.7	60	11.2	38	7.2	0	0.0
Arapahoe	287	58.4	91	18.5	70	14.2	44	8.9	0	0.0
Boulder	317	37.3	414	48.8	94	11.1	24	2.8	0	0.0
Broomfield	27	67.5	0	0.0	13	32.5	0	0.0	0	0.0
Denver	1,396	43.0	1,346	41.5	408	12.6	72	2.2	23	0.7
Douglas	1	2.3	14	31.8	15	34.1	14	31.8	0	0.0
Jefferson	392	64.1	122	20.0	65	10.6	32	5.2	0	0.0

Families by County

As shown in Table 20 on the next page, Denver and Boulder counties have the highest proportion of single respondents, closely followed by Douglas County. Broomfield, Adams and Arapahoe counties show the highest proportion of single parent respondents.

Figure 8, at right, shows that Adams County has the highest proportion of persons living in households with children, followed by Jefferson, Arapahoe and Broomfield Counties. Douglas, Denver and Boulder counties reported the lowest proportion of persons living in households with children.

Figure 8. Households With Children Proportion within Each County - All Homeless

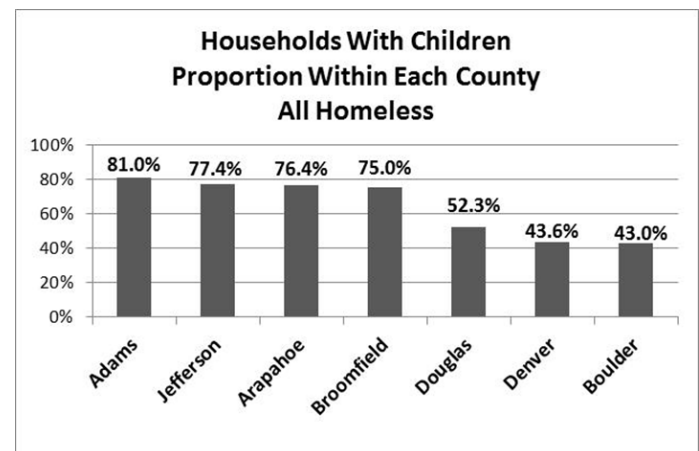


Table 20. Family Type by County – All Homeless

ADAMS	Single	83	15.6
	Single parent/guardian	259	48.8
	Couple with children	169	31.7
	Couple without children	21	3.9
	Total	532	100.0
ARAPAHOE	Single	96	19.5
	Single parent/guardian	270	54.9
	Couple with children	105	21.5
	Couple without children	20	4.1
	Total	491	100.0
BOULDER	Single	440	51.8
	Single parent/guardian	206	24.2
	Couple with children	149	17.5
	Couple without children	55	6.5
	Total	850	100.0
BROOMFIELD	Single	8	20.0
	Single parent/guardian	26	65.0
	Couple with children	4	10.0
	Couple without children	2	5.0
	Total	40	100.0
DENVER	Single	1,722	53.1
	Single parent/guardian	961	29.6
	Couple with children	443	13.6
	Couple without children	119	3.7
	Total	3245	100.0

DOUGLAS	Single	21	47.7
	Single parent/guardian	23	52.3
	Couple with Children	0	0.0
	Couple without children	0	0.0
	Total	44	100.0

JEFFERSON	Single	102	16.7
	Single parent/guardian	261	42.6
	Couple with children	212	34.8
	Couple without children	36	5.9
	Total	611	100.0

Migration and Last Permanent Residence

Respondents were asked to indicate the county where they last lived before they became homeless. Of those respondents who answered the question, 39.6 percent or 1,231 people indicated their last permanent residence was in Denver City and County. A small proportion (6.4%) considered their last permanent residence to be in a county outside of the Metro area. Nearly one in five (17.8%) or 552 people considered their last permanent residence either out of state or country.

The number of respondents in Table 21 reflects the number who provided information about both where they spent Monday night, January 27, 2014 and the county where they last had a permanent residence. The table compares the county spent Monday night (columns) and the county of last permanent residence (rows). For example, out of the 164 respondents who spent the night in Adams County and answered the question about their last permanent residence, 75 said that Adams County was their last permanent county of residence, 27 were from Denver and 13 were from out of state or country. Conversely, of the 254 respondents who said their last permanent residence was in Adams County, 75 were still in Adams County on the night of the PIT count, and 120 from Adams County spent Monday night in Denver City and County.

The data in Table 21 may provide some indication of the migration of respondents who are experiencing homelessness across the seven Metro area counties. However, while these data shed some light on migration across counties, the information has to be viewed with caution, given we are making a number of assumptions. For example, “last permanent residence” is likely defined very differently across respondents. Further, the time frame is not articulated in these data, that is, we do not know whether a respondent’s last permanent residence occurred immediately prior to their current episode of homelessness. If it was not, the location of their “last permanent residence” and where they spent Monday night may not accurately reflect the migration from one county to another.



Photo Courtesy of Family Tree

Table 21. County of Last Permanent Residence (rows) by County Where Spent Monday Night (columns)

Last Permanent Residence	County Spent Monday Night							TOTAL
	Adams	Arapahoe	Boulder	Broomfield	Denver	Douglas	Jefferson	
Adams	75	17	18	0	120	3	21	254
Arapahoe	22	86	7	0	162	4	12	293
Boulder	0	3	273	0	6	0	1	283
Broomfield	1	0	1	16	10	0	1	29
Denver	27	58	41	0	1,032	3	70	1,231
Douglas	2	2	0	0	11	10	0	25
Jefferson	7	8	12	0	137	1	76	241
In CO - other county	17	8	51	0	104	6	12	198
Other state/country	13	18	104	0	374	2	41	552
TOTAL	164	200	507	16	1,956	29	234	3,106

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IV. 2014 Point-in-Time Findings: At-Risk Population

Clearly, a primary indicator for people at-risk of homelessness is poverty. The poverty level across the seven county Metro area ranges from 2.9 percent in Douglas County to 19.2 percent in the City and County of Denver. In most counties and for Colorado overall, the percentage of children below the poverty level is even higher. In fact, Colorado has the fifth fastest growing child poverty rate in the country.¹⁷

Table 22. Percentage of Population Below Poverty Level

	% of Population Below Poverty Level	% of Children Below Poverty Level
Adams	12.2	20.2
Arapahoe	11.6	16.2
Boulder	12.8	12.6
Broomfield	5.5	5.4
Denver	19.2	28.6
Douglas	2.9	3.0
Jefferson	8.9	12.1
Colorado	12.2	16.2
United States	15.0	21.8

Source: Jefferson County. *Jefferson County Colorado Demographics*. 2013. www.jeffco.us/planning-and-zoning/demographics/.

The Center on Budget and Policy Priorities reported that in Colorado, “there was an increase in families in poverty from 54,600 in 1995 to 100,500 in 2011.” During this same period, there was a decline in TANF recipients from 72 percent in 1995 to 15 percent in 2011; the safety net has diminished substantially.¹⁸ At-risk individuals and families are also working families. The percentage of working families that are low-income and living in poverty has grown both in number and as a percentage of all working families in Colorado. “Between 2004 and 2012, the number of

¹⁷ Colorado Children’s Campaign. *2014 KIDS COUNT in Colorado*.

¹⁸ Center on Budget and Policy Priorities. *Colorado: TANF caseload fact sheet*. 2013. www.cbpp.org/files/3-1-13tanf/CO.pdf.

working families in poverty grew by roughly 16,000 families, an increase of nearly 50 percent.”¹⁹

According to the most recent Federal Poverty Guidelines, a single person with an annual income at or below \$11,490 is considered poor, as is a four person household making \$23,550 per year (see Table 23). These income levels are far below what is needed to meet a family’s basic needs, let alone become self-sufficient.

Table 23. Federal Poverty Guidelines

Number of Persons in Family/Household	Poverty Guideline
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
Each additional person	+ \$4,020

The Self-Sufficiency measure is a much more accurate measure. The Self-Sufficiency Standard is a measure of economic security that is based on the costs of the basic needs for working families: housing, child care, food, health care, transportation, etc. It is published by the Colorado Center on Law and Policy. There are eight household composition categories which consist of a combination of number of adults and age categories of children, e.g. “Adult, infant, preschooler, and school age child. We give just four categories in the example below. As you can see in Table 24, for most working families in Colorado, the Standard indicates earnings that are substantially higher than the Federal Poverty Level. This is especially dismal given the number of adults and children who are living below the Federal Poverty Level.

¹⁹ Hallgren, Kathleen, Green, C., Jones, R and Waterous F. *Measuring Opportunities for Working Families*. The Bell Policy Center. February 2013.

Table 24. Self-Sufficiency Standard for the Seven County Metro Area

County	Adult	Adult + Preschooler	Adult + Preschooler School-Age	2 Adults + Preschooler School-Age
Adams	\$23,144	\$45,971	\$54,893	\$62,290
Arapahoe	\$22,936	\$45,375	\$54,117	\$61,449
Boulder	\$24,527	\$50,483	\$60,567	\$67,924
Broomfield	\$25,396	\$50,688	\$58,916	\$66,333
Denver	\$19,296	\$42,245	\$50,243	\$55,508
Douglas	\$27,631	\$53,419	\$63,607	\$70,809
Jefferson	\$23,295	\$46,779	\$55,620	\$62,952

Source: Colorado Center on Law & Policy. *The Self-Sufficiency Standard for Colorado 2011.*

Some populations are more at-risk of poverty than others. Single parent families are more at-risk as are youth. Over one-third (37.2%) of all at-risk persons from the 2014 PIT were living in single parent households. One in five or 210 (21.2%) of at-risk respondents were age 24 or younger.

Below, we include information about people who are at-risk and presumed to be on the edge of homelessness who were counted in the 2014 PIT.

For the purpose of this report, we define “at-risk of homelessness” as an individual or family who reported staying in the following locations on the night of the Point-in-Time:

- Temporarily with family or friends
- In a hotel or motel paid for by self
- Jail/prison/juvenile detention
- Hospital, psychiatric hospital, substance abuse treatment program, halfway house
- Facing eviction from permanent supportive housing
- Facing eviction from apartment or house including Section 8
- Staying “somewhere else” and said they are homeless
- Staying “somewhere else” and facing eviction

Some respondents did not report where they stayed on Monday night but reported they were homeless. They were not included in the homeless dataset based on HUD’s definition of homelessness. Therefore, they are included here in the at-risk population.

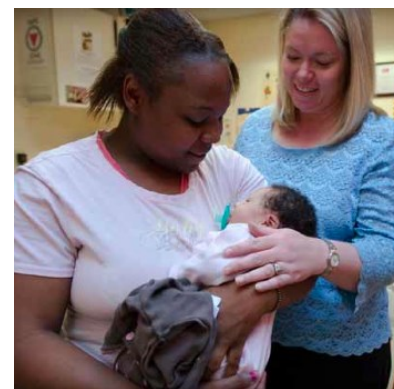


Photo Courtesy of Colorado Coalition for the Homeless

2014 PIT Findings: At-Risk Population

The 2014 PIT counted 1,014 at-risk respondents with 1,216 family members, for a total of 2,230 estimated at-risk persons.

Ages

At-risk respondents were younger on average than respondents experiencing homelessness. They ranged in age from 13 to 84, with an average age of 39.

Table 25. Ages – At-Risk Respondents

	Frequency	Percent
Teen (13-17)	31	3.1
Young Adult (18-24)	179	18.1
Adult (25-54)	639	64.6
Senior (55 and over)	140	14.2
Total	989	100.0

The following figures provide the number of at-risk respondents who are age 60 and above and those age 18 to 24, by county.

Figure 9. Number of At-Risk Respondents Age 60+ by County

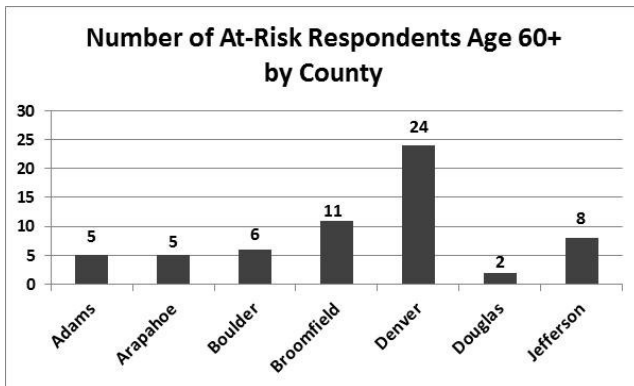
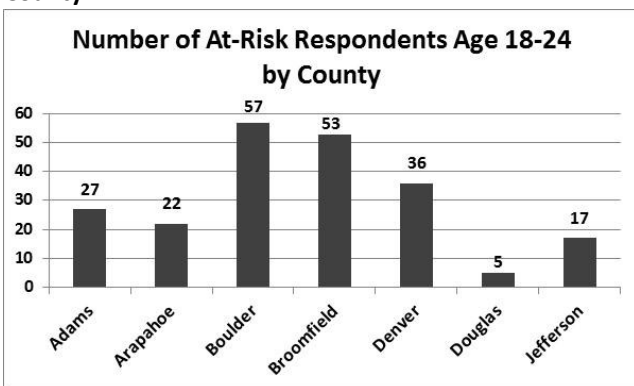


Figure 10. Number of At-Risk Respondents Age 18-24 by County



Gender

The majority of at-risk respondents are female -- 56.9 percent or 566 persons -- while the majority of homeless respondents -- 60.2% -- are male.

Race/Ethnicity

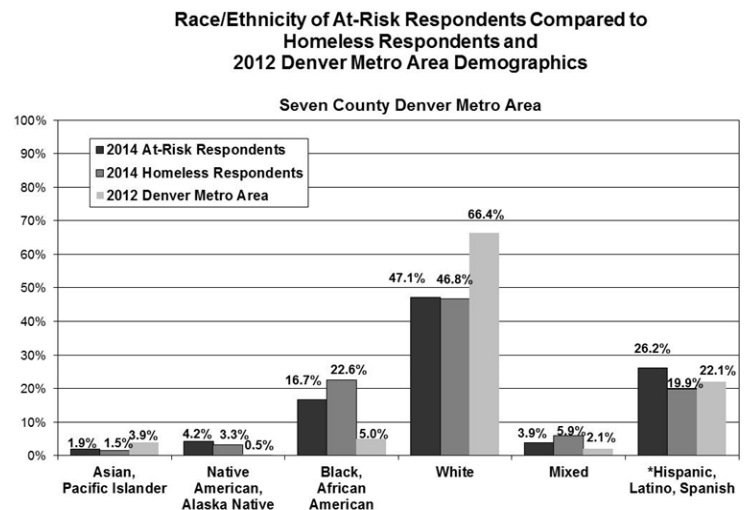
A higher proportion of Hispanic respondents are at-risk than are in the general population and than were counted as homeless. While African American respondents comprise a greater proportion of homeless than at-risk respondents, they are disproportionately over-

represented in the at-risk population the same as they are in the homeless population (see Figure 11 below).



Photo Courtesy of Colorado Coalition for the Homeless

Figure 11. Race/Ethnicity of At-Risk Respondents Compared to Homeless Respondents and 2012 Denver Metro Area Demographics



* Persons of Hispanic Origin may be of any race.

Families

When considering all at-risk persons, a higher proportion of people were living in a household comprised of two adults with children than in the all homeless population (compare 26.8% to 18.6%). In contrast, there were considerably more single respondents experiencing homelessness than single respondents in the at-risk population (compare 70.3% to 52.6%). Nearly two-thirds (64.5%) of all at-risk persons were living in a household with children.

Table 26. Family Type – All At-Risk Persons

	All At-Risk	Percent All At-Risk
Single	592	26.5
Single parent with children under 18	829	37.2
Couple with children under 18	597	26.8
Couple without children	212	9.5
Total	2,230	100.0

Table 27. Family Type – At-Risk Respondents

	Frequency	Percent
Single	533	52.6
Single parent with children under 18	259	25.5
Couple with children under 18	132	13.0
Couple without children	90	8.9
Total	1,014	100.0

Family Members

Nearly two-thirds (63.8%) of at-risk respondents' family members were under age 18; correspondingly, at-risk respondents reported that 63.9 percent of family members were children or grandchildren. Although 28.6 percent of at-risk respondents identified themselves as Hispanic, they reported that slightly over half (52.7%) of their family members are Hispanic. At-risk respondents reported that approximately one in eight (12.3%) or 121 family members have a disability.



Photo Courtesy of Colorado Coalition for the Homeless

Military Service

Veterans are nearly twice as likely to be homeless than to be at-risk of homelessness: compare 13.3 percent with 6.8 percent. Just 68 at-risk respondents are veterans, compared to 437 homeless respondents. Of at-risk veterans, 38.1 percent or 24 people reported they receive Veterans benefits, and less than half (44.8%) are receiving health care from the VA.

Homeless and at-risk of homelessness veterans are equally likely to have been honorably discharged. Table 28 compares military discharge status for at-risk and homeless respondents.

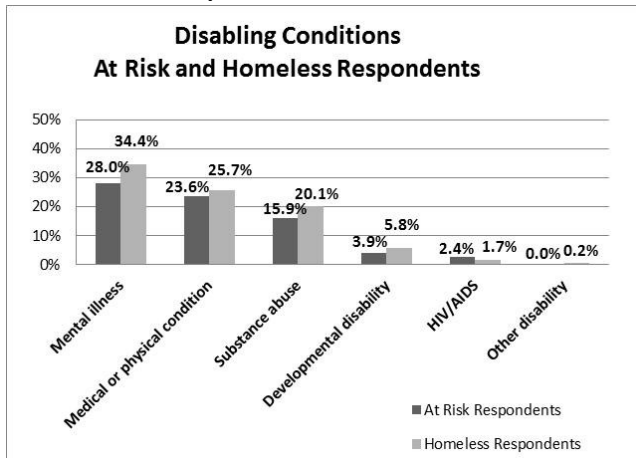
Table 28. Military Discharge Status – At-Risk and Homeless Respondents

	At-Risk Veterans	Homeless Veterans
	%	%
Honorable	69.0	69.7
General	22.4	13.5
Medical	1.7	3.5
Dishonorable	3.4	2.5
Other	3.4	8.0
Don't know	0.0	2.8

Disabling Conditions

At-risk respondents are less likely to be living with a disabling condition than respondents who are experiencing homelessness. A smaller proportion of at-risk respondents reported each type of disabling condition except for HIV/AIDS, although there was little difference between the two groups in the proportion having a medical or physical condition (compare 23.6% to 25.7%). Similar to the homeless population, at-risk respondents most often report serious mental illness, followed by a medical or physical condition and substance abuse.

Figure 12. Disabling Conditions – Comparison of At-Risk and Homeless Respondents



Working/Government Benefits

Not surprisingly, the at-risk population is more likely to be working than persons who are experiencing homelessness: compare 39.5 percent with 30.8 percent. However, similar proportions of at-risk and homeless respondents reported they were receiving one or more public benefits (61.1% versus 59.8%).

Monday Night

All at-risk persons predominantly spent Monday night staying temporarily with family or friends (see Table 29).

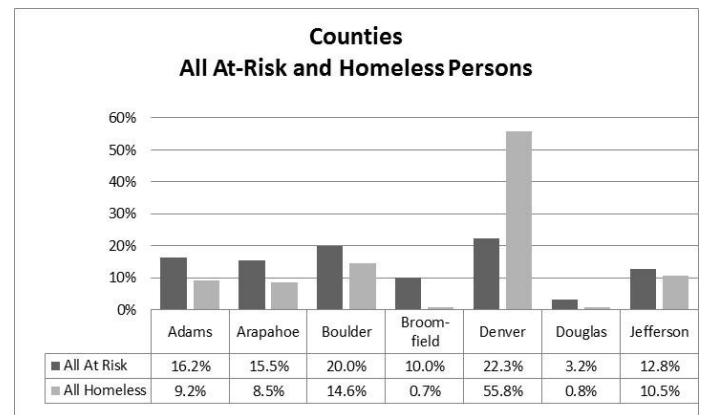
Table 29. Where Spent Monday Night – All At-Risk Persons

	Frequency	Percent
Temporarily with family or friends	1,890	84.7
Hotel, motel paid for by self	258	11.6
Hospital, psychiatric facility, treatment program	42	1.9
Somewhere else	24	1.1
Jail, prison, juvenile detention	8	0.4
Apt or house including Section 8 – eviction in 14 days	8	0.4
Total	2,230	100.0

Counties

At-risk persons were somewhat more evenly distributed across the seven county area than all homeless respondents.

