



Colorado Department of Health Care Policy and Financing
State Innovation Model Grant
Report on Stakeholder Input

Summary

The Metro Denver Homeless Initiative (MDHI), in conjunction with the Colorado Coalition for the Homeless, convened ten stakeholder meetings from July 17 through September 13, 2013, to seek participants' observations on the factors they believe most affect the health status of homeless individuals in their communities. This information will inform the development of integrated health care systems, blending primary care and behavioral health care, in Colorado.

Representatives from Adams, Arapahoe, Boulder, Douglas, Jefferson Counties; City and County of Broomfield; City and County of Denver; the City of Aurora, as well as other regional providers involved in the MDHI Regional Planning Committee, the Vulnerability Index Community De-Brief meeting, and the MDHI Coordinating Committee, all completed written surveys.

Participants were asked to rank factors impacting health status of individuals and families experiencing homelessness. These factors include: unstable housing; limited access to nutritious food and water; risk for physical, sexual, psychological and emotional abuse; mental health disorders; physical/cognitive impairments; developmental discrepancies; risk for communicable disease; serious and complex medical conditions; discontinuous/inaccessible health care; lack of health insurance/resources; barriers to disability assistance; cultural and linguistic barriers; limited education/literacy; lack of transportation; lack of social supports; unemployment; chronic stress; trauma and homelessness; and, criminalization of homelessness.

Overall, participants identified six factors as ***significantly impacting*** the health status of individuals and families experiencing homelessness: unstable housing; mental health disorders; trauma and homelessness; discontinuous/inaccessible health care; unemployment; and, lack of health insurance/resources.

Participants identified seven factors as ***moderately impacting*** the health status of individuals and families experiencing homelessness: serious and complex medical conditions; risk for physical, sexual, psychological, and emotional abuse; chronic stress; physical/cognitive impairments; lack of transportation; lack of social supports; and, limited access to nutritious food and water.

Participants identified six factors as ***slightly impacting*** the health status of individuals and families experiencing homelessness: cultural and linguistic barriers; barriers to disability assistance; limited education/literacy; criminalization of homelessness; developmental discrepancies; and, risk for communicable disease.

Following are aggregate survey scores:

Chart 1: July 1 – September 13, 2013 TOTAL AGGREGATE	
Factor	Aggregate Score
1. Unstable housing	357
2. Mental health disorders	347
3. Trauma and homelessness	338
4. Discontinuous/Inaccessible health care	326
5. Unemployment	323
6. Lack of health insurance/resources	320
7. Serious and complex medical conditions	317
8. Risk for physical, sexual, psychological and emotional abuse	312
9. Chronic stress	304
10. Physical/cognitive impairments	293
11. Lack of social supports	284
12. Lack of transportation	283
13. Limited access to nutritious food and water	283
14. Barriers to disability assistance	266
15. Cultural and linguistic barriers	261
16. Limited education/literacy	254
17. Criminalization of homelessness	248
18. Developmental discrepancies	244
19. Risk for communicable disease	240

Red: Significant Impact
Orange: Moderate Impact
Green: Slight Impact

These findings align with growing evidence (recent Point-In-Time counts and 2012 & 2013 Vulnerability Index surveys) from the seven county Denver metropolitan area that a variety of health care issues and disabling conditions continue to be a significant underlying cause to homelessness in the region.

Following is summary information from:

- 2013 Point-In-Time Survey
- 2012 and 2013 Vulnerability Index

Point-In-Time

The 2013 Point-In-Time survey conducted in January 2013 reflected a continued trend over the past three PIT surveys of individuals and family members with disabling conditions. According to data from the past three PIT surveys, the proportion of respondents reporting serious mental illness, a serious medical or physical condition or a problem with substance abuse increased over the past three years.

The 2013 PIT survey identified almost fifteen percent (15%) of the respondents reporting mental illness as an underlying cause for homelessness as well as twelve percent (12%) reporting medical problems (including physical and developmental disabilities) as a contributing factor of their homelessness.