Figure 13. Counties – Comparison of All At-Risk and All Homeless Persons



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V. 2014 Homeless and At-Risk Findings by County

County One-Page Summaries

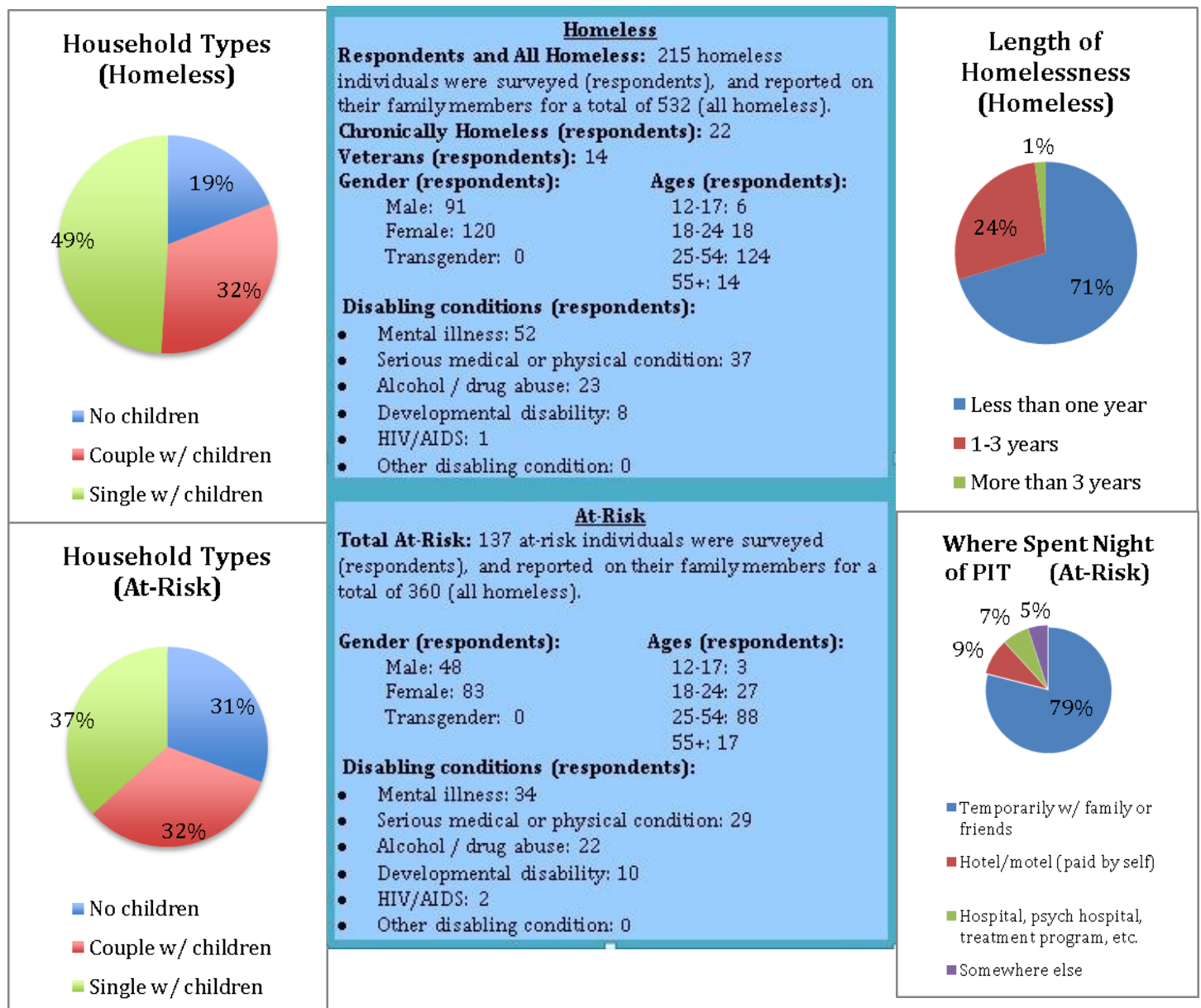
Adams County

Summary of 2014 Homeless and At-Risk PIT Findings



MDHI and stakeholders in the seven county metro Denver area conducted a Point-In-Time (PIT) survey during the week of January 27, 2014. This overview provides responses from interviewees and anyone in the household. Please refer to pages 2–4 of this report for the definitions for homeless and at-risk used in the 2014 Point-in-Time.

NOTE: The one consistent finding in all the research on homelessness is that surveys undercount homeless populations. People may enter and leave homelessness throughout the year – the Point-In-Time Survey is an approximate one day snap shot of homelessness in metro Denver.



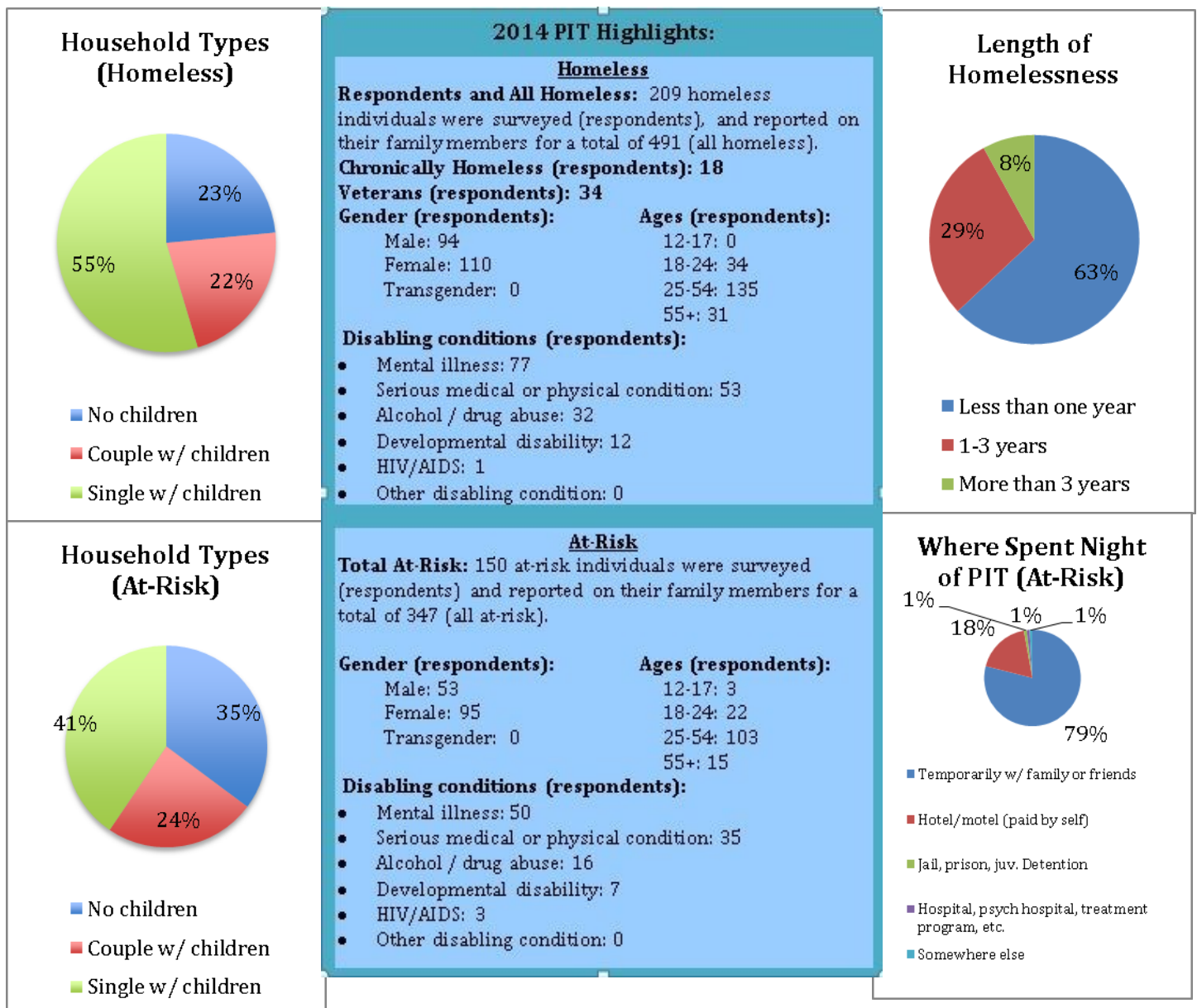
Arapahoe County

Summary of 2014 Homeless and At-Risk PIT Findings



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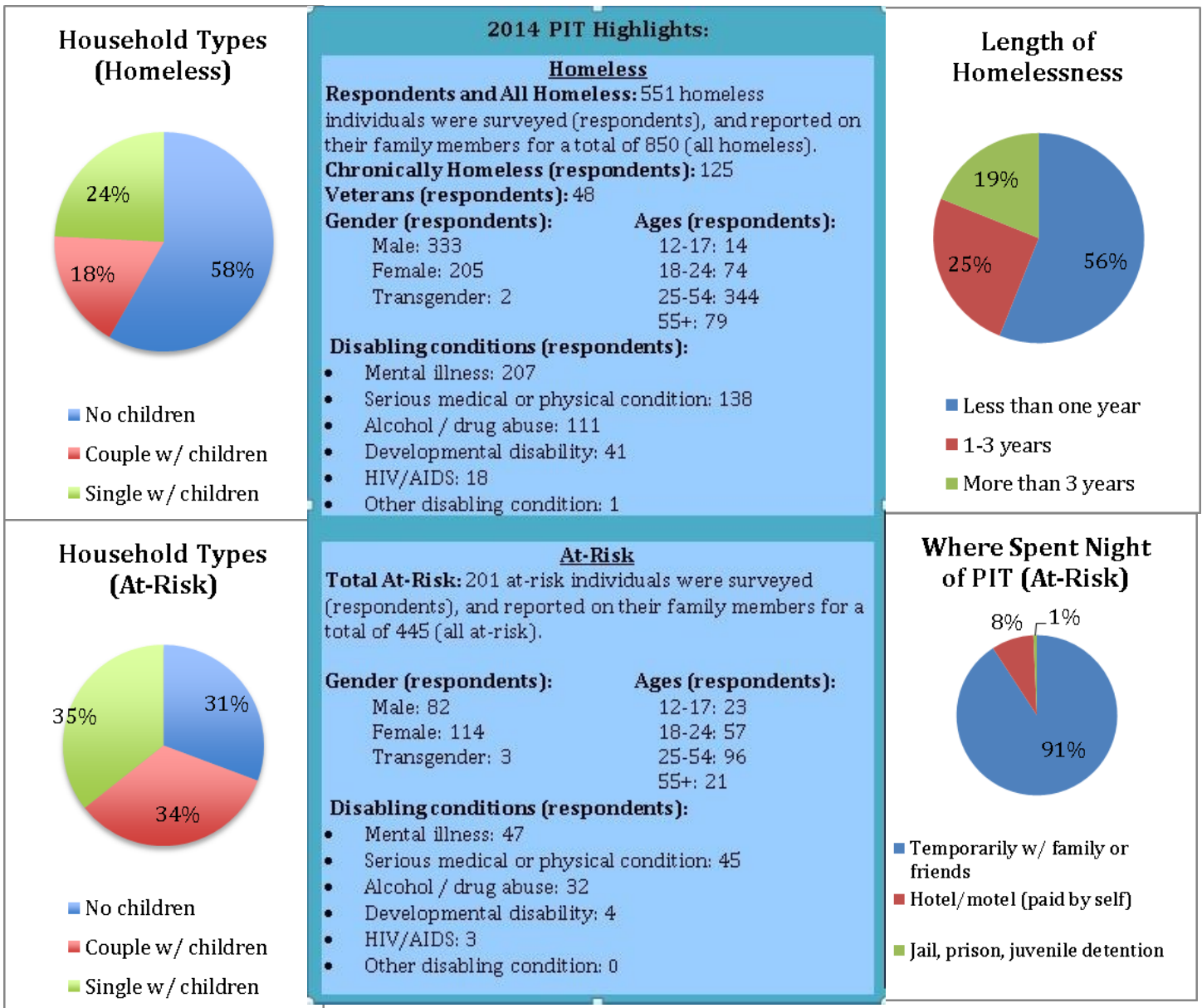
Boulder County

Summary of 2014 Homeless and At-Risk PIT Findings



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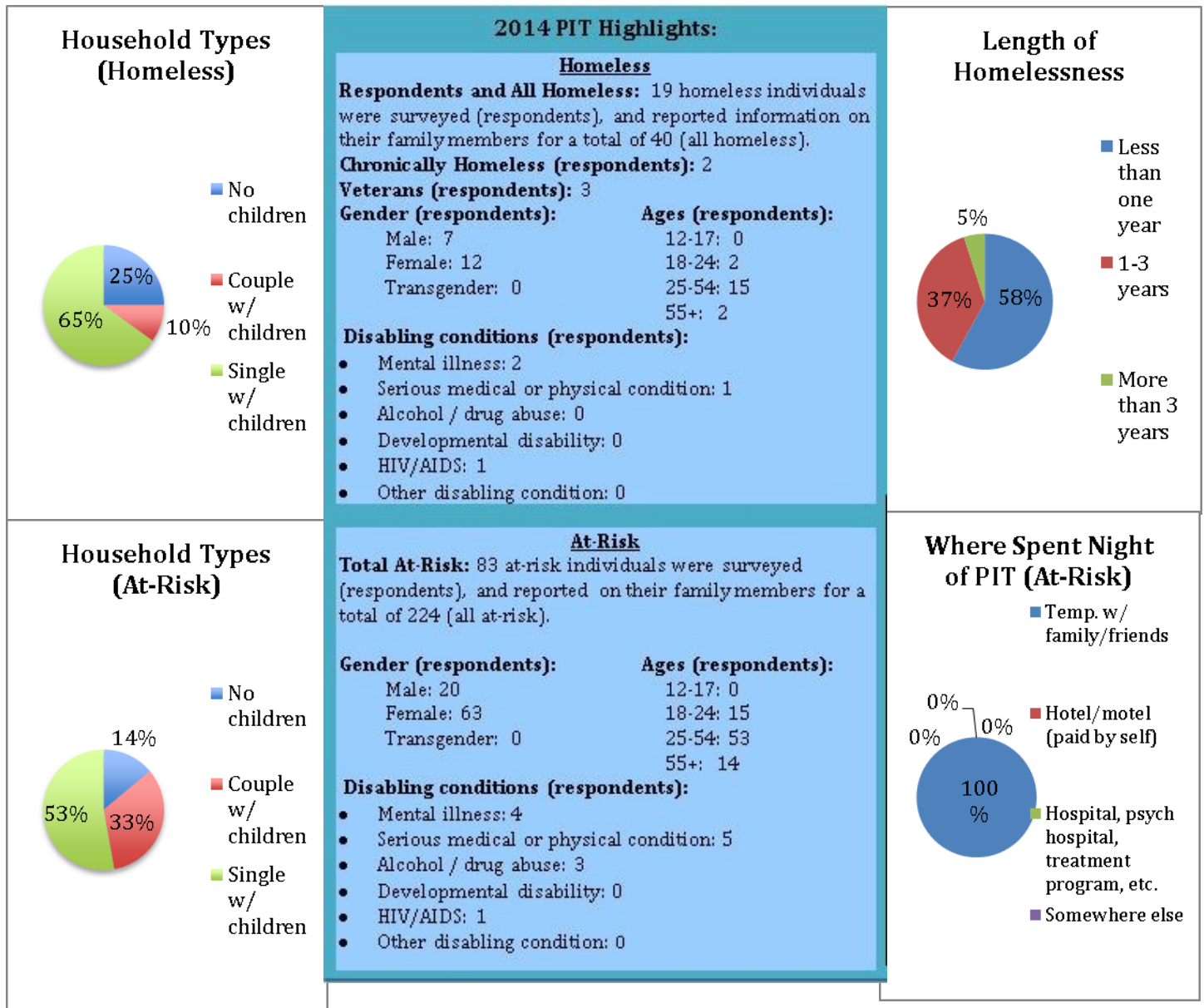
City and County of Broomfield

Summary of 2014 Homeless and At-Risk PIT Findings



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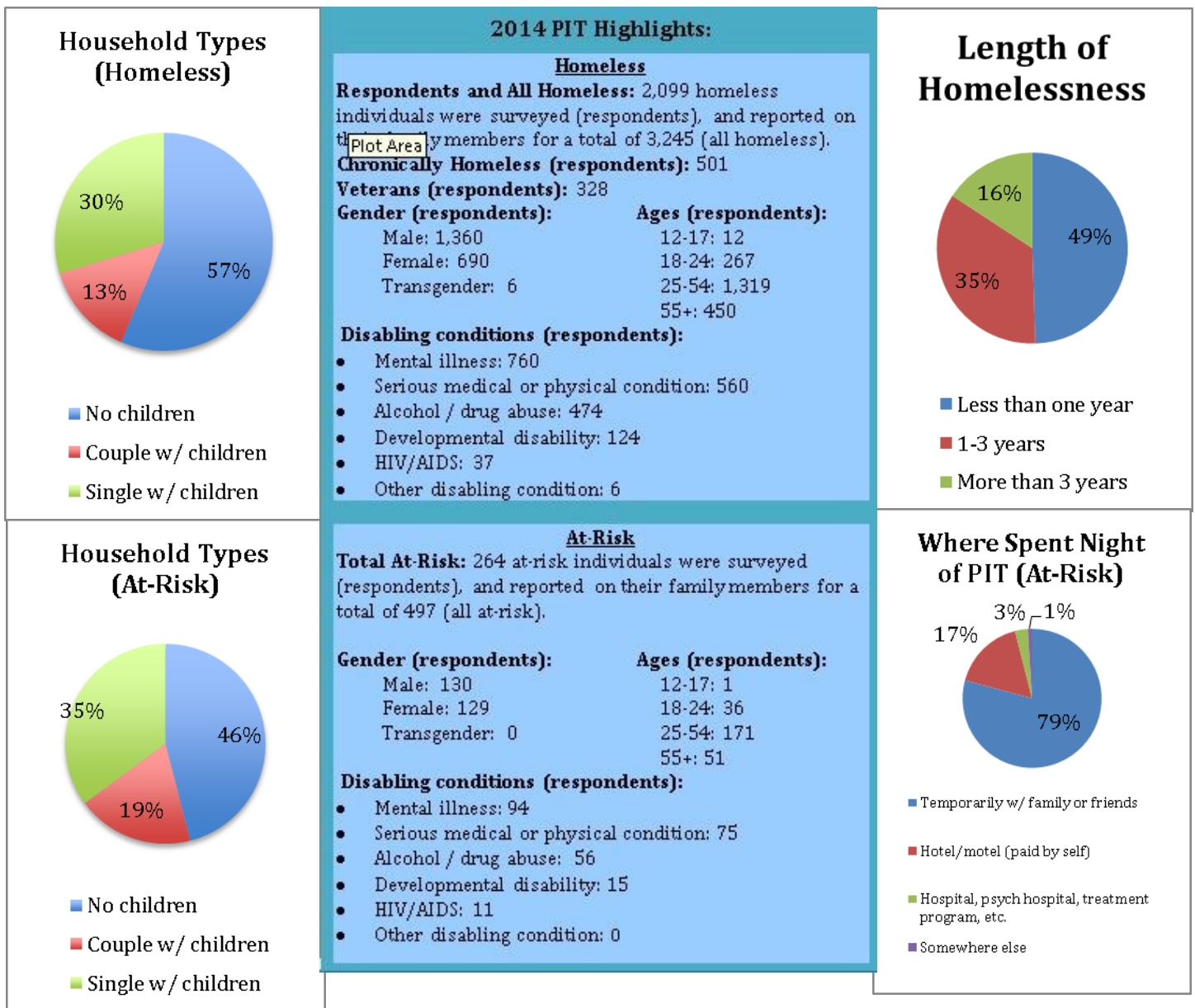
City and County of Denver

Summary of 2014 Homeless and At-Risk PIT Findings



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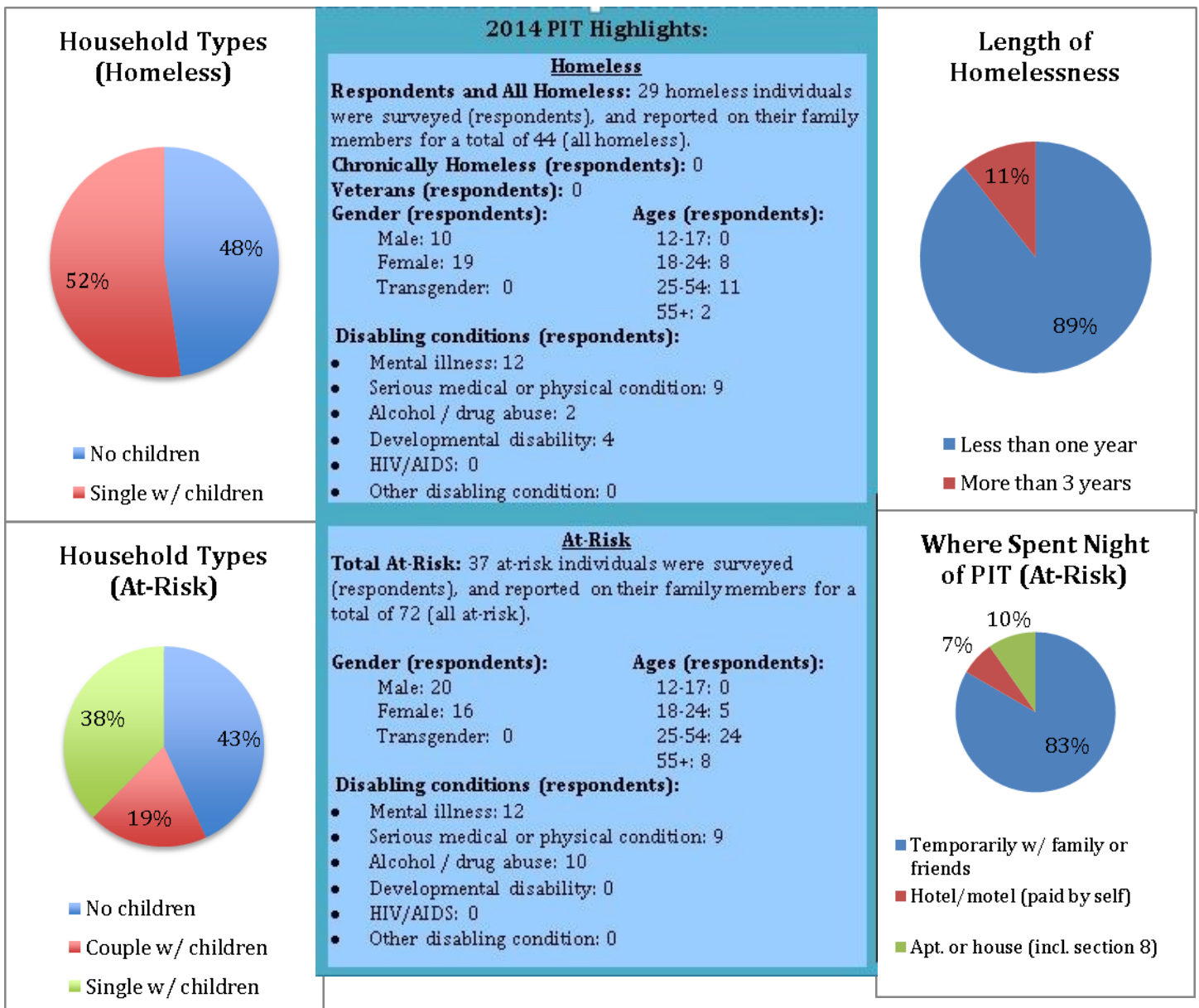
Douglas County

Summary of 2014 Homeless and At-Risk PIT Findings



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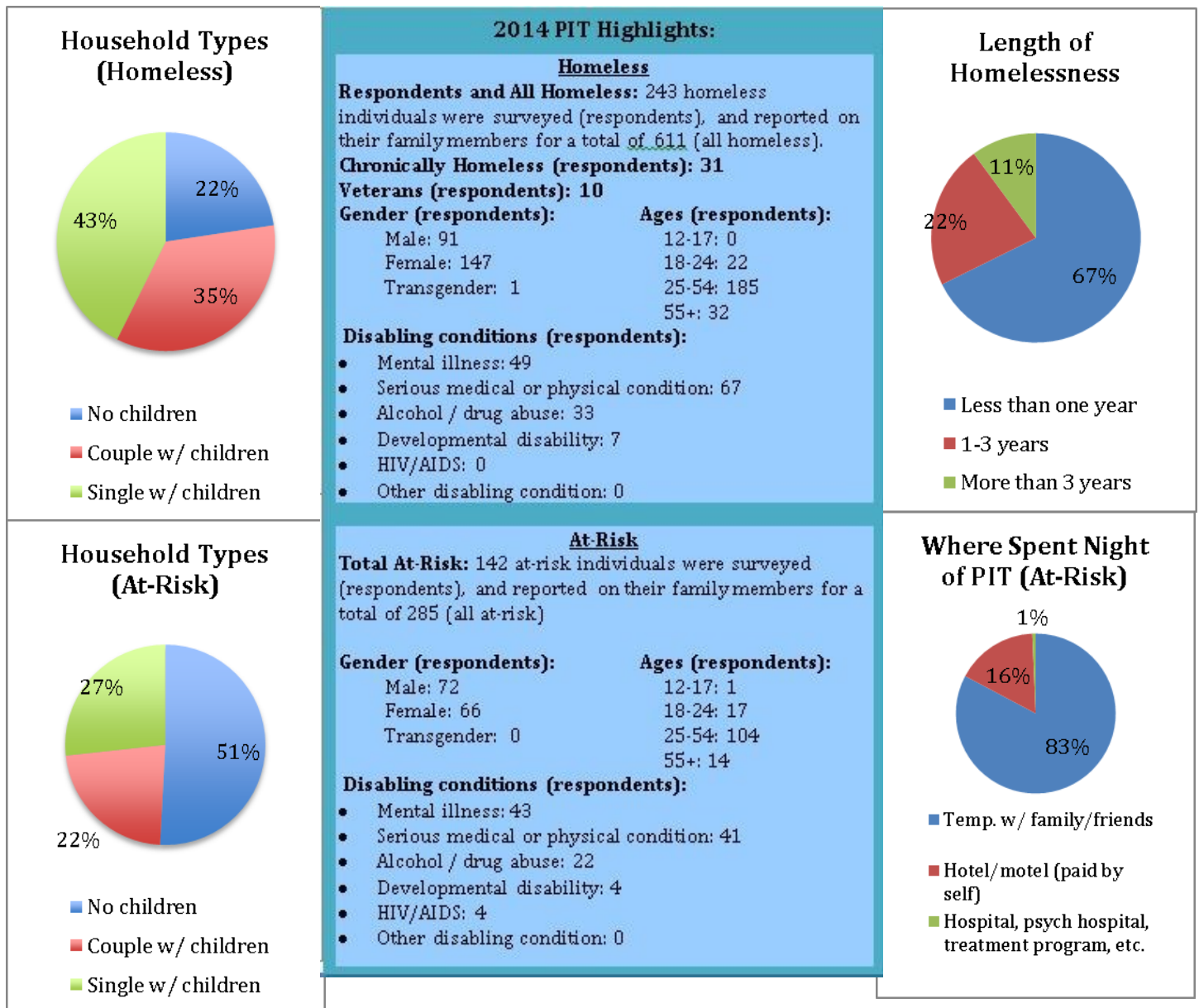
Jefferson County

Summary of 2014 Homeless and At-Risk PIT Findings



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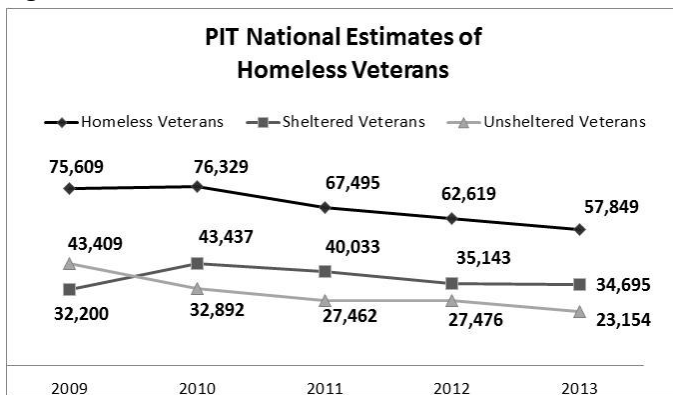
VI. Homeless Populations

Veterans

Men and women who have served our country should never have to be without safe and secure housing. Although the U.S. Department of Veterans Affairs' goal is to end veteran homelessness by the end of 2015, HUD estimates that in 2013 there were 57,849 veterans who are experiencing homelessness on any given night. In addition to this number, the National Coalition for Homeless Veterans (NCHV) reports that about 1.4 million other veterans, meanwhile, are considered at-risk of homelessness due to poverty, lack of support networks, and are living in overcrowded or sub-standard housing.

HUD's national PIT estimates show a decline of 8 percent in the number of homeless veterans since 2012 and a 24 percent decline since 2007. This is consistent with the MDHI PIT estimate of homeless veterans. HUD's national PIT estimates show a decline of 8 percent in the number of homeless veterans since 2012, and a 24 percent decline since 2007. **The number of homeless veterans in the seven county Metro area also has declined since 2012.**

Figure 14. PIT National Estimates of Homeless Veterans

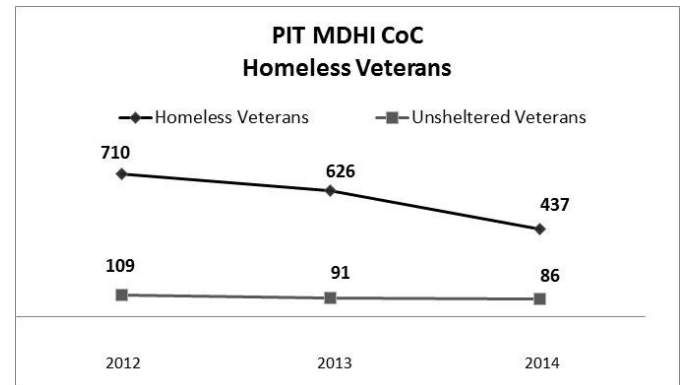


Also consistent with national data, the number of unsheltered veterans is decreasing in Metro Denver as well, from 109 in 2012 to 86 in 2014.



Photo Courtesy of Family Tree

Figure 15. PIT MDHI CoC Homeless and Unsheltered Veterans



National and local organizations and initiatives agree that veterans need a coordinated effort that provides not only secure housing, but also medical care, substance abuse, mental health care and counseling and social supports. Although we hear of corporations and organizations giving veterans priority and special consideration for employment, military occupations and experience are not always transferable placing veterans at a disadvantage when competing for employment. NCHV is a strong proponent of programs that assist homeless veterans obtain and sustain employment.

Veterans Experiencing Homelessness ***by Scott M. Strong, Ph.D.²⁰***

Are there any common characteristics of the individuals you work with?

The population of homeless veterans is heterogeneous, reflecting diverse racial, socioeconomic, educational, and military backgrounds. Two unifying characteristics among this population are service in the United States military – no data exists suggesting one branch of service is over-represented among the homeless Veteran population – and homelessness. Significant histories of trauma are common in this population, although trauma is not restricted to combat-related experiences. Post-traumatic stress disorder among the homeless veteran population includes trauma related to combat, to military sexual trauma, to childhood physical, emotional, and sexual abuse, and to the trauma of living on the streets and the loss of one's identity.

What are the most common misconceptions of the individuals you work with?

Common misconceptions about homeless veterans mirror the myths people endorse about homeless people in general – such as, they are homeless by choice, they are lazy, they do not or are unwilling to work, and that they all abuse substances. One misunderstood area about homelessness among veterans is the association between military service and homelessness. While many people assume military service is a causal factor in homelessness, it is important to note that most veterans do not become homeless, and that most homeless people are not veterans. Military service – and particularly, exposure to combat-related trauma – may contribute to the complex sequence of events and factors that result in a veteran entering homelessness.

Please share your recent successes. What were the driving forces behind them?

Within the past year, the Eastern Colorado Department of Veterans Affairs has collaborated with community partners to significantly reduce the time it takes to take a homeless Veteran off the streets and place him/her in permanent supportive housing. Additionally, this collaboration has enabled

MDHI partners to identify the most vulnerable veterans and prioritize them for housing placement. The VA also opened Valor Point Domiciliary for Homeless Veterans in Lakewood, CO in May, 2013. This program provides homeless veterans intensive residential treatment to promote housing acquisition and retention among our population. We have achieved these successes through our enhanced and ongoing collaborations within MDHI.

What are the major obstacles to your success?

The cost of living in the Denver metro area has increased significantly over the past year, making it more difficult to house veterans using HUD-VASH vouchers. Additionally, we have identified a strong need for transitional housing sites that do not discharge veterans for substance use. Research shows that harm reduction approaches are most effective at keeping homeless veterans engaged and independently housed. Nationally, the VA has seen a cohort of younger veterans returning from Afghanistan and Iraq who are seeking mental health and vocational services. One challenge we confront is ensuring these veterans do not lapse into homelessness.

How can the greater community further support your work?

The prioritization by MDHI of veterans and the chronically homeless for housing placement greatly improves our abilities to end veteran homelessness by 2015. Additionally, the VA relies upon our community partners to help house those homeless veterans who are ineligible for VA healthcare.

²⁰ Chief, Homeless and Vocational Programs, Veterans Affairs Eastern Colorado Healthcare System

Mary Jane's Story

Mary Jane as a VPI

Mary Jane is a formerly homeless veteran, and served as a Veteran Peer Interviewer for the 2014 Point-in-Time survey. Her employment specialist at Volunteers of America (VOA) recommended her for the work experience.

In her capacity as a Veteran Peer Interviewer, Mary Jane worked for nearly a month to prepare for the survey of unsheltered veterans living in Arapahoe County and the City of Aurora. She worked directly with Family Tree's House of Hope and the Point-in-Time coordinator for Aurora to help find where veterans might be living in the area.

She spoke with police officers and community members and mapped where they had seen people in the past. She also mapped out places she had stayed before, and where she would have stayed were she homeless at that time.

It was a challenge to find unsheltered veterans. "I could do it on a map and logically in my mind, but finding them was so much harder," she says. She wonders, too, if the cold winter weather kept them from sleeping outside.

Another barrier she ran into was people who didn't want to be counted. "It was disheartening. I do see the importance of doing the count—of resources for homeless people." But she adds, "Some people are trying to lay low."

Mary Jane on Resources in the Community and Ending Homelessness

Mary Jane has noticed that resources are hard to gather together. "You get a little information over here and a little information over there and it's hard to get it all at once. Information is spread out."

"There's a stigma. They don't want to put themselves out there as homeless," she says.

When asked what she thought we could be doing better to address homelessness, she says "Everyone is differ-

ent. Figuring out what people's needs are and following through on the information you give them is important. 'Did you find what you're looking for?'" Having what she calls "visible resources," or resources readily available at shelters and day centers, is key to helping someone who is experiencing homelessness. She adds that having advocates who are visible to clients and respect their privacy is extremely important.

Mary Jane believes that helping people find work with agencies or businesses that are willing to go the extra mile to employ a person experiencing homelessness will also help people find worth. She says people experiencing homelessness sometimes "need to be hand-held because they're beat up. They're downtrodden. Or they're waiting for the perfect job that they may never get."

Mary Jane talks about the additional hardship of individuals with pets who become homeless. She has experienced the loss of an animal due to homelessness. Because, to her knowledge, there are not any shelters in the Denver area that allow pets, she had to give her dog up for adoption.

Chronic Populations

HUD Definitions and Criteria

HUD defines chronic homelessness as:

- Having a chronic debilitating condition, and
- Sleeping in a place not meant for human habitation and/or in an emergency homeless shelter and/or in a safe haven, and
- Having been homeless continually for one year or more **OR** having four or more episodes of homelessness in three or more years.
- Includes singles and families

As of the 2013 PIT count, unaccompanied homeless children under the age of 18 are not counted as chronically homeless individuals based on HUD's criteria.

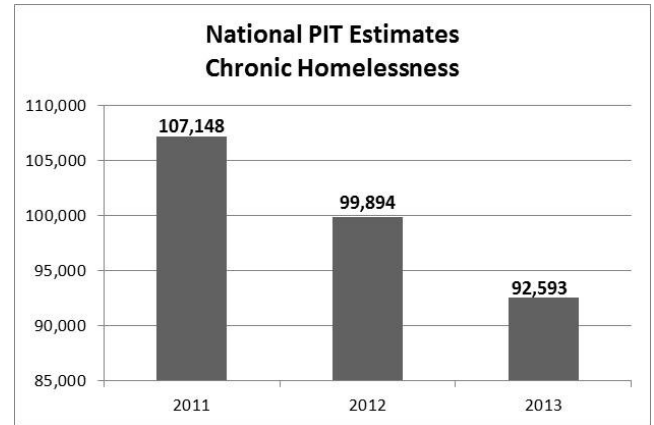
HUD defines a disabling condition as "a diagnosable substance abuse disorder, serious mental illness, developmental disability or chronic physical illness or disability." A disabling condition limits an individual's ability to work or perform activities of daily living.

The national estimate of chronically homeless persons decreased from 2007 to 2013, based on HUD's PIT numbers. For comparison purposes, Figure 16 illustrates years 2011-2013.



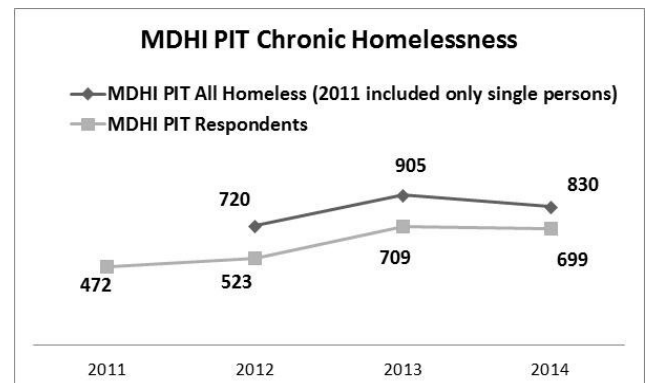
Photo Courtesy of Colorado Coalition for the Homeless

Figure 16. National PIT Estimates of Chronic Homelessness 2011-2013



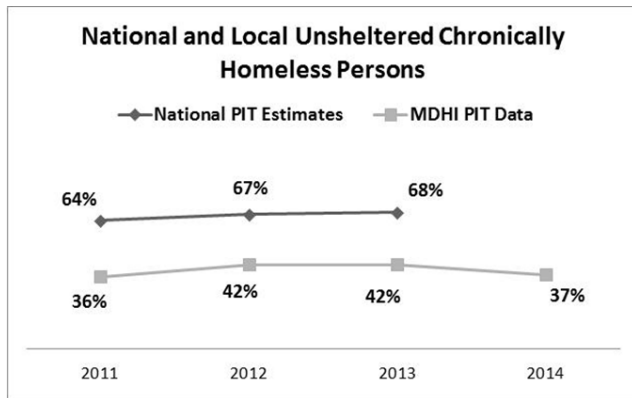
In the seven county Metro area, the number of chronically homeless respondents and all homeless persons show increases from 2011 through 2013, but a decline in the number from 2013 to this year.