**Table 9. Reasons for Homelessness – Respondents
(From 2013 Metro Denver Homeless Initiative Point-In-Time survey)**

	Frequency	Percent
Lost job/can't find work	2,004	37.6
Housing costs too high	1,423	26.7
Relationship or family break-up/death in the family	1,193	22.4
Mental illness, emotional problems	789	14.8
Substance abuse	780	14.6
Eviction/foreclosure	684	12.8
Medical problems including physical, dev disability	651	12.2
Discharged from jail, prison, halfway house	493	9.3
Have work but wages too low	461	8.7
Abuse or violence in the home	447	8.4
Utility costs too high	398	7.5
Runaway/discharged from foster care	50	0.9
Sexual orientation	35	0.7
Other reason	448	8.4

Disabling Conditions

HUD requires that the Point-In-Time survey include questions asking respondents to identify if, at the time of the survey, they or another adult in their household had any of the following disabling conditions – serious mental illness, a serious medical condition, chronic substance abuse issues, a developmental disability, or HIV/AIDS. Nearly half (47.6%) of respondents reported that they or some adult in their household had at least one of the five disabling conditions, *not* including some “other” disabling condition. The National Alliance to End Homelessness reports that approximately 40 percent of homeless adults have a disability.¹

In Metro Denver, of those with one of the five disabling conditions, two-thirds (65.6%) reported only one disabling condition, one-quarter (25.1%) reported two, and 9.4 percent reported that an adult in their household had three or more disabling conditions.

The largest group of respondents (23.1%) indicated that they or another adult in their household have a serious mental illness. Nationally, 20 to 25 percent of the homeless population suffers from a severe mental illness.² Following mental illness, respondents reported a serious medical or physical conditions or a substance abuse problem. Many respondents noted that a household member was suffering from post-traumatic stress disorder (PTSD) and/or are bipolar.

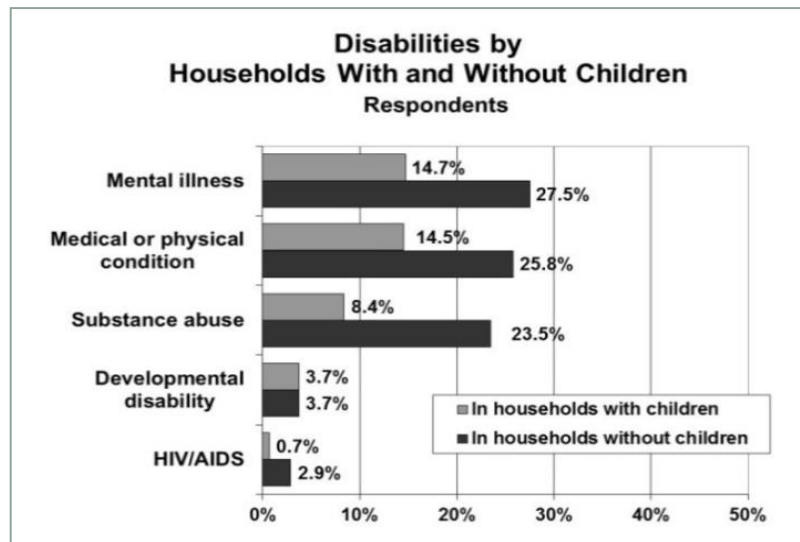
¹ National Alliance to End Homelessness. *SOH 2012: Chapter Three – The Demographics of Homelessness*. January 2012.

² Substance Abuse and Mental Health Services Administration. National Coalition for the Homeless. *Mental Illness and Homelessness*, July 2009.