Figure 17. MDHI PIT Chronic Homelessness 2011-2014



Of persons experiencing chronic homelessness, the unsheltered population differs between national and local PIT data (see Figure 18). Unsheltered chronically homeless persons number approximately two-thirds of the national population, while the proportion of unsheltered chronically homeless persons in the seven county Metro area is closer to one-third of the chronically homeless population -- and, the proportion declined in 2014.

Figure 18. National/Local Comparison of Unsheltered Chronically Homeless Persons



***A Community’s Response to Chronic Homelessness
An Interview with Tom Luehrs²¹***

The St. Francis Center (SFC) in downtown Denver serves as a day shelter to thousands of people experiencing homelessness. MDHI spoke to Tom Luehrs, Executive Director, about chronic homelessness.

SFC has seen an increase in people seeking services, all from different demographics with unique experiences. In 2013 SFC saw over ten thousand people. Approximately 55% of these people use SFC’s services and leave soon after, not to be seen for weeks. The other 45% seeking SFC’s services often need additional services and support. This reveals a few things; the majority of people experiencing homelessness are short term, the services provided by SFC and other day shelters are effective, and there are many people who experience homelessness during their lives.

SFC is also working to change the public perception that people experiencing chronic homelessness do not want to work and would rather be homeless through awareness campaigns. The message is simple; a life catastrophe can plummet anyone into extreme poverty and homelessness. Faith based communities and the media

²¹ Tom Luehrs is executive director of the St. Francis Center. Elizabeth Sterlacci recently interviewed Mr. Luehrs on behalf of MDHI and provided this account of their conversation,

have helped spread the message and SFC is seeing positive results. For SFC, this means more inclusion and acceptance within the neighborhood and community. Neighbors are more open-minded and SFC has been able to improve relations by working to resolve neighborhood conflicts.

An increased awareness has also helped allocate resources. For example, the winter shelter program has been successful in providing emergency shelters in the seven county area during the winter season, but service providers including SFC are still crowded. Now that the weather is in transition, many of those who were sheltered are returning to life on the streets. Communities outside of Denver are expanding services to include year round shelters and day centers.

Mr. Luehrs shared that poor economic performance is the best indicator of increased chronic homelessness. Recent feedback suggests that the public is observing an increase in panhandling. At first glance, these observations fulfill the negative stereotypes of persons experiencing chronic homelessness. In reality most people experiencing chronic homelessness want to be employed and lead independent lives. The transition out of chronic homelessness comes down to employment opportunity and circumstance. Did the person get an employment opportunity? Is the person physically able to work? Is the person young enough to be considered “hirable?”

As mentioned before, each person experiencing chronic homelessness has his or her own experience and circumstance and represents a wide group of ages including the middle aged, elderly and young adults. Many middle aged persons who are experiencing chronic homelessness have worked all of their lives, but changes in the economy have eliminated the work they are trained to do. They are ineligible for other positions and the jobs they can find are often part time or short-term contract work. For example, a couple has been visiting SFC for the past year. The couple, George and Mary, had a farm, but a debilitating injury rendered George unable to work and eventually lead to the foreclosure of their farm and loss of their home.

There is an increase in seniors, aged 55-75, who are experiencing chronic homelessness, many are disabled and una-

ble to care for themselves and seeking adequate care through services is often more difficult than it is for other age groups. However, the metro community has responded to this crisis by offering more short-term care such as the Women's Homeless Initiative and the Women's Emergency Shelter who serve older women with disabling conditions.

Equally, SFC has observed an increase in younger people who are experiencing chronic homelessness. Often, this age group can be resentful and have difficulty accepting services. They do not feel that they fit the stereotype of a person experiencing homelessness and have not accepted their current circumstance. This resentment can lead to hopelessness; people lose help and give up.

The largest obstacle preventing the metro area from eradicating chronic homelessness is the lack of adequate and affordable housing. Action on a smaller scale can also have a large impact. A single person can have an effect on another's life, even by volunteering for a few hours at a shelter. Someone volunteering at SFC in the dressing area is really helping another prepare for a job interview. A volunteer handing out mail could be delivering the good news another had been waiting for. Ultimately, everyone can serve, and the services provided to help those experiencing chronic homelessness do improve lives. Advocating for those experiencing chronic homelessness also makes a difference, simply by reaching out to public representatives and voicing support and sharing concerns. It is important that service providers and advocates keep a positive, outcome-based outlook and recognize the accomplishments made and the continued progress to help eradicate chronic homelessness.

*Christina's Story*²²

I spoke with a woman named Christina who first entered homelessness back in the early 1980's. Christina is an adopted child and when she was eighteen and inquired about her biological parents, Christina's adoptive parents kicked her out of their home and disowned her. Christina, originally from Texas, spent the next 30+ years traveling between Colorado, Texas and Arizona to take care of her various family members and her children.

Christina is currently a full-time student at Auraria Campus, completing her studies to become a Licensed Practical Nurse. She has a steady job working with elderly and has moved into subsidized housing in the last few months.

Christina's story was inspiring and heart breaking to listen to. Over the last four decades, she has endured being disowned, reunited with her biological parents, several deaths, learning that her partner sexually molested her daughter and spending time in a psychiatric facility.

I asked her what has kept her spirit high and the smile on her face. She told me that her faith has kept her high-spirited and up-beat. When Christina lived in her car, she would listen to KLOVE Radio and Way FM. Christina became very emotional when she mentioned a specific song and artist, "Eye on it" by Toby Mack. "This song is the reason that I'm here today" Christina said.

When I asked Christina what resources helped her she told me about a woman she met named Sylvia. They met one night at the St. Francis Center, when Christina was there for a hot meal. It was Sylvia that told Christina about The Delores Project, The Gathering Place and Volunteers of America.

²² As told to a representative of MDHI.

Families

Nationally, the incidence of families experiencing homelessness has steadily increased since 2009, partially due to high unemployment rates and the shrinking availability of affordable housing. In the Denver Metro area, the 2014 PIT survey reveals that the majority of households experiencing homelessness include children and two-thirds of the at-risk populations are households with children. As reported in the State of Homelessness report, households with children are majority of 2014 PIT survey HUD defined homeless (53%) as well as the at-risk population (65%).

Homelessness among children and youth has increased dramatically. Many of these are school-aged children who are struggling to remain in school while faced with living in substandard motels, shelters, crowded temporary conditions and even unsheltered living situations. The absence of a stable living arrangement has a devastating impact on students' educational outcomes. A review of the research shows that:



Photo Courtesy of CCH

- Nationally, one-fifth of homeless children repeat a grade and are enrolled in special education classes at a much higher rate than their non-homeless peers
- In a single school year, 12 percent of homeless youth miss at least one month of classes
- About 12 percent of homeless children are not enrolled in school; many more do not attend school regularly
- Within a year, 41 percent of students will attend two different schools; 28 percent will attend three or more schools

Colorado Department of Education: McKinney-Vento Homeless Education Programs, by Dana R. Scott²³

Overview

Subtitle VII-B of the McKinney-Vento Homeless Assistance Act addresses educational challenges created by homelessness and guarantees homeless students the right to enroll, attend, and succeed in school. The law places the responsibility for guaranteeing the rights of homeless students on states and school districts.

While students experience instability in their home lives due to homelessness, school is often a place of safety and security. Research has shown that no common set of characteristics describes the typical homeless student, but all students do need a sense of belonging, a consistent and caring environment, and the security of an organized and predictable classroom and school schedule to succeed. School also provides basics that the students may not have at home, like breakfast and lunch. As schools continue to increase their focus on producing college- and career-ready graduates, education also becomes an increasingly clear path out of homelessness for students.

National Data

Rates of homelessness in the United States among children and youth are higher today than at any point since data has been collected on homelessness. Each year, public schools across the nation report the number of students identified as homeless to the U.S. Department of Education. Over the course of the 2011-2012 school year, schools identified 1,168,354 children and youth as homeless. During that same school year, 43 states reported an increase in the number of children and youth who experienced homelessness during the year (National Center for Homeless Education [NCHE], 2013).

Schools use the definition of *homeless* provided in section 11434a of the McKinney-Vento Act. It states that any person who lacks a fixed, regular, and adequate nighttime residence is homeless. While the law mandates the criteria of fixed, regular, and adequate to assess housing, it also pro-

²³ Dana Scott is the state coordinator for the education of homeless children and youth at the State Department of Education.

vides several examples of homelessness. Sharing the housing of others due to loss of housing, economic hardship, or a similar reason is the most common form of homelessness experienced by school-age children in the United States, with 75% of all homeless children living in doubled-up conditions (NCHE, 2013).

Staying in emergency, family, domestic violence, and transitional living shelters is the next most common type of homelessness experienced by students. When faced with homelessness, some families are able to stay in hotels or motels; living in a hotel or motel due to the lack of alternative adequate accommodations is the third most common type of homelessness reported by public schools. Many children and youth also live in unsheltered situations, which can include campgrounds or public places not meant for housing, such as parks, bus or train stations, and condemned or abandoned buildings. Unsheltered homeless children and youth accounted for more than 41,000 students identified by schools during the 2011-2012 school year (NCHE, 2013).

Families and Youth in Doubled Up and Motel Living Situations

It is important to note, children and youth in doubled-up situations are considered homeless under the education definition only if they are sharing the housing of others due to loss of housing, economic hardship, or a similar reason. People who are sharing housing in permanent, adequate, and voluntary arrangements do not meet the education definition of

homelessness. Children and youth in doubled-up and motel situations are extremely vulnerable, living in precarious, unstable, and sometimes unsafe conditions. They may suffer the life-long impacts of toxic stress if their living situations are not stabilized.

Many homeless families and unaccompanied youth have no choice but to stay in motels or temporarily with other people. Parents with children fear that if the family sleeps on the street, they will lose custody of their children, so they seek any living situation that might keep their families intact. Youth who are homeless on their own – unaccompanied youth – often try to stay “under the radar,” so they are invisible to child welfare and other authorities. Many homeless families with children and unaccompanied youth are forced into motels or other temporary situations because there is no family or youth shelter available in the community, shelters are full, some shelters have policies that separate the family, or shelters prohibit unaccompanied minors.

Colorado Data

Overall, the number of students experiencing homelessness has increased significantly. During the 2012-13 school year, **23,293** students experiencing homelessness were identified and served in Colorado public schools, grades PK-12. Based on end of year data collection counts submitted by Colorado public school districts, **since the 2003-04 school year, the number of**

Table 30. 2012-2013 Homeless children and youth by primary nighttime residence who are enrolled and served in public schools (Preschool - 12th Grade)

	Shelters, transitional housing, awaiting foster care	Doubled-up	Unsheltered	Hotels/Motels	TOTAL	Unaccompanied Youth
Adams	208	3470	45	148	3871	235
Arapahoe	288	2631	47	296	3262	255
Boulder	368	917	95	125	1505	153
Broomfield*	#	#	#	#	#	#
Denver	1040	775	23	225	2063	145
Douglas	39	794	9	60	902	122
Jefferson	252	1921	44	265	2482	170

*Broomfield County is served primarily by Adams and Boulder Valley school districts
For more information see: http://www.cde.state.co.us/dropoutprevention/homeless_index.

public school students experiencing homelessness in Colorado increased more than 300%.

In addition to providing a definition of *homeless*, the McKinney-Vento Act defines *unaccompanied youth* as youth who are "not in the physical custody of a parent or guardian" [42 U.S.C. § 11434a(6)]. Unaccompanied youth make up a much larger segment of the homeless population than many people realize. **The number of unaccompanied homeless youth identified and served in Colorado public schools increased 50% in a three year timeframe, from 1,325 in the 2009-10 school year to 1,989 in the 2012-13 school year.** More young people than ever have been left to fend for themselves during these uncertain economic times. This is troubling because these youth are perhaps the most vulnerable, as they are dealing with the crises of homelessness without a safe, supportive parent or guardian.



Photo Courtesy of CCH

Families Experiencing Homelessness An Interview with Susie Street²⁴

Common Characteristics

Families who seek assistance with the Colorado Coalition for the Homeless (CCH) are typically single parents, primarily women in their early twenties with two or three young children. Domestic Violence is the number one

reason these families seek help and breaking the pattern of domestic violence is a major challenge, even after they find housing. CCH has partnered with Safe House and Project Safeguard to provide consultations and legal aid to families to ensure the transition into housing is safe and successful.

Trauma is very common among both parents and children and has become a greater focus of care. Parents must exert their energy and resources towards finding shelter, employment, and food. Unfortunately, they may not be able to address their children's trauma or their own. It is crucial for families to seek trauma care because both parents and children are experiencing major brain development at this time in their lives.

Treatment interventions at a younger age can have a greater impact and can help break the cycle of poverty permanently. In the last ten years, service providers have begun to see that social and emotional skills are just as important as education.

Common Misconceptions

Families experiencing homelessness deal with the same pressures as housed families; they must decide whether to pay for childcare and be employed or stay at home and care for their children. This decision is oftentimes more difficult considering the pressures homeless families are under to find adequate employment and transition out of homelessness. Although placed under more scrutiny for their actions and behaviors, families experiencing homelessness have the same desires and aspirations as housed families.

In families experiencing homelessness, women are predominately the heads of households, but men also share the burden of being single parents in need of adequate and sustainable housing. Single fathers often have difficulty finding and keeping their families together in shelters.

Assisting families experiencing homelessness can be intimidating to service providers, so much so that many organizations do not have the capacity to provide such services. It is difficult to witness and provide care to children subjected to this trauma. Unlike other populations of people experiencing homelessness, the heads of families must also take care of dependents, making them more vulnerable than singles.

²⁴ Susie Street is director of Family Support Services and the Renaissance Children's Center at the Colorado Coalition for the Homeless, Elizabeth Sterlacci recently interviewed Ms. Street on behalf of MDHI and provided this account of their conversation,

Furthermore, many families “double up,” making them difficult to serve unless the family seeks out services. This is compounded by the fact that doubled up families are not considered homeless under the HUD definition.

Recent Success

Families who have sought assistance from CCH have been able to achieve success by participating in social enterprise, childcare and living in supportive affordable housing. CCH offers job training and assistance in a variety of ways, including operating the Pizza Fusion restaurant in Denver. At Pizza Fusion employees develop the skills necessary to work in food service while in a supportive environment. For example, a single mother enduring a situation involving drug abuse began the six-month work-training program at Pizza Fusion and ultimately stayed on as a manager. During this time she was also able to attain a Housing Choice Voucher and find housing in a CCH community. Her children have the support they need and are doing well in school.

The Renaissance Children’s Center provides childcare and support for families who are experiencing homelessness, are at-risk or have low income. The center is open to the public, but children residing in CCH communities have priority for enrollment. Beyond providing basic childcare services, the center’s staff also offers a consistent presence throughout the child’s time at the center. This reliable presence is invaluable to children who suffer from trauma and an unstable living environment. CCH’s mental health center comes in weekly to work with groups and is planning on putting together a group for boys for summer of 2014. These small groups are created based on the needs of the children enrolled. The boys will learn conflict resolution skills and tools to manage feelings of anger and frustration.

Supportive housing not only serves as transitional, but also permanent housing for those unable to find affordable options. Renaissance 88 is a subsidized housing community in Thornton, CO. Residents here have a disability and qualify for aid such as Social Security Insurance, but are otherwise unable to work. Renaissance 88 staff has developed creative and therapeutic ways to support and improve the lives of residents, some of which are: a community garden, cook-

ing classes, and therapeutic quilting groups that focus on addressing trauma and producing works of art for the community.

Major Obstacles to Overcome

The lack of affordable housing is a major problem and it has become increasingly difficult for families to get housing subsidies such as Housing Choice Vouchers. The number of available vouchers has stayed the same while the number of families in need has increased. Waiting lists have grown and it is taking longer than in the past to get a voucher. Moreover, some families experiencing homelessness view getting subsidized housing as a primary objective, instead of transitioning out of support entirely. For families who have learned to live within the system, transitioning out can be a challenge. They become comfortable in their environment and want to stay within their support structure. It is also difficult for families who find stable employment to stay within the income limits required to qualify for aid such as Medicaid and childcare subsidies. Families may lose aid, but not have enough income to cover the increased costs.

Community Support

Advocating for a living wage and improving housing and educational systems by increasing the availability of affordable housing and creating partnerships with community schools would help support families experiencing homelessness. Extending the time limits on transitional housing would also give families experiencing homelessness more time to find adequate employment and housing and to seek treatment for trauma. Additionally, developing better qualifiers besides income limits would give families a greater ability to successfully transition

A Family's Story Contributed by Family Tree

A Navy Veteran, his wife and their two young children were living comfortably in a Denver suburb. Both parents were working in the health care field and they were buying their home. Tragedy struck the family when the Veteran's young wife was diagnosed with a rare and incurable disease. The disease progressed rapidly and the wife was soon unable to continue working. Not long after that the husband also lost his job and the family's income dropped and they quickly lost their home.

The family experienced a devastating downward spiral that saw the family move more than 10 times over the course of the next few months, staying temporarily with friends/family, jumping from motel to motel, and ultimately becoming homeless. For a period of time they lived in a tent in a mountain state park.

The family was referred to Family Tree's SSVF program and a Housing Stabilization Plan was quickly put into place, addressing the critical needs of the family. Emergency assistance was provided for food. Funds were provided for car repair so the family could have reliable transportation and so the husband could look for work. Storage fees were paid so the family would not lose all of their belongings.

With the help of SSVF's vital supportive services and financial resources the family soon moved out of homelessness and into their brand new apartment. Through a collaborative effort between the SSVF program and Emergency Solutions Grant funding the family was enrolled in a medium to long term housing program, paying 30% of their income toward their rent each month. This is giving the family a safety net as they work toward increasing their income to a sustainable level.

Through the SSVF program the husband received education and employment services which ultimately led to his securing a part-time job. He was referred to the Veterans Retraining Assistance Program (VRAP) and was quickly accepted to receive funding to go back to school, full-time. Within a few weeks the husband was enrolled

in a local community college and is now receiving training for a trade that will enable him to secure a good job when he graduates. He will soon receive a monthly stipend from the VRAP program which will give him a sustainable income to support his family while he attends school.

The Veteran's wife has been referred to a local non-profit organization that is helping her secure Social Security Disability Benefits. The SSVF/ESG case manager is working collaboratively with their Disability Advocate to help expedite her claim and bring additional income to the family.

The collaboration is also focused on helping the wife secure long-term in-home care, and community-based services that will allow her to remain at home with her family.

Youth

Unaccompanied youth are difficult to count as they often don't trust adults and systems of services. Due to abuse, trauma and/or unhealthy relationships, young people who are experiencing homelessness will avoid a traditional homeless service (adult shelters, soup kitchens, food banks, etc.) which makes it difficult to assess the scope of youth homelessness in the seven county area. Traditionally, the annual point-in-time count is an undercount of unaccompanied youth across many communities.

It is incumbent upon youth service providers, youth systems, local governments and other stakeholders to determine methods which will best assess youth needs in order to provide strategic interventions to prevent homelessness, protect youth from exploitation, and provide opportunities where youth are housed, educated, employed and supported by a nurturing community. Without these interventions, communities will see the unaccompanied youth population either continue to experience homelessness as adults or become involved in the justice system or public assistance system or be exploited by others even leading to death.

Supporting youth to lead healthy, independent lives not only is best for young people but has many positive benefits for communities as a whole.