	Frequency	Percent
Mental illness	1,295	23.1
Medical or physical condition	1,227	21.9
Substance abuse	1,026	18.3
Developmental disability	205	3.7
HIV/AIDS	120	2.1
Other disability	46	0.8

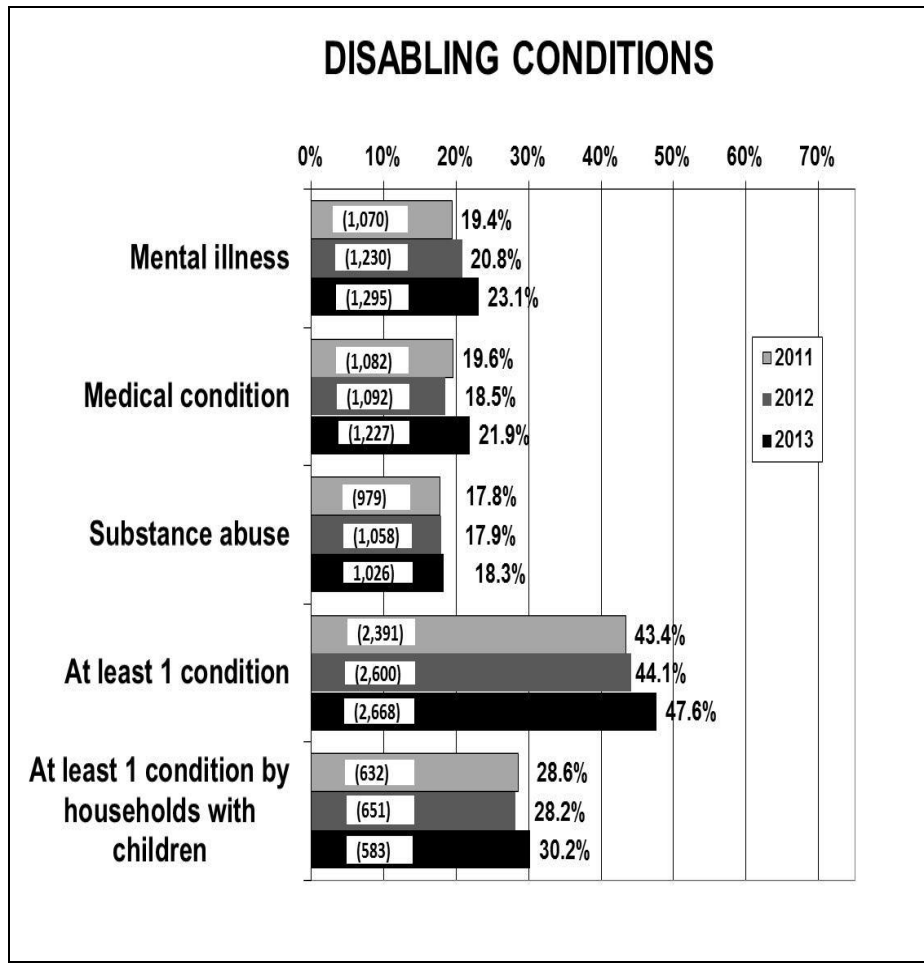
Disabling Conditions by Households

Households *without* children were almost twice as likely as households with children to report that an adult has at least one of the five disabling conditions: compare 56.8 percent with 30.2 percent. Households without children are substantially more likely than households with children to report substance abuse (23.5% versus 8.4%) and a serious mental illness (27.5% versus 14.7%).



Disabling Conditions and Three-Year PIT Trends

Overall, the proportion of respondents reporting that they or any adult in their household has at least one of the five listed disabling conditions increased from 43.4 percent in 2011 to 47.6 percent in 2013. Consistently, the proportion reporting serious mental illness, a serious medical or physical condition or a problem with substance abuse increased over the past 3 years.



Vulnerabilty Index

The Vulnerabilty Index (VI) is a suvey instrument which has been used across the country to identify the most medically vulnerable individuals experiencing homelessness. This tool, based on leading medical research, helps each community build a database with the names, photos, health conditions, and institutional and social histories of its homeless residents. The resulting data allows communities to prioritize systematically, match people to appropriate housing subsidies and dramatically expedite the rate of housing. The instrument was developed by Boston Healthcare for the Homeless as a result of an increase in deaths among the homeless. Consistent findings across the hundreds of VI communities confirms the level of significant health issues faced by many who are experiencing homelessness – particularly among those who have a history of chronic homelessness.