Photo Courtesy of Colorado Coalition for the Homeless

Homeless Youth by Kendall Rames, MA, LPC²⁵

Determining an accurate number of youth experiencing homelessness is difficult to achieve. Youth experiencing homelessness are often invisible, staying in garages or sheds of friends, couch hopping from place-to-place on a nightly basis, sleeping in stairwells or abandoned buildings, or if in rural Colorado, sleeping in national parks, forests, etc. Youth experiencing homelessness are vulnerable, more so than their adult counterparts, as they are much closer to the childhood trauma most have experienced and have had less time to heal and to develop survival, life and healthy coping skills. As they are not far removed from experiences of abuse, neglect, rejection, and abandonment, they are more likely to struggle with mental illness such as depression and anxiety, as well as substance abuse issues. Many youth who find themselves homeless are exiting foster care or juvenile corrections, often leading to a distrust of adults and systems and resulting in the belief that they cannot trust service providers. These youth are at an age in which safety and security are crucial for the development of critical brain functions, such as impulse control and decision-making. The safety, security and nurturing necessary for healthy brain development that occurs in a supportive family or educational environment is minimal to non-existent.

There is a great deal of fear when living on the streets: violence, sexual exploitation and sex trafficking, unpredictability of finding a safe place to sleep, go to the bathroom, or eat are constant worries. They cope with physical pain in every step, because to stop walking means freezing, thus they turn to ways to numb their pain and fear. Drugs, alcohol and abusive relationships often provide the numbness they seek. Their dress, tattoos, piercings, anger, attitude, language, etc. may be the way they choose to cause fear in others so as to push them away, to keep people from getting close to them, hoping that their actions and appearance will protect them from further physical and emotional pain.

²⁵ Kendall Rames is deputy director and director of programs at Urban Peak.

Unfortunately, there are several factors that lead us to believe that the number of youth experiencing homelessness will only increase in our community. The legalization of marijuana is already drawing more people to the State who lack necessary living supports. The lack of clinically and developmentally appropriate mental health and substance use services for youth experiencing homelessness prevent movement beyond the trauma they have experienced. Additionally, the limited rental market in Denver is among the challenges in providing housing to youth seeking the necessary stability and support to become self-sufficient.

Homeless Youth in Colorado by Autumn Gold²⁶

The Colorado Office of Homeless Youth Services has a mission to ensure that all youth are safe, healthy, educated. Further, Colorado strives to provide youth with the tools to become well connected, contributing members in the community. Unfortunately, homelessness is a reality confronted by many of Colorado's young people. Children and youth are among most vulnerable segment of Colorado's homeless population, and continue to experience homelessness at an ever increasing rate. However, homeless youth is a hidden population, often doubled up or couch surfing. It is difficult for communities to accurately count young people experiencing homelessness or engage them in services. Youth that experience homelessness do not always use traditional services and may not be entered into the Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) database. The precise number of young people who experience homelessness each year remains unknown and they are often called an invisible population.

Colorado is making a concerted effort to include various methods for identifying those most at-risk by conducting the Vulnerability Index statewide in 22 counties (<http://100khomes.org/>). In order to determine how best to count the number of homeless youth in Colora-

²⁶ Autumn Gold is the homeless programs specialist at the Colorado Department of Local Affairs, Division of Housing, Office Of Homeless Youth Services.

do, it is vital to leverage HUD's Point-in-Time (PIT) count. There needs to be multiple strategies for counting youth by enhancing collaborations between Continuums of Care (CoCs), Runaway and Homeless Youth (RHY) services providers, and School District Homeless Liaisons as well as any organizations that assist homeless youth.



Photo Courtesy of Colorado Coalition for the Homeless

The reasons young people experience homelessness can often be attributed to a broad range of family dysfunctions: rejection, abuse, neglect, and sexual exploitation, to name a few. For these youth the concept of "home" does not have a positive connotation, nor does it represent stability. A roof over one's head does not mean they are always protected from harmful experiences behind closed doors. Youth experiencing homelessness may live on the street or in shelters, stay temporarily with friends or families, or live in unsafe or insecure housing just to escape such an environment. Runaway and homeless youth are also more likely to become victims of sex trafficking and abuse. Trauma experienced as a young person exposes vulnerabilities and can have long lasting triggers for a young person throughout their life. Following trauma, every dimension of one's life is changed. Trauma does not discriminate and can change us physically, emotionally, and spiritually. The human cost cannot be calculated. Trauma experienced as a young person has a gravity that cannot be ignored and its impacts must be taken into consideration (<http://www.samhsa.gov/nctic/>).

Being homeless is thus much more than one's housing status. Homelessness in terms of youth is evaluated from the perspective of family environments. In contrast, adult homelessness is viewed from the standpoint of economic barriers, substance use, and mental health issues. As adults we are all pieces of our past. **Patterns of adult homelessness and trauma suffered as a young person are interwoven. In a sense, adults facing homelessness are without a home long before they lack a physical shelter. Homelessness is as much about a state of mind as it is about owning a key to your own front door. There is a connection between the youth that experience homelessness and adults that have become trapped in this state of existence later in life.** (http://www1.uwindsor.ca/criticalsocialwork/system/files/Baker_Collins.pdf).

If the goal in Colorado and nationally is to end youth homelessness, the complexity of our response to this issue must reflect the dynamics of the situation by offering what is called trauma informed care. Current approaches to homelessness focus primarily on the housing status of individuals. In the end, this assessment falls short. Homelessness must be evaluated in terms of the depth of its definition. It is crucial to incorporate trauma informed practices, policies, and cultures in our organizations and service delivery. Supportive housing improves housing stability, employment, mental and physical health, and school attendance; and reduces active substance use. People in supportive housing are able to live more stable and productive lives.

In order to prevent and reduce homelessness of all ages, a multi-faceted approach is required. Holistically we must assess the commonalities between youth that experience homelessness and adults that perpetuate the cycle. In doing so, we need to consider what a person has gone through instead of what is wrong with them. Both ends of the spectrum must be taken into consideration, (youth and adults), in a comprehensive fashion. Youth living on the streets are at high risk for physical, behavioral, and emotional problems than their housed peers. Without assistance, homeless youth often end up homeless adults. Addressing the needs of youth without a home is a necessary step for Colorado as we work to end homelessness together.

Malik's Story

Attention Homes in Boulder, CO provides opportunities for at-risk-youth to change their lives. They offer: shelter, teaching of life skills that are necessary for independent living and community-based living. Attention Homes met Malik when he was 19 years old. Malik worked extremely hard in high school both academically and through sports, earning a scholarship. When Malik was a freshman at the university he found himself unable to keep up with his academics while participating on the collegiate athletic team. The stress of balancing all of his responsibilities became too great and he wasn't able to maintain his grades. Ultimately he lost his scholarship and with that, he lost his dorm housing.

Soon Malik found himself on the streets and in a new town. He was too scared to tell his parents that he lost his scholarship. He didn't want to disappoint them and he knew that there were unable to support him if he returned home. Malik camped out on the streets and maintained a job, trying to save money for housing. His boss discovered Malik's housing status and let him go.

This is when Malik found Attention Homes. He found a job and began going to the day drop-in center to take showers before work and do his laundry. When a bed opened up in the shelter Malik jumped on the chance to join the program. Within two weeks he gained a second job and was able to save money. In a short time after that he had enough money for a deposit.

Malik moved into his own apartment and he continues to work with the staff at Attention Homes. He is currently exploring scholarship options to return to school in the fall, when he hopes to re-enroll. Malik hopes to start his own non-profit one day, serving those who are less fortunate and using his own experiences to help others.

VII. Factors Contributing to Homelessness

People experience homelessness based on a complex constellation of circumstances, with one reason leading to another and building on yet another set of circumstances. However, homelessness is largely the result of a lack of affordable housing and of poverty. Nationally, people are poorer now than they were in 2011. In Colorado, the child poverty rate currently is above even prerecession years. Persons below the poverty level in our seven county area range from 4.0 percent to 18.9 percent.

Since 2007, the national median household income has decreased. More people are in low paying jobs than in previous years and the unemployment rate is still high, especially for minorities, in particular African Americans. At the same time, rental rates across the country have increased. In no state can a full-time minimum wage worker afford even a one-bedroom rental unit at Fair Market Rate.

However, there are many factors that lead to homelessness beyond poverty. Among them is the lack of affordable housing, lack of health care or costs of health care, disabling conditions such as a serious medical condition, mental illness or substance abuse, unemployment and/or low wage jobs, people discharged from institutions without a safe destination and adults and children fleeing a domestic violence situation.

The top five reasons or risk factors for individuals' experiencing homelessness identified in the Metro Denver 2014 PIT are nearly identical to those that the literature reports as the top five risk factors nationally (see Table 31).

In the PIT survey, respondents were given a list of possible reasons for their homelessness and asked to indicate "all that apply." Overall, as shown in Table 32, loss of a job or unemployment was the most common reason given, followed by housing costs.

Other reasons that respondents gave for experiencing homelessness were problems with government benefits – either they were waiting on their benefits or the benefits they have are not adequate to cover basic needs. Re-

spondents reported additional reasons, such as problems with identification and people moving from one state to another.

Table 31. Reasons/Risk Factors for Homelessness – National and Local

2014 PIT	National
Lost job/can't find work	Socio-economic status
Housing costs too high	Family conflict/violence
Substance abuse	Substance abuse
Relationship or family break-	Lack of social support
Mental illness, emotional	Mental illness

Table 32. Reasons for Homelessness – Respondents

	Frequency	%
Lost job/can't find work	1,478	43.9
Housing costs too high	1,074	31.9
Relationship problems or family break-up	950	28.2
Mental illness, emotional problems	718	21.3
Substance abuse	637	18.9
Illness or disability	599	17.8
Bad credit	579	17.2
Utility costs too high	462	13.7
Asked to leave	404	12.0
Legal problems	397	11.8
Abuse or violence in the home	380	11.3
Discharged from jail or prison	298	8.9
Death of a family member	229	6.8
Problems with landlord	195	5.8
Lost or interrupted public benefits	128	3.8
Natural disaster	76	2.3
Discharged from halfway house, hospital, etc.	78	2.3
Runaway/discharged from foster care	35	1.0

This section includes articles by content experts and formerly homeless persons, addressing the following causes and factors: Housing, Health Care, Disabling Conditions, Domestic Violence, System Discharge, and Employment.

Housing

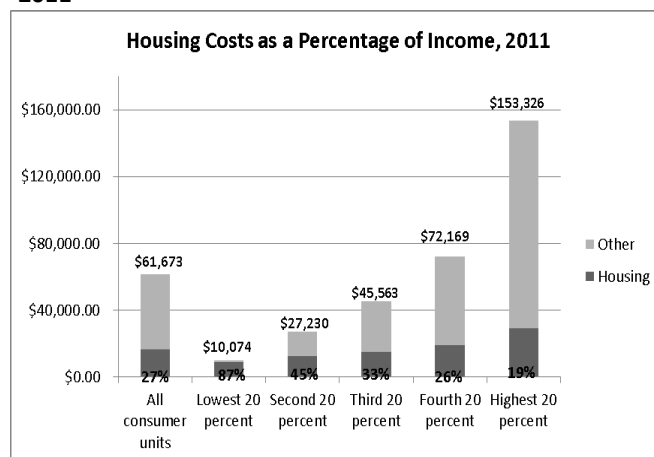
The lack of affordable housing is a primary reason people are homeless. For every 100 extremely low income renter households, there are just 30 affordable and available rental units.²⁷ A very small share of federal housing expenditures is directed at those who need it most: low-income families who struggle to make rent.

A primary resource for these households is the Section 8 Housing Choice Voucher. However, millions of eligible people across the country are on waiting lists for Section 8 and other public housing programs. Communities in Colorado are no exception. For example, several local housing authorities report that the majority of their affordable housing units have a 0% vacancy rate and people spend several years on waitlists.²⁸ In the 2014 PIT survey, when combining reasons related to the cost burden of housing, the high cost of housing/utilities was the number one reason given for homelessness. A number of respondents specifically wrote that the reason they were homeless was due to the lack of affordable housing, including the mention of long waitlists for housing.

Affordable housing is generally described as paying no more than 30 percent of a household's gross income on housing; paying more is considered cost-burdened. Paying more than

50 percent on housing is considered severely cost-burdened. On average, a household with an average income spends about 27 percent on their housing, but households with lower incomes pay a significantly higher percentage on housing expenses. Figure 19 is national housing data that illustrates those in the lowest 20 percent of income spend 87 percent on housing, while households in the highest quintile of income spend just 19 percent on housing. The lowest and second lowest income quartiles are at higher risk of homelessness, given they have substantially fewer resources left over to pay for food, transportation, health care, etc., including any unexpected expense or emergency.²⁹ In 2010, 24 percent of Colorado renters paid more than 50 percent of their income on housing.³⁰

Figure 19. Housing Costs as a Percentage of Income, 2011



Clearly, a household's ability to pay for necessities, including housing, is based on its level of income. The national median household income decreased by 8.3 percent between 2007 and 2011, while fair market rent increased by 15.1 percent (see Figure 20).

²⁷ National Low Income Housing Coalition. Housing spotlight 3(2). 2013. www.nlihc.org/sites/default/files/HS_3-1.pdf.

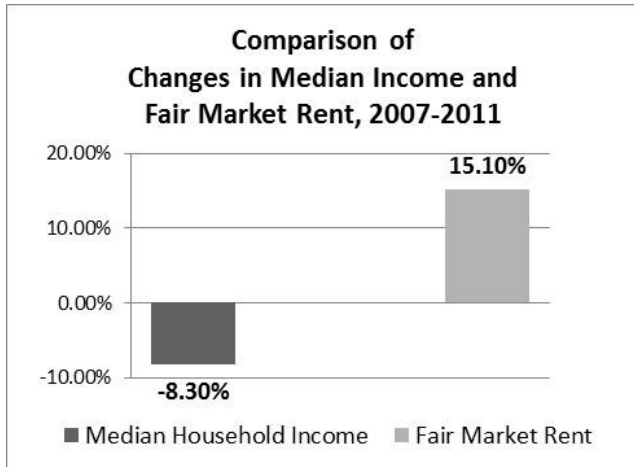
²⁸ Family Tree. Jefferson County Housing Authority: Vacancy rate is 0% - units are filled as they come open; waitlist 1,951 households, that is, a several year wait; Arvada Housing Authority: Vacancy rate is 0%; most households have been on the waitlist since 2010; South Metro Housing Options: Vacancy rate is 0% - units are filled as they come open; waitlist 4,000 households; "can be years on the waitlist."

At the time of this writing, the online list of all of Denver Housing Authority's affordable housing units indicated "closed" for status and application; The waiting list for the Aurora Public Housing Authority's Housing Choice Voucher Program was closed. The following is posted on its website: "It is not anticipated that the waiting list will be opened in 2014. Public Housing is a federal housing program that provides affordable housing to families, the disabled, near-elderly and elderly. Due to its more relaxed restrictions (80% of AMI rather than 60% or below) it can be very difficult to find, especially with waitlists that sometimes last more than a decade."

²⁹ National Alliance to End Homelessness. *State of Homelessness in America, 2013*. www.endhomelessness.org/library/entry/the-state-of-homelessness-2013.

³⁰ Affordable Housing in Colorado. Housing Colorado. www.housingcolorado.org/?page=affordablehousingco.

Figure 20. Changes in Median Income and Fair Market Rent, 2007-2011



Thirty-eight states reported increases in fair market rents between 2010 and 2011.³¹ In no state can a full-time minimum wage worker afford a one- or a two-bedroom rental unit at Fair Market Rent.³² In fact, it would take an hourly wage of \$18.92 for a family to afford an average two-bedroom unit.

As of the third quarter of 2013, Denver Metro area renters must earn \$40,000 per year to afford the median rental unit. The Colorado Division of Housing reports that the average rent across the Metro area was \$1,122.99 for the first quarter of 2013, a cost burden of 33 percent for households earning \$40,000 per year. This average cost is up from \$1,060.74 for the second quarter of 2012,³³ a 6 percent increase in the average monthly rental cost. Looking back to 2006, the average rental was \$931.53 per month. This represents a 21 percent increase over seven years, from 2006 to 2013.

The most affordable rentals are in Aurora and Commerce City/Brighton, although the vacancy rate in those

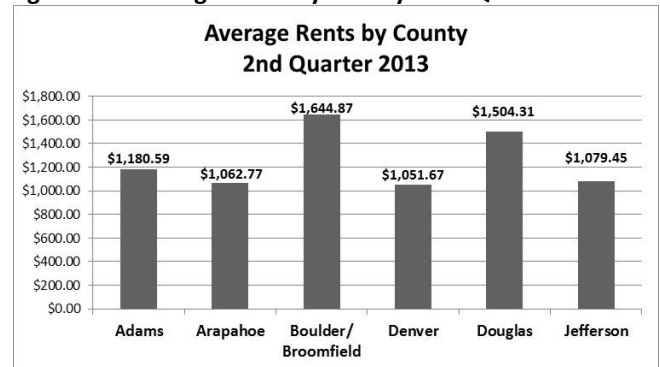
³¹ National Alliance to End Homelessness. *The state of homelessness in American 2013*. www.endhomelessness.org/library/entry/the-state-of-homelessness-2013.

³² National Low Income Housing Coalition. *Out of Reach 2014*. www.nlihc.org/sites/default/files/oor/OOR2014.

³³ Colorado Division of Housing. *Metro Denver Area Residential Rent and Vacancy Survey. Second Quarter 2013*.

cities is low.³⁴ The average rents for the seven counties are shown in Figure 21 (the Colorado Division of Housing rental survey combines Boulder/Broomfield).³⁵

Figure 21. Average Rents by County – 2nd Quarter 2013



In addition to increasing rental costs, the overall vacancy rate for the Metro area has generally been shrinking since 2006, although it increased in the second quarter of 2013 compared to the first quarter.³⁶

Figure 22. Overall Vacancy Rates for Metro Area 2006-2013



Vacancy rates in the second quarter of 2013 for the Metro area counties are shown in Figure 23.³⁷

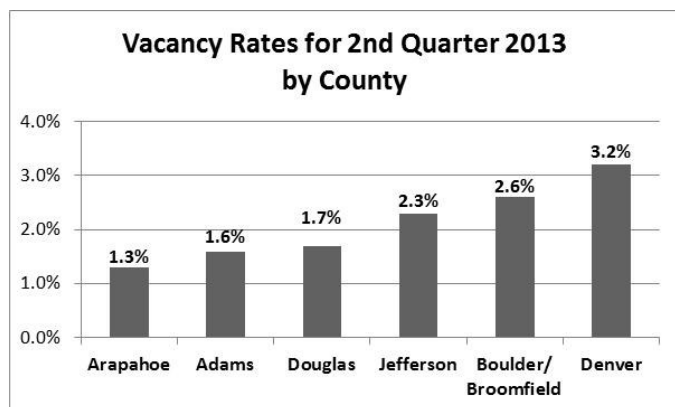
³⁴ DRCOG *Regional Housing Strategy and Fair Housing Equity Assessment*. BBC Research & Consulting. March 2014.

³⁵ Colorado Division of Housing. *Metro Denver Area Residential Rent and Vacancy Survey. Second Quarter 2013*.

³⁶ *ibid.*

³⁷ *ibid.*

Figure 23. Vacancy Rates for 2nd Quarter 2013 by County



For renters who need affordable housing, there are few, if any, choices. Across the country, rental rates continue to rise while household incomes decline. “The demand for affordable rental housing is now more than twice the supply.”³⁸ Due to foreclosure or simply the inability to buy a house, an increasing number of people have entered the rental market.³⁹ Many households face severe housing cost burdens, which make it impossible to pay for other necessities or to weather expenses that arise for the typical individual or family, such as health, transportation or various household expenses. Renters have responded to this housing crisis in a number of ways. Some younger adults move back in with their parents; other individuals and families are living doubled up with family and friends, a situation that often results in homelessness.⁴⁰

In addition to increased housing costs and low vacancy rates, natural disasters in the previous years (fires, floods) have destroyed homes and displaced homeowners and renters. This displacement has significant impact on local vacancy rates particularly in Boulder County.

It is imperative that communities work with local, state and federal government to implement strategies to increase a range of housing options for those at-risk and experiencing

homelessness. In particular, permanent supportive housing, population specific transitional housing and affordable housing units are needed to effectively prevent and end homelessness in the Denver Metro area. With a tight rental market, many individuals at-risk or experiencing homelessness with housing voucher in hand are competing with others seeking rental housing. Many individuals at-risk or experiencing homelessness have barriers (i.e., poor credit history, criminal background, evictions, etc.) which inhibit their ability to compete for the limited available rental units. More needs to be done to develop appropriate housing including recruitment of landlords to work in partnership with local non-profit agencies to successfully house those in need.