The VI survey identifies health issues and circumstances of those interviewed and assigns a rating from 0 – 8 related to the individuals mortality if their circumstances aren't addressed.

Being medically vulnerable means an individual has been homeless for 6 months or longer AND meets one of the following criteria:

- End Stage Renal Disease
- History of Cold Weather Injuries
- Liver Disease or Cirrhosis

- HIV+/AIDS
- Over 60 years old
- 3 or more emergency room visits in prior 3 months
- 3 or more ER or hospitalizations in prior year
- Tri-morbid (mental illness + abusing substances + chronic medical condition)

The Vulnerability Index was conducted in the seven county Denver metro area during November 2012 and again in June 2013. Following are some of the findings of the survey:

In the Denver Metro region, following is breakdown of those surveyed:

- 1402 Total Surveyed (951 Male, 413 Female, 7 Transgender, 31 declined)
 - 153 Families
 - 109 Unaccompanied Youth (25 years of age and younger)
 - 427 Veterans

Highlights from the Denver metro VI survey include:

- Of the 1402 people surveyed, they account for a combined 1,272 visits to the ER in the last 3 months and a combined 985 inpatient hospitalizations in the past year
- One individual had 20 visits to the ER in the last 3 months and was hospitalized 5 times in the past year
- Another individual was in the ER 17 times in the last 3 months and hospitalized 35 times in the past year

Overall Vulnerability Index Ratings	
VI Rating of 6	2
VI Rating of 5	3
VI Rating of 4	27
VI Rating of 3	97
VI Rating of 2	172
VI Rating of 1	359
VI Rating of 0	741

Research indicates that individuals experiencing chronic homelessness are most likely to have one or more chronic medical and/or behavioral health conditions. Efforts to end homelessness across the country are increasing efforts to house those who are chronically homeless. These efforts are in conjunction with supportive services to address chronic medical and behavioral healthcare issues including substance abuse treatment. In many approaches, a Housing First coupled with a Harm Reduction approach decreases the impact upon local healthcare and justice systems reducing community and system costs and improving the lives of those who were formerly living on the streets.

Conclusion

Survey results and conversations indicate consistency across the region regarding factors which impact health status of homeless individuals. As reflected in Chart 1, the top factors are housing/homelessness experiences, access to health care/insurance, as well as, mental health disorders impacting self care, accessing health care services and maintaining personal health.

Meeting Summaries

Meeting Date, List of Participants, and Data by County or Regional Meeting

Douglas County

On July 17th, 2013 a meeting was convened of representatives from the following 20 organizations in Douglas County: Peter Reif – Homeless Awareness/Action Task Force; Mike Massine – New Hope Presbyterian Church; Tiffany Curtin – Douglas County Libraries; Patricia Fiske – Rotary Club of Douglas County; Gene Sawa – Arapahoe/Douglas Works!; Stephanie Manning-Hodson – Auraria Higher Education Center; James M. Cook – Auraria Higher Education Center; Gloria Nussbarry – Auraria Higher Education Center; Mallorie Price – The Family Tree; Paula Alderdice – Tri-County Health Department; Kristen Kuntzman – The Women’s Crisis & Family Outreach Center; Jody Curl – The Women’s Crisis & Family Outreach Center; Jenny Follmer – Douglas/Elbert Taskforce; Kathy Bullen – St. Vincent De Paul Society; Dawna Searcy – Douglas County Schools; Artie Lehl – Douglas County Housing Partnership; Valerie Robson – Douglas County School District; Diane Roth – Parker Taskforce/Food Bank; Dave Watts – Crisis Connection; Clark Hammelman – Castle Rock Town Council; Carrie Bailey – Castle Oaks Evangelical Covenant Church; Kim Smith – Douglas County; Vikki O’Neil – Douglas County; Dan Avery – Douglas County; Jennifer Eby – Douglas County; Nancy Gedeon – Douglas County; Rand Clark – Douglas County

Chart 2: July 17, 2013 DOUGLAS COUNTY	
Factor	Aggregate Score
1. Unemployment	43
2. Mental health disorders	43
3. Discontinuous/Inaccessible health care	43
4. Unstable housing	42
5. Lack of health insurance/resources	42
6. Risk for physical, sexual, psychological and emotional abuse	40
7. Trauma and homelessness	39
8. Serious and complex medical conditions	39
9. Physical/cognitive impairments	37
10. Chronic stress	36
11. Lack of transportation	35
12. Lack of social supports	34
13. Criminalization of homelessness	33
14. Limited access to nutritious food and water	33
15. Developmental discrepancies	32
16. Barriers to disability assistance	31
17. Risk for communicable disease	29
18. Limited education/literacy	28
19. Cultural and linguistic barriers	24

MDHI Regional Planning Committee

On July 24th, 2013 a meeting was convened of representatives from 13 organizations that participate in the MDHI Regional Planning Committee: Cassie Hixson; James Gillespie – Comitis Crisis Center, Inc.; Sue Gilman – Bayaud Enterprises; Kim Bell - Colorado Coalition for the Homeless; Barb Guastella – Mental Health Partners; June Bianchi – Mental Health Partners; Cynthia Miro – Volunteers of America; Tom Lose – The Family Tree; Carol Lease – The Empowerment Program; Randle Loeb; Paul Fitzgerald – Inter-Faith Community Service; Christine Groves; Mark Miller – Colorado Coalition for the Homeless; Bernie Brady – Denver Department of Human Services; Angel Hurtado – Volunteers of America; Scott Shields – Family Tree; Tanesha Bell – Volunteers of America; Artie Lehl, Douglas County Housing Authority; Dawn Fransua - Colorado Coalition for the Homeless; Linda Barringer - Family Tree; Tracie Smith – Denver Colorado Aids Project; Tom Luehrs - St. Francis Center; Christy Borden - Arapahoe House

Chart 3: July 24, 2013	
MDHI REGIONAL PLANNING COMMITTEE	
Factor	Aggregate Score
1. Unstable housing	59
2. Mental health disorders	57
3. Serious and complex medical conditions	56
4. Trauma and homelessness	56
5. Discontinuous/Inaccessible health care	51
6. Chronic stress	51
7. Risk for physical, sexual, psychological and emotional abuse	51
8. Lack of health insurance/resources	49
9. Unemployment	48
10. Lack of social supports	47
11. Limited access to nutritious food and water	46
12. Barriers to disability assistance	46
13. Physical/cognitive impairments	45
14. Lack of transportation	43
15. Limited education/literacy	39
16. Developmental discrepancies	37
17. Risk for communicable disease	37
18. Criminalization of homelessness	35
19. Cultural and linguistic barriers	35

MDHI Coordinating Committee

On July 25th, 2013 a meeting was convened of representatives from six organizations that participate in the MDHI Coordinating Committee: Lindi Sinton - Volunteers of America; Gary Sanford - Metro Denver Homeless Initiative; Jolynn Snyder - Family Promise of Greater Denver; Melinda Townsend - Aurora Housing Authority; Tricia Old Elk - Aurora Housing Authority; Stephanie Sanchez - Mile High United Way; Tom Luehrs - St. Francis Center; Apaisaria Sia Moshi – Metro Denver Homeless Initiative