There are some encouraging trends in the seven county area regarding efforts to increase housing resources for those in need – particularly in the area of permanent supportive housing. According to the Colorado Division of Housing, over 600 units of housing specific to addressing homelessness will be coming on line in the next three years. This effort will be strengthened by the Supportive Housing Toolkit, which is being offered around the state by the Governor’s office in collaboration with the Colorado Division of Housing, Colorado Housing and Finance Authority, Zoe LeBeau Development, sponsors, and consultants.

Increasing the range of affordable and supportive housing options will be an essential ingredient to reducing and eliminating homelessness in the seven county area.

³⁸ Harvard Joint Center for Housing Studies. *The State of the Nation’s Housing 2013*.

³⁹ http://www.huffingtonpost.com/2012/03/14/renters-affordable-housing_n_1343194.html.

⁴⁰ *ibid.*

Health Care

Health Care Needs of Homeless Adults and Children, by Elizabeth Sterlacci⁴¹

The Colorado Coalition for the Homeless (CCH) states the most common reasons for homelessness are the lack of affordable housing, poverty, unemployment/underemployment, mental illness, and domestic violence. Trauma can also be a major factor. One's physical and mental health can impact all of these reasons. Poor health can be a cause of homelessness and experiencing homelessness can lead to poor health.

Those living in poverty must prioritize immediate needs, such as shelter, and often forego medical treatment due to financial burden and lack of access to adequate care. Once stable housing and access to supportive services are secured, healthcare treatment is more likely to be sought out and managed.

Health Care as an Underlying Cause of Homelessness
CCH reports that people experiencing homelessness are at increased risk for communicable diseases such as respiratory infections, hepatitis, HIV and other sexually transmitted infections, skin diseases, and infestations. Additionally, people experiencing homelessness with these diseases are also likely to develop comorbidities. It is difficult to attain adequate treatment, and often-times, manageable symptoms become so severe they become life threatening.

Mental health disorders and substance abuse are common causes of homelessness and the lack of adequate treatment exacerbates these issues and prohibits permanent transition out of homelessness. Further intensifying the issue, people experiencing homelessness are less likely to accept a mental health diagnosis.

Physical and sexual abuse from domestic violence are often the cause and consequence of homelessness.

⁴¹ Elizabeth Sterlacci is an MDHI volunteer; she developed this piece in consultation with the Colorado Coalition for the Homeless.

Those escaping an abusive situation seek shelter, such as sleeping on the street, "doubling up", or staying in emergency shelter. They are more likely to experience abuse in these subsequent situations.



Photo Courtesy of Colorado Coalition for the Homeless

Trauma is also a cause and consequence of homelessness and can have lasting affects. Experiencing homelessness in itself can be traumatic and stressful. Many must cope with major depressive disorder due to their experience. Trauma can transform into Post Traumatic Stress Disorder (PTSD), making it even more difficult to maintain employment and stable housing. Untreated traumatic experiences during one's childhood can trigger to mental and physical illness, substance abuse, and disabilities, which can lead to homelessness. These events are referred to as "Adverse Childhood Experiences (ACE)," and can negatively affect brain development and therefore the ability to lead a healthy and stable life. ACE is more common among those experiencing homelessness than those who have stable housing and better access to care, and can be a cause of homelessness.

Women and Children

Women experiencing homelessness are more likely to have physical and mental illness and substance use disorders and less likely to have access to adequate care than housed women. Furthermore, women experiencing homelessness are prone to poor birth outcomes and have lower life expectancy.

As stated by CCH, children experiencing homelessness are four times more likely to become sick than other children and go hungry twice as fast as housed children. Developmental delays or regression is not uncommon among children experiencing homelessness, as is neuropsychological dysfunction. The costs associated with healthcare for children can be a difficult or even unbearable financial strain on families.

Barriers to Healthcare

Beyond stable housing, limited access to quality nutrition, reliable transportation, lack of identification or documentation, cultural and language differences, and limited education are all barriers to satisfactory healthcare. Many people experiencing homelessness have difficulty attaining health insurance, assistance and support. Many homeless patients do not have health insurance, most often because they do not qualify for public assistance or cannot afford private insurance. Unemployment and underemployment prohibits many homeless persons from access to affordable health insurance through employers. Moreover, once homeless, managing health and disabilities becomes increasingly difficult and can become a greater barrier to adequate employment. Essential cost of living expenses are often prioritized ahead of healthcare services. People experiencing homelessness are often unable to seek treatment for their illnesses until they become severe, and consequently are more likely to develop co-morbidities. It can also be very difficult for patients to accept diagnoses such as mental illness or addiction. Furthermore, access to consistent care and comprehensive health records is difficult.

For more information on healthcare as an underlying cause of homelessness, please refer to the Colorado Coalition for the Homeless' "Developing an Integrated Health Care Model for Homeless and Other Vulnerable Populations in Colorado" report, published in October 2013. The report is available at http://www.coloradocoalition.org/library/online_publications/coloradopubs2013.aspx.

Patricia's Story

MDHI interviewed Patricia who is a former resident of The Delores Project. The Delores Project provides emergency shelter, the Steps to Stability Program, and case management to unaccompanied women experiencing homelessness.

Patricia, originally from California, moved to Denver shortly after experiencing the loss of her job due to a work-related injury and having her apartment complex raided by the FBI because her neighbors were heavily into the drug scene. Patricia has a brother who lives here in Denver, but it wasn't until she packed up and left California that she discovered that her brother and his girl-friend had been evicted from their apartment. With nowhere else to go and no one else that she knew, Patricia spent several months sleeping on the streets of Denver. Patricia arrived in Denver in March of 2013 and had a difficult time navigating the city and homelessness during the cold winter months.

Patricia battled asthma and five herniated discs in her back. She spoke most about her difficulty accessing the RTD service for disabled persons. She went to The Gathering Place and was referred to The Delores Project. She also spoke about the struggle she experienced while she was staying at the Delores Project and had to leave the shelter every morning and could not come back until later. Patricia experienced homelessness from March of 2013 until November of 2013.

Patricia has since moved into low-income housing, is receiving food stamps, and is attending physical therapy regularly. She really enjoys that she is now able to attend church on Sundays and has the freedom to leave her apartment on her own schedule. Patricia would like to return to work, but still misses California, its sunshine, and her family that still live there.

The most surprising thing I found out while talking to Patricia was that she has a PhD in Educational Leadership pending the completion of her dissertation. We talked about how her story and her educational success illustrates that anyone can fall into the complexities of homelessness.

Disabling Conditions

Respondents to the PIT survey were asked if they have one or more serious disabling conditions. The question is one of the elements for identifying individuals and families who are chronically homeless, and is a required question mandated by HUD.

The majority of respondents (56.7%) reported having at least one serious disabling condition. Of those that report any condition, nearly one-quarter or 23.3 percent have co-occurring disabling conditions, that is, they report having more than one serious disabling condition.

Table 33. Disabling Conditions – Respondents

	Frequency	Percent
Mental illness	1,159	34.4
Medical or physical condition	865	25.7
Substance abuse	675	20.1
Developmental disability	196	5.8
HIV/AIDS	58	1.7
Other disability	7	0.2



Photo Courtesy of Colorado Coalition for the Homeless

Disabling Conditions and Homelessness Commentary by Dave DeLay⁴²

Common Characteristics

The people we see at Bayaud are generally tough, determined, hopeful, smart, motivated to work, and, in spite of unbelievably difficult journeys, not willing to be victims. They are survivors, but their experience with homelessness certainly carries a visible scar of trauma. The majority have at least a high school education and never thought they would be in this situation. In our practice, we attempt to be a compassionate resource “walking with rather than doing for.”

I don’t have a precise disability breakdown as most of the disabling conditions that people present with are so-called “hidden disabilities”. Additionally, many participants are not aware that they even have a disability nor do we have the appropriate medical documentation. It is clear, however, that other than addictions, brain injuries, mental illness, and learning disabilities are the major categories for those individuals coming into our program who have disabilities.

Recent Success

In the past year, our successes include adding new employer partners to our networks, which translates in to increasing job opportunities and taking up stronger positions of advocacy with and on behalf of people who are homeless as well as the working poor.

The Affordable Care Act and the expansion of Medicaid in Colorado represents a huge step forward for people who are poor in terms of access to health care and mental health care and we believe it will positively impact our outcomes in assisting people with finding employment.

⁴² Dave DeLay is the director of rehabilitation services at Bayaud Enterprises. Bayaud offers vocational assessment, training services, and employment opportunities to people with disabilities and other barriers to employment.

Domestic Violence

The National Law Center on Homelessness reports that domestic violence is the primary cause of women's homelessness. In the 2014 PIT count, 380 respondents (11.3%) said that abuse or violence in the home was the reason they were experiencing homelessness. When considering all homeless persons, 772 or 13.3 percent were homeless due to abuse or violence.

As Table 34 indicates, the majority of children and adults who were homeless on January 27th due to domestic abuse or violence spent Monday night in transitional housing followed by an emergency shelter. Six percent of all homeless persons were on the street or in another vulnerable and possibly dangerous location, for example, in a car or in a public area such as a bus station or lobby.

Table 34. Domestic Violence as Reason for Homelessness by Monday Night – All Homeless

	Respondents	All Homeless	Percent of All Homeless
Transitional housing	180	456	59.1
Emergency shelter	151	241	31.2
On the street, etc.	34	46	5.9
Hotel, motel paid for by voucher	8	22	2.8
Safe Haven	7	7	0.9
Total	380	772	100.0

At the Intersection: Domestic Violence and Homelessness by Barbara Paradiso⁴³

The relationship between domestic violence and homelessness is extremely strong. Many women experiencing homelessness have been victims of domestic violence; many victims of domestic violence experience homelessness. Here are some of the numbers:

- Studies conducted in cities across the nation report that anywhere from 27-92% of homeless women have been victims of domestic violence.
- An equally high percentage of domestic violence survivors report that they have experienced homelessness as a result of the violence.
- In 2007, 39% of cities cited domestic violence as the primary cause of family homelessness (U.S. Conference of Mayors, 2007).
- On September 15, 2011, 40 (89%) local domestic violence programs in Colorado participated in a National Census of Domestic Violence Services. In one 24 hour period, 622 women, children and men found refuge in domestic violence emergency shelters and transitional housing facilities.

It is not uncommon for a victim of domestic violence to leave their home in search of safety with nothing but their children in tow and the clothes on their backs. Survivors of domestic violence are often isolated from family and friends and have little to no access to money. These tactics, used by abusers to control their partners, may result in survivors having no income to rely upon, no employment history, credit history, or landlord references. With nowhere to turn, survivors too frequently risk homelessness or are compelled to live with their abuser – a choice that is emotionally and physically dangerous.

Victims of domestic abuse have need for both short and long-term housing solutions. Emergency shelters pro-

⁴³ Barbara Paradiso is the director of the Center on Domestic Violence at the School of Public Affairs, University of Colorado Denver.

vide immediate safety for victims and their children and support survivors in regaining control over their lives. Ultimately, the family requires access to safe, stable, permanent housing.

A single mom with two or more young children and an inconsistent work history may find the cost of market rate housing completely out of reach. Even when an affordable unit is found, landlords often discriminate against victims if they have a protection order in place or any other indicator of past violence. Despite Colorado law to the contrary, if violence occurs in the home the

landlord may evict, resulting in a victim becoming homeless once again because she was abused.



Photo Courtesy of CCH

In 2012, 10,102 women, children and men were turned away from domestic violence emergency shelters in Colorado for lack of space - a 50% increase over 2011 and nearly twice the number of individuals who were

sheltered. **Lack of affordable housing, long wait lists for assisted housing, and emergency shelters filled to capacity, mean that many victims and their children must too often choose between abuse at home and life on the streets.** Long term efforts to address homelessness must include increasing the supply of affordable housing, ensuring adequate wages and income supports for families, expanding access to safe emergency shelter alternatives, and providing necessary supportive services. Without these resources in place domestic violence victims are at-risk for losing not only their homes but, potentially, their lives.

System Discharge

Implementing Discharge Planning to Prevent Homelessness, by Elizabeth Sterlacci Based on an Interview with Regina Huerter⁴⁴

Discharge planning is a component of transitional planning that ensures a person's successful initial release out of care or a facility. The most familiar types of systems discharge are release from a correctional or mental health facilities however; a similar discharge process occurs when someone is released from a hospital or foster care. The question regarding discharge planning is the same, who is responsible for helping a person being discharged, and for how long? Furthermore, institutions are forced to do more with less when it comes to providing services on a limited budget.⁴⁵ This has made the support structure for people being discharged from facilities unclear. For example, a person in detox is released after he or she meets the legal definition of sobriety, but there is no transitional planning while the person is at the facility or when he or she is released that helps to ensure his or her health and safety and prevent future trips to detox. Without a support structure those who were not housed, or at risk of losing housing, before intake may have no choice but to return to homelessness or other facilities. This can be prevented through effective transitional planning.

Transitional and discharge planning begins at intake and extends after discharge to ensure successful re-integration and is integral to the continuum of care provided to those in need.⁴⁶ Among other organizations, the state's Behavioral Health Transitions Council is reviewing the policies for discharge planning. The objective of the council's work is to define the standard protocol for discharge and develop an active follow up plan for those being released from different institutions.

⁴⁴ Elizabeth Sterlacci is an MDHI volunteer. Regina Huerter is executive director of the City of Denver Crime Prevention and Control Commission.

⁴⁵ La Vigne, N., Davies, E., Plamer, T., and Halberstadt. *Release Planning for Successful Reentry*. Washington, D.C.: Urban Institute Justice Policy Center, 2008.

⁴⁶ *Framework for Discharge Planning*.

Best practices regarding discharge planning requirements and frameworks are still being developed, but do share many commonalities including: addressing gaps in services, a continuum of care that centers on safety and wellbeing, and an objective to reduce recidivism. This entails detailed records that identify the needs of the person being discharged, aftercare planning including follow up, and coordinating services through provider networks.

In September 2008, the Justice Policy Center at the Urban Policy Institute published a guideline for successful release planning for people exiting correctional facilities. Release planning was recognized as a critical point of support for people being discharged and re-integrating into society. Similar to discharge planning, release planning addresses the short period of time (up to a few weeks) before and after the exiting prisoner is released from a corrections facility. Initial release is a pivotal time and can affect the success of reentry and re-integration.

The center recommended that correctional facilities address the following eight needs in their discharge plans for exiting prisoners: transportation from the correctional facility to the exiting prisoner's destination as well as to and from work and other required locations, basic needs such as clothing, food and water, financial resources to subsidize the initial transition, proper identification, safe and affordable housing, employment and education, healthcare, and finally, support systems including family and community and faith based organizations.

Securing housing, even if temporary, is an immediate need for exiting prisoners, but there are many barriers. The largest barriers are the formal and informal regulations that prohibit residency and lack of affordable housing. Because it is so difficult to secure stable permanent housing, many resort to moving among temporary housing solutions such as emergency shelters and halfway housing. These temporary situations can be detrimental to someone in sobriety or trying to stay away from criminal behavior. The Center recommended securing housing before release to ease the transition.

Determining the most effective transitional and discharge planning frameworks and requirements will address home-

lessness as a result of discharge and defining a clear support structure and thoughtful planning are essential to prevent homelessness after discharge. Once released, people at risk of homelessness will need access to resources and the network of aid and service providers can be established before discharge to ensure the continuity of support and successful re-integration.

Foster Care System

As of December 31, 2014, 5,225 children were in out of home care in Colorado. Many teens who exit foster care are without a permanent family. **Youth aging out of the foster care system are at high risk of negative outcomes that include homelessness. In fact, more than one in five will become homeless after age 18; 71 percent of young women are pregnant by age 21; at age 24, only half are employed, and to put them further at-risk for homelessness, one in four will be involved in the justice system within two years of leaving the foster care system.**⁴⁷ In the Metro Denver area, more than one in ten 2013 survey PIT survey respondents (13.0%) or 691 individuals, said they had been in foster care.



Photo Courtesy of Colorado Coalition for the Homeless

⁴⁷ Colorado Department of Human Services, Office of Children, Youth and Families. *Community-Based Provider Forum*. March 2014.

Homeless Youth and Foster Care **By Minna Castillo Cohen⁴⁸**

A participant in Mile High United Way's Bridging the Gap program (who wishes to remain anonymous) commented as follows:

When I was asked what was the hardest thing about being homeless, the first thing that came to mind was feeling less than. Walking down the street overanalyzing all of my mistakes - wishing that I was in high school - wishing I was going to be somebody. It didn't help that strangers would look down on me because I was less than them. Society has become so judgmental and selfish people refuse to acknowledge the homeless in fear of catching homelessness.

Among the populations at greatest risk for becoming homeless are the 25,000 to 30,000 youth nationally that age out of foster care each year. In 2012, 10% of the children who exited foster care aged out.⁴⁹ These young men and women left foster care not because they were reunited with their families or adopted, but simply because they were too old to remain in care. In Colorado there were approximately 515 young people that "aged out"/emancipated from foster care at age 18 in 2012.⁵⁰ These young adults leave foster care not because they're being formally reunited with family or being adopted, but simply because they've become too old to remain in care.

There are many young people in foster care between the ages of 14 and 18 that struggle to feel safe, wanted, loved, and connected. These young people may continue to live in the care of the state until they exit the foster care system or may leave state custody and be reunited with family. Either way, the trauma they've experienced sometimes results in feelings of great anger and confu-

sion, which can lead to delinquent behavior, running away, unsafe activities and ultimately, homelessness.

Homeless. What a very scary concept. Now let me add 'homeless youth' to the equation. Have you turned the other cheek to this situation? Don't, it is a very scary, very real issue and it needs to be addressed. Everything from finding friends to finding food was a day to day stress for us. The suffering was unbelievable and I'm glad I made it out alive.

Former foster youth that become homeless experience some of the same problems as other homeless youth and young adults, including high rates of mental health issues, high risk of physical or sexual victimization and lack of access to health care services.⁵¹ The difference however, is that former foster youth are often taken care of by the system; whether that is in a foster home, group home, treatment facility or Department of Youth Corrections and upon their 18th birthday, are released from care, from childhood, into independent living and adulthood.

Many of these young people are inadequately prepared to live on their own, despite the best intentions and efforts of their previous homes/placements. While individual experiences vary, many young people who become homeless after spending time in foster care tend to have a difficult time making connections with supportive, healthy adults and sometimes a limited ability to make connections with community based resources. For many of these youth, difficulties in making connections are rooted in the complex trauma that stems from being removed from their family for abuse or neglect as well as frequent foster care placement changes (homes as well as schools), interrupted relationships, lack of developmentally appropriate mental health care, disorganized attachment relationships and sometimes inadequate placements. Casey Family Programs reported 25% percent of emancipated youth experienced post-traumatic stress disorder—nearly double the rate of U.S. war veterans.⁵² These types of poor experiences within the family and

⁴⁸ Minna Castillo Cohen is director of youth success at Mile High United Way.

⁴⁹ www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf.

⁵⁰ www.cwoutcomes.acf.hhs.gov/data/downloads/pdfs/colorado.pdf.

⁵¹ Whitbeck L, Hoyt D, Yoder K, Cauce A, Paradise M. Deviant behavior and victimization among homeless and runaway adolescents. *J Interpers Violence*. 2001;16(11): 1175-1204.

⁵² www.casey.org/resources/publications/pdf/improvingfamilyfostercare_es.pdf.

negative experiences within the foster care system can hinder a young person's ability to successfully negotiate the developmental transition between youth and adulthood.

Remember in school how most kids just had a hard time making friends, well imagine that being you, on the streets. No one really wants to be your friend when they are homeless because no one knows what the next person is capable of. It is very hard to make friends when you smell funny and can't afford to buy your own lunch, but that's when you need friends the most. You need to have a 'group' to belong to. We referred to it as street family and you didn't just hop on the train with your good looks, you had to be initiated. A lot of bad things happen to loners on the streets, especially young loners.