Factor	Aggregate Score
1. Unstable housing	15
2. Mental health disorders	15
3. Trauma and homelessness	15
4. Chronic stress	15
5. Unemployment	14
6. Discontinuous/Inaccessible health care	13
7. Risk for physical, sexual, psychological and emotional abuse	13
8. Serious and complex medical conditions	12
9. Lack of health insurance/resources	12
10. Limited access to nutritious food and water	12
11. Barriers to disability assistance	12
12. Lack of transportation	12
13. Lack of social supports	11
14. Physical/cognitive impairments	11
15. Developmental discrepancies	10
16. Risk for communicable disease	10
17. Criminalization of homelessness	9
18. Limited education/literacy	8
19. Cultural and linguistic barriers	8

City of Aurora

On August 9th, 2013 a meeting was convened of representatives from the following eight organizations in the city of Aurora: Craig Maraschky - Aurora Housing Authority; Nancy Sheffield - City of Aurora; Donna Baiocco - Aurora Housing Corporation; Signy Mikita- City of Aurora; Eugene Medina - Arapahoe House; Bob Dorshimer - Mile High Council/Comitis Crisis Center; Mitzi Schindler - Aurora Chamber of Commerce; Jennifer Herrera - Colfax Community Network; James Gillespie - Mile High Council/Comitis Crisis Center; Heather Jackson - Aurora Mental Health; Hannah Han - Aurora Housing Authority

Chart 5: August 9, 2013 CITY OF AURORA	
Factor	Aggregate Score
1. Unemployment	33
2. Unstable housing	32
3. Lack of transportation	31
4. Trauma and homelessness	31
5. Mental health disorders	30
6. Lack of health insurance/resources	30
7. Discontinuous/Inaccessible health care	29
8. Risk for physical, sexual, psychological and emotional abuse	28
9. Cultural and linguistic barriers	28
10. Limited education/literacy	28
11. Physical/cognitive impairments	27
12. Chronic stress	27
13. Barriers to disability assistance	27
14. Serious and complex medical conditions	26
15. Developmental discrepancies	25
16. Criminalization of homelessness	25
17. Lack of social supports	25
18. Limited access to nutritious food and water	24
19. Risk for communicable disease	21

Arapahoe County

On August 13th, 2013 a meeting was convened of representatives from the following ten organizations in Arapahoe County: Melissa Moran - Comitis Crisis Center; Matt Mander and Joel Jose - Englewood Police Impact Team; Josh Meis, Keith Singer, Tom Lose - The Family Tree; Val Purser - South Metro Health Alliance; Bonnie DeHart and Peter Reif - Homeless Action Awareness Task Force (HAAT); John Nordlander - Wellspring Church; Brent Corrigan - Calvary Church; Kelsey Milroy, Janae Milroy, Becky Sechler, and Dave Cheadle - City Center Community Center; Lynn Ann Huizingh - Severe Weather Shelter Initiative; Sandra Blythe Perry - Inter Faith Community Services

Chart 7: August 13, 2013 ARAPAHOE COUNTY	
Factor	Aggregate Score
1. Mental health disorders	37
2. Unstable housing	36
3. Risk for physical, sexual, psychological and emotional abuse	35
4. Trauma and homelessness	33
5. Physical/cognitive impairments	33
6. Unemployment	32
7. Lack of health insurance/resources	32
8. Limited access to nutritious food and water	32
9. Serious and complex medical conditions	32
10. Developmental discrepancies	32
11. Discontinuous/Inaccessible health care	31
12. Lack of social supports	31
13. Chronic stress	30
14. Risk for communicable disease	29
15. Criminalization of homelessness	26
16. Lack of transportation	24
17. Barriers to disability assistance	24
18. Limited education/literacy	23
19. Cultural and linguistic barriers	21

Adams County

On August 15th, 2013 a meeting was convened of representatives from the following eight organizations in Adams County: Teva Sienicki - Growing Home; Scott Evans - Public Defender; Cathlin Sandler - Public Defender; Don May - Adams County Housing Authority; Susan Lubang - Community Member; Brenda Mascarenas - Adams County Housing Authority; Bev Esquibel - School District 27J; Jamie Skaronea - Adams 5D School; Terry Moore - Almost Home, Inc.; Nicole Jeffers - City of Thornton; Susanna Larsen - City of Thornton; Ashley Hudson - Cold Weather Care; Dawn Semmen - Cold Weather Care