Mistrust, inadequate social skills, underdeveloped relationship building skills and fear coupled with normal adolescent developmental characteristics such as the sense of invincibility, experimentation in risk taking/novelty-seeking activities, and hormonal influences on moods and behavior all contribute to the chaos that these young people experience daily while trying to acquire the skills they need for independence.

That young girl with the Mohawk sitting on the corner has most likely been raped, violated and broken down. She hides behind that Mohawk because she wants to seem tough but she doesn't even know who she is. How can she? Adolescence is a very crucial time to find oneself and there is no way of soul searching when you are busy surviving on your own. I think many homeless youth become depressed because they don't know who they are and have no solid foundation to branch out and find what makes them happy. Therefore they lash out, engage in unsafe sex and drug abuse.

The vast majority of current and former foster youth do not become homeless by choice. For those still in care, homelessness sometimes feels like a better alternative to staying in placement and living with people that they believe aren't meeting their needs. Sometimes their anger and distrust of

the process, the caregivers and the system compels them to make decisions that aren't always in their best interest, but the fight or flight response is so strong and they choose flight instead of fighting. For youth that have turned 18 and have left care, maintaining stable housing is a significant challenge for many as they transition into adulthood. A study by Chapin Hall (the Midwest Study) found that former foster youth were twice as likely as their same age peers to be unable to pay for their rent or mortgage.⁵³

When you see a homeless youth, don't automatically judge, feel sympathy. They must have had it bad at home. Parents were abusive, drug addicts, absent, who knows. All I know is it must be very painful to choose a life of a stray animal over a life with the people who brought you into the world. I don't know how many times I was told "go home little girl" I wish I could. I wish that home was an option for me but it wasn't and it's not an option for most homeless youth.

While there are transitional housing programs such as the Family Unification Program (FUP) Housing Choice Voucher (which provides 18 months of subsidized rental assistance to former foster youth), these young people who are at-risk of being homeless or who are literally homeless need more than a housing subsidy. They need to have access to a comprehensive array of programs and services that address their health, relationship building skills, economic well-being, social capital, civic engagement and connections to community, life skills development, workforce readiness, and housing needs. They need a positive connection with someone that believes in them despite where they've come from or what they've come with.

Vulnerability is a common feeling even if it is not voiced. A homeless youth is in comparison

⁵³ Mark E. Courtney and Amy Dworsky, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*: Executive Summary. 2005. www.chapinhall.org/researchy/report/midwest-evaluation-adult-functioning-former-foster-youth.

as vulnerable as a baby bird abandoned by their mother. The streets are not safe, there are many predators out there looking for young people who have no one to turn too. They make you feel safe, which is what you need but in reality they are using you for all kinds of different purposes and that includes sex and drug trafficking. I was scared for my life every day on the streets and the people I called family could turn on me at any moment. What a horrible way to live.

Once their housing instability has been addressed, these young people need daily living skills, job training (both hard and soft skills), healthcare, counseling services, educational scholarships, opportunities to lead and contribute, to feel valued and connected. A balance between structure and flexibility (to make and learn from mistakes) is important for youth serving organizations to accomplish in the delivery of services. Former foster youth are often “victims of other people’s poor decisions”⁵⁴ and have had decisions made for them for most of their lives. It is therefore critical to ensure these youth have voice and choice about the supportive services they need and want in order to transition to stable and successful adulthoods. Most importantly, we must see these young people for what they are - resilient, strong, smart, resourceful, and insightful experts and give them multiple opportunities to provide input on state policies and programs designed to meet their needs.

Feelings of anxiety flood me as I write this but I know this is for a greater cause. Being less than, lonely, unaware of who you are and living in constant fear has a permanent effect on youth. I don’t expect to wake up tomorrow to see that the streets have been cleared of this issue, but I do hope that you stop and think of these youth as people and not pests. A simple

smile, sandwich or silent prayer can go a long way for someone who feels so unloved and unfulfilled in this world.

In response to these challenges, policymakers in our state are joining with community partners and other key stakeholders to look at processes and policies to better meet the needs of youth in and transitioning from foster care. At present, cross-sector committees representing State and County child welfare, Colorado Department of Education, Division of Housing, Court Appointed Special Advocates (CASA), two and four year colleges, Urban Peak, Lutheran Family Services, Colorado Youth for a Change and Mile High United Way, are working together to help youth leaving foster care become healthy, productive adults. By promoting stable, permanent connections to caring adults and peers, ensuring youth aging out of care have Medicaid coverage to age 26, supporting academic success through the education of Single Points of Contact (SPOC’s) at each Colorado High School, increasing use of Education and Training Vouchers (ETV) that help pay for post-secondary educational costs, improving access to stable and safe housing utilizing both independent living stipends and the Family Unification Housing Voucher (FUP), and linking young people with coaches that can help them successfully navigate and make connections, these young people will have access to a breadth of supports, services and resources they’ll need when they’re ready to transition to independence.

⁵⁴ Lewis, D. Personal Comment; Town Hall Presentation on the Impact of the Sequestration. Denver, Colorado. 2013.

Employment

Underlying causes of poverty are naturally unemployment and low wages. Six of our state's ten most common occupations pay wages that are below what is needed to achieve self-sufficiency, according to the Self-Sufficiency Standard for Colorado. These working families cannot afford their housing, food, child care and other necessary expenses such as transportation and health care and are forced to choose between basic needs.⁵⁵ There are two solutions – either lower costs or raise incomes. Reducing costs is a short-term strategy and is reliant on subsidies. Raising incomes is a longer-term approach that involves affordable higher education and adult education and training, certification programs geared to working parents and families and job development programs.



Photo Courtesy of Colorado Coalition for the Homeless

There are several innovative employment models in the region. The following interview highlights public private partnerships.

How Public and Private Sector Partnerships Create Employment Opportunities—An Interview with Ed Blair⁵⁶

Mr. Blair is involved with Denver's Road to Work (DRW), an organization that engages employers who are committed to training and employing low-income Denver residents with

diverse barriers to employment. DRW is one of the many programs in the metro area that facilitates employment for those who are experiencing or have experienced homelessness and/or have low-incomes. These programs are helping change the stigma that people experiencing homelessness are “lazy”, do not want gainful employment or are not able to work.

During Mr. Blair's tenure, it has become clear to him that there are two different but linked groups of needs that must be addressed when an individual is overcoming homelessness. Emergent needs such as shelter, food, and urgent healthcare must be addressed first; only then can the critical needs that will break the cycle of poverty such as obtaining stable permanent housing, addressing personal issues, education, and training be addressed. This is when employment programs are most impactful and can provide the best services to individuals.

DRW has a broad spectrum of industry partners including retail, transportation and hospitality. The program has served 409 individuals in the past five and a half years, and 72% of these individuals have obtained permanent employment. In the future, the program plans to expand regionally and to identify employment in more sectors.

Expanding the program requires engaging potential partners through a proposal that appeals to their emotions, goodwill, and actual business needs. By participating, employers get individuals off the streets and working, and create a positive addition to a specific work environment. In return for their participation, the employer gains a great employee who has ongoing support from the program, has a new resource for providing support and information to other employees and managers, and creates a work environment that is focused on the community and higher morale overall. The workplace is enriched as participants and nonparticipants work together, creating a more diverse environment. Coworkers have improved their work lives and expanded their own knowledge and skills by mentoring participants in the program. Furthermore, the financial goodwill gained

⁵⁵ Colorado Center on Law & Policy. *The Self-Sufficiency Standard for Colorado 2011*.

⁵⁶ Ed Blair is the chief operating officer of Mile High United Way and a member of Denver's Road to Work.

from proactive philanthropy is good for business as customers and other businesses in the area recognize the value of hiring a diverse and representative work force.

Participants can apply for the program by referral and are accepted once eligibility is verified. After enrolling, employee participants in the program are offered classroom training, a job shadowing assignment, possible work experience at a hotel or other work site, ongoing vocational support and work readiness training and job search training. Participants have numerous opportunities to meet and get to know employers prior to applying for specific jobs through the classroom training, job shadows and work experience. Meeting the employers in a non-judgmental setting rather than in the interview gives participants and employers the opportunity to know each other in a more complete way.

Beyond training and employment placement, the program also offers ongoing support via case managers. The case managers help participants retain their jobs by providing guidance and career advancement and retention support – the job retention aspect of the program, which continues for up to one year after the date of hire, is a key element of the program. Nonparticipants at risk of losing their jobs can also receive support through the program. Additionally, the program also organizes a support group for participants to gather and seek advice and encouragement. DRW's program has a proven model for success, which can be implemented in other communities.

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Appendix

Methodology

Survey Tool

English

Spanish

Participating Agencies by County

Touchpoints

Acknowledgements

MDHI Board of Directors and Staff

City and County Homeless Plans

Aurora@Home

ArapaHOME

Boulder County Ten-Year Plan

Denver's Road Home

Heading Home

METHODOLOGY

MDHI collected data in the last week in January, referencing the Point-In-Time as the night of Monday, January 27, 2014.

Survey Instrument

The survey instrument was developed by the Metropolitan Denver Homeless Initiative (MDHI). The survey was revised based on input from MDHI's PIT Committee, on PIT data from previous years, on HUD requirements, and on the fact that future counts would be partially calculated using HMIS data. Although the survey instrument is largely the same as in 2013, the PIT Committee approved several additions and changes for 2014.

A set of questions directed toward veterans was added. Several questions were added to the table describing family members based on HUD requirements: age category, ethnicity, race, gender and disability. In an attempt to align with identifying information collected in HMIS and to improve the identification of duplicates, questions that asked for date of birth (rather than month born only) and the last four numbers in the respondents' social security were added to the survey. Some categories were revised, removed or added to the list of reasons for a person's homelessness, and all questions asked in the 2013 survey that were directed toward youth heads of household were removed. However, given the number of questions that were added, we saved space by shortening the question on government benefits and removing the question that asked if the respondent had ever been in foster care. In retrospect, this question will likely be included again in next year's survey.

Data Entry/Cleaning

A professional data entry firm entered the survey data. The researchers performed numerous procedures to identify data entry and logic errors. For example, the researchers ran frequencies on all variables to check for out of range / incorrect values; coded and cleaned all open-ended responses; conducted countless logic checks comparing "Family Type" and family member data; and performed many additional logic checks on all data points.

The researchers paid particular attention to identifying family type and households with and without children. Although evidence of children in a household often was not thoroughly or consistently documented, if there was solid evidence that the respondent had any children under 18 years of age, the household was identified as a household with children. Respondents age 17 or under were automatically classified as a household with children.

Criteria for Eliminating Not Homeless

In a departure from prior years, in 2014 MDHI used the definition of homelessness in 24 CFR 91.5 of the [Homeless Definition Final Rule](#). Specifically, persons are identified as homeless if they are staying in the following locations:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings
- Sleeping in an emergency shelter or safe haven
- Living in transitional housing
- Staying in a hotel or motel paid for by a voucher

Duplicates

The PIT survey was conducted primarily over a 24-hour period, partially to reduce the number of duplicate surveys. However, duplicates are inevitable. Several steps were taken to address this issue:

Agency staff, volunteers and homeless respondents were instructed to complete a survey for every homeless individual and only one survey for each household.

Agency staff and volunteers were trained regarding the critical nature of obtaining the identifying information at the top of the survey form.

A unique identification or pin number was created for each respondent. This identification number consisted of the respondents' age, last four numbers of their Social Security number, first three letters of their first name, middle initial, first three letters of their last name and their gender. The researchers omitted duplicates based on this pin number.

Counting Number of Homeless Persons

The number of homeless persons in a household could be counted if the respondent:

Entered the number of people in the household, and/or

Identified the family members who were with them on Monday night.

In many cases, responses to these questions were incomplete or inconsistent; handling these cases required extensive data examination and cleaning.

Respondents who indicated that their family type (Q17) was a "single parent or guardian of children under 18" living with them, and respondents who indicated they were "Two parents or guardians of children under 18" living with them, often did not indicate the number of family members who were homeless with them (Q18). In these situations, we could not determine the actual number of persons living in the household beyond knowing that single parents had at least two household members and couples with children had at least three household members. In order to prevent undercounting the number of persons in these households, we selected respondents living in single parent households who reported at least two persons in the household in Q17 and identified the average (mean) number of persons in these households, which was 3.2060, and then assigned single parent households missing Q18 this number of persons. We used the same procedure to determine the average number of persons living in dual parent households, which was 4.5926, and then assigned dual parent households missing Q18 this number of persons.

Next, we created an algorithm to compare the number of persons the respondent listed in Q18 with the number of family members based on responses to the series of questions in the family table (Q19). Each household was assigned the greater of these two numbers as the total number of persons in the household.

Identifying County Where Spent Monday Night

The report includes analysis of results by county. We used the following procedures to assign county where spent Monday night to respondents that did not indicate county on the survey.

If respondent indicated the city where they spent Monday night, we assigned the respondent the county corresponding to that city. For example, if a respondent spent the night in the city of Boulder, they were assigned Boulder County.

If respondent indicated the city where they spent Monday night but the county could not be determined because the city lies in more than one county, the county was applied proportionally based on respondents where the county is known. For example, the city of Aurora lies in three counties: Adams, Arapahoe and Douglas Counties.

Where respondents did not indicate the county or city where they spent Monday night, the respondent was assigned the county of the agency that submitted the survey. For example, if the agency was located in Adams County, the respondent was assigned Adams County.

Agency: _____ Program: _____ Outreach Location: _____ County: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Last 4 Numbers of Social Security #: ____ ____ ____ ____
 First 3 Letters of First Name: ____ ____ ____ Middle Initial: ____ First 3 Letters of Last Name: ____ ____ ____

1. Gender: Male Female Transgender

2. Ethnicity (Check only ONE response):
 Not-Hispanic/Not-Latino Hispanic/Latino

3. Race (Check only ONE response):
 American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White
 Mixed Race

4a. Did you serve or are you serving in the U.S. Military (veteran)? Yes No

4b. Are you receiving Veterans Benefits? Yes No

4c. Are you receiving VA health care? Yes No

4d. IF SERVED: What type of discharge?
 Honorable Dishonorable
 General Other _____
 Medical Don't know

5. Do you have any of the following? (CHECK ALL THAT APPLY)

- Serious mental illness (such as PTSD, depression, bipolar, etc.)
- Serious medical or physical condition
- Alcohol or drug abuse
- Developmental disability
- HIV/AIDS
- Other → Describe: _____

6. Are you or anyone else in your household receiving any government/public benefits, such as SSI, SSDI, food stamps, AND, etc. Yes No

14. Where did you spend last night / Monday night, January 27th? (Check only ONE response)

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter, domestic violence or youth shelter.
Please write name of shelter: _____ | <input type="checkbox"/> Hotel/motel paid for by a voucher |
| <input type="checkbox"/> On the street, under a bridge, in a car, or any other place not meant for human habitation | <input type="checkbox"/> Your apartment or house including Section 8 |
| <input type="checkbox"/> Permanent supportive housing | <input type="checkbox"/> Transitional housing (time-limited) |
| <input type="checkbox"/> Temporarily with family or friends | <input type="checkbox"/> Jail/prison/juvenile detention |
| <input type="checkbox"/> Hotel/motel paid for by yourself | <input type="checkbox"/> Hospital, psychiatric hospital, substance abuse treatment program, halfway house |
| | <input type="checkbox"/> Somewhere else → Where? _____ |

7. In the past month, have you or anyone in your household received any money from working?
 Yes No

8. Are you homeless? Yes No Don't know

9. How long have you been homeless this time? (Check only ONE response)
 Less than one month
 More than one month but less than 1 year
 1 to 3 years
 More than 3 years
 Don't know
 I am not homeless now

10. INCLUDING THIS TIME, how many times have you been homeless in the last three years? (Check only ONE response)
 One Four
 Two Five or more
 Three I have not been homeless at any time in the last three years

11. In what city or town did you spend last night / Monday night, January 27th?

12. In what county did you spend last night / Monday night, January 27th?

13. Where was the last permanent place you lived?
 Colorado IF IN COLORADO,
 What City? _____
 What County? _____
 Other state or country: If other state, which? _____

15. Are you being evicted or asked to leave in the next 14 days from where you stayed last night / Monday night, January 27th?
 Yes No Don't know If yes, from where: _____

**16. What are the major reasons that you are homeless now or that you are experiencing housing instability?
(CHECK ALL THAT APPLY)**

- | | |
|---|---|
| <input type="checkbox"/> 1 Lost job/can't find work | <input type="checkbox"/> 11 Bad credit |
| <input type="checkbox"/> 2 Relationship problems or family break-up | <input type="checkbox"/> 12 Problems with landlord |
| <input type="checkbox"/> 3 Death of a family member | <input type="checkbox"/> 13 Asked to leave |
| <input type="checkbox"/> 4 Natural disaster such as fire, flood | <input type="checkbox"/> 14 Legal problems |
| <input type="checkbox"/> 5 Alcohol or substance abuse problems | <input type="checkbox"/> 15 Lost or interrupted public benefits |
| <input type="checkbox"/> 6 Illness or disability of yourself or family member | <input type="checkbox"/> 16 Runaway or discharged from foster care |
| <input type="checkbox"/> 7 Mental illness/emotional problems | <input type="checkbox"/> 17 Discharged from jail or prison |
| <input type="checkbox"/> 8 Abuse or violence in the home | <input type="checkbox"/> 18 Discharged from halfway house, hospital, etc. |
| <input type="checkbox"/> 9 Housing costs too high | <input type="checkbox"/> 19 Other _____ |
| <input type="checkbox"/> 10 Utility costs too high | |

17. Which family type BEST describes your household? (Check only ONE response)

- 1 Single person with no family members living with you: **IF YES, YOU ARE FINISHED WITH THE SURVEY. THANK YOU!**
- 2 Single parent or guardian with children under 18 living with you *(with or without additional adults in the household)*
- 3 Two parents or guardians with children under 18 living with you *(with or without additional adults in the household)*
- 4 A couple with no children under 18 living with you *(with or without additional adults in the household)*

IF YOU ARE LIVING WITH FAMILY MEMBERS, INCLUDING CHILDREN, PLEASE CONTINUE!

**18. NOT including yourself, how many family members were homeless with you on Monday night, January 27th?
of family members: _____**

**19. Please complete the following information for every family member with you Monday night, January 27th.
DO NOT INCLUDE YOURSELF IN THE TABLE BELOW.**

PERSON	AGE	RELATIONSHIP TO YOU	RACE / ETHNICITY	GENDER	Disability?
Related Person 1	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Person 2	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Person 3	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Person 4	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Person 5	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Person 6	<input type="checkbox"/> Under 18 <input type="checkbox"/> Age 18-24 <input type="checkbox"/> Age 25-54 <input type="checkbox"/> Age 55+	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child/grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not-Hispanic/Latino Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF THERE ARE MORE THAN 6 PEOPLE LIVING WITH YOU, PLEASE USE THE EXTRA FAMILY MEMBER FORM

Agency: _____ Program: _____ Outreach Location: _____ County: _____

Fecha de nacimiento(mm/dd/aaaa): ____/____/____ Ultimos cuatro numeros del seguro social: ____

Primeras 3 letras del primer nombre: ____ Inicial del segundo: ____ Primeras 3 letras del apellido: ____

1. Género: Masculino Femenino Transexual

2. Ethnicidad (Márque solo uno):
 No-Hispano/No-Latino Hispano/Latino

3. Raza (Márque solo uno):
 Indio Norte Americano/Nativo(a) de Alaska
 Asiatico(a)
 Negro(a)/Africo-Americano(a)
 Nativo de Hawaii/Otra Isla del Pacifico
 Blanco
 Raza Mezclada

4a. ¿Ha servido o esta sirviendo en el servicio militar de los Estados Unidos (veterano)? Si No

4b. ¿Está recibiendo beneficios como veterano(a)?
 Si No

4c. ¿Está recibiendo cuidado de la salud de VA?
 Si No

4d. Si ha servido: ¿Qué tipo de dada de alta?
 Honorable Deshonrosa
 General Otro _____
 Médica No se

5. ¿Tiene lo siguiente? (MARQUE TODOS QUE LE APLIQUEN)
 Enfermedad mental seria (tal como PTSD, depresión, bipolar, etc.)
 Condición médica o física de seriedad
 Abuso de alcohol o drogas
 Discapacidad de desarrollo
 HIV/AIDS - SIDA
 Otro → Describe: _____

6. ¿Esta usted o alguien en su familia, recibiendo algún beneficio de gobierno/publico tal como SSI, SSDI, estampillas de comida, AND etc? Si No

14. ¿Donde durmió la noche del Lunes el 27 de Enero? (Márque solamente UNA respuesta)

- | | |
|---|---|
| <input type="checkbox"/> Refugio de emergencia, refugio de violencia domestica o juvenil.
Favor de escribe el nombre del refugio _____ | <input type="checkbox"/> Hotel/motel pagado con un vale (voucher) |
| <input type="checkbox"/> En la calle, bajo un puente, en un auto, o en cualquier otro lugar no apto para la habitación humana. | <input type="checkbox"/> Su apartamento o casa incluyendo la seccion 8 |
| <input type="checkbox"/> Vivienda de apoyo permanente | <input type="checkbox"/> vivienda de transición (tiempo-limitado) |
| <input type="checkbox"/> Temporalmente con familia o amistades | <input type="checkbox"/> Carcel/prison/detención juvenil |
| <input type="checkbox"/> Hotel/motel pagado por usted mismo(a) | <input type="checkbox"/> Hospital, hospital psiquiátrico, programa de tratamiento de abuso de sustancias, casa intermedia |
| | <input type="checkbox"/> Otro lugar → Donde? _____ |

15. ¿Está siendo desalojado(a) o se le ha pedido que se salga del lugar donde se quedó la noche del Lunes 27 de Enero en los próximos 14 días? Sí No No Se Si así es, ¿de donde?: _____

7. ¿En el mes pasado, ha usted o alguien en su casa recibido ingresos o dinero en un trabajo?
 Si No

8. ¿Esta usted sin un lugar donde vivir? Si No
 No se

9. ¿Cuánto tiempo tiene sin un lugar donde vivir esta vez? (Apunte solo un respuesta)
 Menos de un mes
 Mas de un mes, pero menos de un año
 1 a 3 años
 Mas de 3 años
 No se
 No estoy sin un lugar donde vivir

10. ¿INCLUYENDO ESTA VEZ, que cuantas veces ha estado sin hogar en los últimos tres años? (Apunte SOLAMENTE una respuesta)
 Uno Cuatro
 Dos Cinco o más
 Tres No he estado sin un lugar donde vivir en los ultimos tres años

11. ¿En que ciudad o pueblo pasó la noche del Lunes 27 de Enero?

12. En que condado pasó la noche del Lunes 27 de Enero?

13. ¿Donde fue el último lugar permante donde vivió?
 Colorado SI FUE EN COLORADO,
¿Qué ciudad? _____
¿Cuál condado? _____
 Otro estado o país: Si otro estado, ¿cuál? _____

16. ¿Cuales son las razones principales por las que está sin vivienda ahora o por las que está experimentando inestabilidad de la vivienda? (Márquen todos los que le apliquen)

- | | |
|--|---|
| <input type="checkbox"/> 1 Perdida de trabajo/no puede encontrar trabajo | <input type="checkbox"/> 11 Mal crédito |
| <input type="checkbox"/> 2 Problemas en la relación o separación de la familia | <input type="checkbox"/> 12 Problemas con el dueño del lugar donde vive |
| <input type="checkbox"/> 3 Muerte de un miembro de la familia | <input type="checkbox"/> 13 Se le pidió que se saliera del lugar |
| <input type="checkbox"/> 4 Desastres naturales como incendios, inundaciones | <input type="checkbox"/> 14 Problemas legales |
| <input type="checkbox"/> 5 Problema de abuso de alcohol o de sustancias | <input type="checkbox"/> 15 Perdida o interrupción de beneficios públicos |
| <input type="checkbox"/> 6 Enfermedad o discapacidad suya o de un familiar | <input type="checkbox"/> 16 Fugitivo(a) o dado(a) de alta de un lugar de Cuidado Temporal (Foster Care) |
| <input type="checkbox"/> 7 Enfermedad mental/problemas emocionales | <input type="checkbox"/> 17 Dado(a) de alta de una cárcel o prisión |
| <input type="checkbox"/> 8 Abuso o violencia en la casa | <input type="checkbox"/> 18 Dado(a) de alta de una casa intermedia, un hospital, etc. |
| <input type="checkbox"/> 9 Costos de la vivienda muy caros | <input type="checkbox"/> 19 Otra _____ |
| <input type="checkbox"/> 10 Costos muy altos de los servicios públicos | |

17. ¿Qué tipo de familia MEJOR describe la situación en su hogar? (Apunte solo uno)

- 1 Persona solo(a) sin ningún familiar viviendo con usted: Si su respuesta es sí, ha terminado este encuesta. ¡GRACIAS!
- 2 Pariente o guardian singular con niños menos de 18 viviendo contigo (con o sin adultos adicionales en el hogar)
- 3 Dos parientes o guardianes con niños menos de 18 (con o sin adultos adicionales en el hogar)
- 4 Una pareja sin niños menos de 18 (con o sin adultos adicionales en el hogar)

SI VIVE CON MIEMBROS DE SU FAMILIA. INCLUYENDO A SUS HIJOS. FAVOR DE CONTINUAR!!

18. SIN INCLUIRSE A USTED, cuantos miembros de la familia no tenían donde de vivir junto con usted la noche del 27 de Enero? # miembros de la familia: _____

**19. Favor de completar la siguiente información por cada miembro familiar que esta con usted la noche del 27 de Enero
NO SE INCLUYA A USTED MISMO(A) EN LA INFORMACION DEL CUADRO DE ABAJO**

PERSONA	EDAD	Relación con Usted	RAZA/ETHNICIDAD	GENERO	¿Discapacidad ?
Persona Relacionada 1	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No
Persona Relacionada 2	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/ Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No
Persona Relacionada 3	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/ Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No
Persona Relacionada 4	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/ Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No
Persona Relacionada 5	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/ Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No
Persona Relacionada 6	<input type="checkbox"/> Menor de 18 <input type="checkbox"/> Edad 18 a 24 <input type="checkbox"/> Edad 25 a 54 <input type="checkbox"/> Edad 55+	<input type="checkbox"/> Espos(a)/pareja <input type="checkbox"/> Niño(a)/nieto(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Padre/Madre <input type="checkbox"/> Otro	Ethnicidad: <input type="checkbox"/> Hispánico/Latino <input type="checkbox"/> No-Hispánico/Latino Raza: <input type="checkbox"/> Indio Americano/ Nativo(a) de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Africo-Americano <input type="checkbox"/> Nativo de Hawaii/ Otra Isla del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Raza Mezclada	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transexual	<input type="checkbox"/> Si <input type="checkbox"/> No

SI HAY MAS DE 6 PERSONAS VIVIENDO CON USTED, FAVOR DE UTILIZAR LA FORMA DE MIEMBROS ADICIONALES DE LA FAMILIA

Participating Agencies by County

Adams County

Access Housing
Adams County Head Start
Adams County Housing Authority
Adams County Workforce & Business Center
Arapahoe House, Inc.
Aurora Interchurch Task Force
Aurora Mental Health Center
Aurora Warms the Night
Cold Weather Care
Colfax Community Network
Comitis
Community Health Services
Community Reach Center
Friends of St. Andrews
Growing Home
Moorehead Recreation Center
Mosaic Church
Restoration Outreach Program

Arapahoe County

Arapahoe/Douglas Mental Health Network
Arapahoe/Douglas Works
Arapahoe House, Inc.
Aurora Central Library
Aurora Housing Authority
Aurora Mental Health Center
Café 180
Catholic Charities
Colfax Community Network
Family Tree House of Hope
Gateway Battered Women's Shelter

Arapahoe County (continued)

Gateway-South
Interfaith Community Services
It Takes a Village
Martin Luther King, Jr. Library
Metro Community Provider Network (MCPN)
Mosaic Church
The Salvation Army

Boulder County

Agape Family Services Shelter
Attention Homes
Boulder Community Hospital
Boulder County AIDS Project
Boulder County Head Start
Boulder County Housing Authority
Boulder County Legal Services
Boulder County Public Health
Boulder County Sheriff
Boulder Courts & Probation
Boulder Housing Partners
Boulder Public Library
Boulder Outreach for Homeless Overflow
Boulder Shelter for the Homeless
Boulder Street Outreach
Boulder Valley School District
City of Boulder
City of Longmont
Clinica Family Health Services
Community Food Share
Countrywood Motel
CPWD
CYF
Dental Aid
Dickens SRO

Boulder County (continued)

Emergency Family Assistance Association (EFAA)
First Presbyterian Church
Genesis Program-BCPH
Good News Center
Harvest of Hope Pantry
Homeless Outreach Providing Encouragement (HOPE)
Lafayette Police Department
Lamplighter Motel
Longmont Courts & Probation
Longmont Housing Authority
Longmont Probation
Mental Health Partners Serving Boulder & Broomfield Counties
Mother House
Nederland Food Pantry
Our Center
Safe Shelter of St. Vrain
Safehouse Progressive Alliance for Nonviolence
Sister Carmen Community Center
St. John's Food Bank
St. Vrain Valley School District
The Bridge House
The Inn Between
Wild Plum Center

Broomfield County

Broomfield Health and Human Services
FISH, Inc. of Broomfield

Denver County

Arapahoe House
Bo Matthews Center for Excellence
Christ's Body Ministries
Colorado Coalition for the Homeless
Colorado Health Network

Denver County (continued)

Denver Housing Services
Denver Indian Family Resource Center
Denver Rescue Mission
Denver Urban Ministries
Denver Veterans Administration
Family Homestead
Family Promise of Greater Denver
Father Woody's Haven of Hope
His Hands Ministry
Jewish Family Service
Mental Health Center of Denver
Metro Denver Homeless Initiative
Metropolitan State University of Denver
Mile High Ministries
Samaritan House
Senior Support
St. Francis Center
The Delores Project
The Gathering Place
The Salvation Army
Third Way Center, Inc.
Urban Peak
Veterans Administration Medical Center
Volunteers of America
Warren Village

Douglas County

Catholic Charities
Douglas County Department of Community Development
Douglas County School District
Douglas County Sheriff
Douglas/Elbert Task Force
Human Services
Parker Task Force

Douglas County (continued)

Women's Crisis and Family Outreach Center

Jefferson County

Arapahoe House

City of Arvada Housing Authority

Colorado Coalition for the Homeless

Colorado Homeless Families

Family Homestead

Family Tree

Family Tree Homelessness Services

Jefferson Center for Mental Health

Jefferson County Public Health Department

Jefferson County Public Library

Mountain Resource Center

The Action Center

2014 Matrix of Touchpoints

	# of Counties	# of Locations	# Surveys
24 Hour Restaurants and Stores	1	3	6
College Campuses	1	1	10
Community Health Centers/Clinics	5	17	343
Community Meal Locations	3	3	173
Day Shelters / Warming Stations	1	4	742
Day-Labor Centers	1	1	11
Detox Centers	5	8	70
Domestic Violence Shelters	3	4	45
Emergency Shelters	4	20	853
Food Banks	5	12	223
Homeless Service Providers (Others)	7	40	834
Hospitals/Emergency Rooms	1	1	1
County Human Service Offices	1	1	223
Jails	2	2	56
Libraries	3	6	70
Motel / Hotel (Paid for with Vouchers)	3	16	100
Transitional Housing	5	38	676
WorkForce Centers	3	3	185
School Districts	3	4	72
Other Touchpoints	5	64	1417

Acknowledgements

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- ◇ Sharon Farrell, City and County of Broomfield
- ◇ Chris Conner, City and County of Denver
- ◇ Rand Clark, Douglas County
- ◇ Linda Barringer, Jefferson County
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- ◇ Chris Venable, Unaccompanied Youth

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Program in Focus

Aurora@Home

Aurora's Collaborative Plan to Help Families in Need

Vision Statement

Aurora is a unique, family-oriented community – a suburban city with a small-town heart that honors its families and children as its most valuable resource. No child in America – no child in Aurora – should be without a safe and sustainable place to live. The current economic situation and the struggles families face have strongly impacted our city. We believe an equally strong and purposeful response is needed. Across Aurora, agencies, organizations, and city departments have been providing safety-net services. We have now reached a pivotal moment to organize and expand our collective actions for a concerted effort fueled by collective decision-making toward a strategic goal: to keep our families safe and secure, to support our at-risk families and to help our children achieve their fullest potential in our community.



Background

During 2010 and 2011, the city of Aurora, Colorado engaged in a process to develop a strategic plan focused on preventing and addressing housing instability and homelessness for Aurora families. Development of the plan included the participation of a diverse group of community stakeholders and representatives of city and county government.

The Plan

The Aurora@Home Plan consists of goals, objectives and strategies covering a Pilot program and for year 1 through 5 of the full implementation of the Plan. The four goals of the Plan include:

Goal 1: Prevention

Goal 2: Emergency Shelter and Rapid Re-Housing

Goal 3: Provide, Develop and Implement Supportive Services

Goal 4: Promote a Responsive System Infrastructure and Sustainability

The target population comprises families with dependent children 17 years or younger who are homeless or who are at imminent risk of becoming homeless.

Program in Focus

ArapaHOME



ArapaHOME was founded after the Regional Dialogue on Homelessness in April, 2010. Like other groups formed earlier in the push to develop 10-year plans to end homelessness, we are comprised of a group of service providers, local government representatives, members of the faith community, and concerned citizens. We established a purpose statement right away, to prevent, respond to, and end homelessness in Arapahoe County, as well as several priorities:

- Identify gaps in housing and homelessness services
- Increase awareness and support for ending homelessness
- Increase preventative services for people at-risk of homelessness
- Provide adequate emergency shelter and services to people experiencing homelessness
- Increase affordable housing options available in local communities
- Increase accessibility to homeless services and resources
- Increase funding for housing and homelessness services
- Maximize collaboration with participating members and other related groups, including regional efforts to end homelessness

ArapaHOME members have completed a strategic plan, which describes our vision for the future as well as our efforts in the community. The group supports, promotes and participates in the success of its individual member organizations. It also recognizes grassroots movements and new ideas for service, encouraging this to actualize the plan and contributing as each are interested and able.

Contact chairperson, Keith Singer, ksinger@thefamilytree.org or 303-762-9525, for more information. We are driven by your feedback.



Boulder County's Ten Year Plan to Address Homelessness

Background. In April of 2007, Boulder County launched a countywide human services strategic plan, adopted by the Boulder County Commissioners, the city councils of Longmont, Boulder, Lafayette, the Consortium of Cities, the board of Foothills United Way, and the trustees of The Community Foundation. The mission of the Boulder County Human Services Strategic Plan (BCHSSP) is *to create a dynamic, accessible, coordinated and community-wide human service delivery system*. The plan and related planning documents can be found at www.buildinglivablecommunities.org.

The Ten Year Plan to End Homelessness in Boulder County provides a blueprint for how communities will work together to prevent homelessness, address issues that keep people in homelessness and create housing and supportive services needed to end homelessness. The Ten Year Plan is a commitment to seek long term solutions to homelessness in our community and provide safe, appropriate emergency shelter for our most vulnerable residents.

Values underlying the plan:

- Respecting the strength and dignity of individuals
- Advancing self-sufficiency and independence
- Using resources wisely within a coordinated and collaborative system

The Plan's Implementation Model: Housing First

The Housing First model places a value on the immediate provision of permanent housing and supportive services, rather than a shelter or transitional housing placement.

The Plan's Goals:

- Prevent individuals and families from becoming homeless
- Provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless
- Provide permanent housing with supportive services to meet the long-term needs of chronic homeless individuals
- Develop and/or improve systems to support efficient and effective plan implementation
- Promote public awareness and advocacy
- Implement an effective governance and staffing structure

Plan's Implementation:

In October, 2011, the Ten Year Plan Advisory Board was seated by the Boulder County Board of County Commissioners. The board meets monthly, on the 2nd Friday of each month and represents government agencies, service providers, faith and business community members, and those who have experienced homelessness. A priority of the board in 2012 has been to determine measurable outputs and outcomes for the plan so we can measure progress as the plan is implemented. At their November, 2013 meeting the Longmont Housing Opportunities Team (LHOT) the collaborative partnership that oversees the implementation of the City of Longmont's 10 Year Plan to End Homelessness (adopted in August, 2009), voted to support the Boulder County Plan exclusively and work on its implementation.



Denver's Road Home is a collaboration between the City and County of Denver, Mile High United Way, homeless service providers, foundations, businesses, faith-based organizations and the greater community. It works by connecting homeless men, women, children and families to affordable housing with wrap-around support services that enable them to live a life of self-sufficiency.

Eight years into their 10-year plan to End Homelessness, Denver's Road Home has made great progress through the help of the community. They are indeed on track to ending homelessness as we know it but there is much more work to be done. In many ways, this plan has exceeded their goals, objectives and outcomes. Eight years later, they are better at counting the homeless, targeting their services and maximizing impact of the funds that they allocate via their partnerships with the homeless providers in Denver. They are more focused than ever on sustainability and regional development and are looking at where they want to be in the next two years, by resetting their bench marks based on the progress of the past eight years.

There could never be a more important time to have a plan -- to ensure that every man, woman and child has a safe alternative to living life on the streets. In the face of new challenges, Denver's Road Home remains committed to its mission and to the community that it serves.

<http://www.denversroadhome.org/plan.php>

Program in Focus

Heading Home Jeffco Community Steps to Housing

In 2006 a Jefferson County networking group decided to focus on ending homelessness in Jefferson County. This group is now known as Heading Home: Jeffco Community Steps to Housing. The Plan shifts our paradigm from one that reacts to homelessness to one that prevents and ends homelessness. The Plan identifies long-term, sustainable strategies to utilize the existing system of resources and services more effectively through collaboration, implement a holistic approach to recovery and stability, and support people along the continuum of self-sufficiency.

The plan focuses on seven goals. The first goal is preventing families and individuals from becoming homeless. No efforts at ending homelessness will be successful until the flow of people becoming homeless is stopped. The second goal is to provide temporary shelter, alternative housing and supportive services for those who are temporarily homeless until permanent housing is available. With support, these individuals and families are often able to move back quickly to a stable and self-supported living arrangement. The third goal is to provide permanent housing with supportive services to meet the long-term needs of homeless individuals. Permanent housing is a critical component to ensure stability and ready access to services, transportation, employment and education. The fourth goal is to increase economic opportunities for homeless people. Many have multiple barriers that make it difficult to find or keep a job. They may be coping with past or present addictions, mental health issues, and physical disabilities in addition to a lack of stable housing. The fifth goal is to implement effective governance and staffing structure. This includes coordination and oversight of plan efforts, the strategic allocation of resources, review and refinement of plan contents, implementation of a project evaluation, and the development of resources needed for plan activities. The sixth goal is to promote public awareness and advocacy. It is critical that the citizens of Jefferson County stay fully informed about the changing nature of homelessness in Jefferson County as well as efforts and successes related to the implementation of this plan. Goal seven is to develop systems to support efficient and effective plan implementation.



Recent accomplishments of Heading Home include expansion of the severe weather response from one church and motel vouchers last year to four churches and motel vouchers this season which provided full coverage during the severe weather season. County assistance has been secured to pay for motel vouchers and supplies for the churches. Heading Home has recently received a grant to partially fund a “coordinator” for the severe weather work group. Heading Home has housed eight chronically homeless, frequent users of the courts, detox, emergency room and severe weather shelter in permanent supportive housing with wrap-around services and is working to house three additional chronically homeless households. All seven work groups continue to meet and develop action steps to implement and meet the seven goals.