Chart 6: August 15, 2013 ADAMS COUNTY	
Factor	Aggregate Score
1. Unstable housing	29
2. Trauma and homelessness	29
3. Unemployment	28
4. Discontinuous/Inaccessible health care	27
5. Mental health disorders	26
6. Lack of health insurance/resources	26
7. Limited access to nutritious food and water	25
8. Lack of transportation	25
9. Limited education/literacy	25
10. Chronic stress	24
11. Risk for physical, sexual, psychological and emotional abuse	24
12. Cultural and linguistic barriers	24
13. Physical/cognitive impairments	23
14. Risk for communicable disease	23
15. Serious and complex medical conditions	22
16. Lack of social supports	22
17. Developmental discrepancies	20
18. Criminalization of homelessness	19
19. Barriers to disability assistance	18

Jefferson County

On August 15, 2013 a meeting was convened of representatives from organizations in Jefferson County. **Members Present:** Brooke DeGroat – Jefferson County Action Center; Cassie Ratliff – Family Tree; Jenna Roth – Lakewood City Attorney’s Office; Jessica Hansen – Jefferson County Public Schools; Ken Kroneberger - Jefferson Center for Mental Health; Linda Barringer - Family Tree; Lu Horner – Jefferson Unitarian Church; Megan Hayes – Jefferson County Action Center; Meryl Meranski – Family Promise; Norm Brisson - District Attorney’s Office; Rick Roberts – Legacy Grace Church; Scott Hefty – Lakewood Municipal Court; Stephanie Parmley – community member; Steve Perichetti – local landlord; and, Susan Franklin – Jefferson County Human Services

Chart 10: August 15, 2013 JEFFERSON COUNTY	
Factor	Aggregate Score
1. Unstable housing	40
2. Trauma and homelessness	40
3. Mental health disorders	37
4. Discontinuous/Inaccessible health care	37
5. Serious and complex medical conditions	37
6. Lack of health insurance/resources	36
7. Chronic stress	35
8. Criminalization of homelessness	35
9. Risk for physical, sexual, psychological and emotional abuse	32
10. Limited access to nutritious food and water	32
11. Physical/cognitive impairments	31
12. Unemployment	31
13. Lack of social supports	30
14. Lack of transportation	30
15. Barriers to disability assistance	30
16. Risk for communicable disease	29
17. Limited education/literacy	27
18. Cultural and linguistic barriers	26
19. Developmental discrepancies	25

Boulder County

On August 28th, 2013 a meeting was convened of representatives from the following 27 organizations in Boulder County: Ana Hopperstad – Boulder County AIDS Project; Anne Tapp – Safehouse Progressive Alliance for Nonviolence; Annie Bacci – Colorado Department of Local Affairs; Barb Guastella – Mental Health Partners; Barbara Green – The Community Foundation; Betsey Martens - Boulder Housing Partners; Charleen Bell – Longmont United Hospital; Leisha Connors Bauer – Boulder County Healthy Youth Alliance; David Emerson – St. Vrain Habitat for Humanity; DeAnne Butterfield; Diane Goff – The Center for People with Disabilities; Edwina Salazar – OUR Center; Elizabeth Graham Freedman – Emergency Family Assistance Association; Elvira Ramos – The Community Foundation; Melissa Frank-Williams – Boulder County Housing and Human Services; Deb Gardner– Boulder County; Gary Jefferson; Greg Harms – Boulder Shelter for the Homeless; Wendy Ingham – Boulder County Family and Children’s Services; Isabel McDevitt – Boulder Bridge House; Janet Fulton – City of Longmont; Janet Michels - City of Boulder; Jennifer Mollica - Workforce Boulder County; Jim Rianoshek – Attention Homes; Kelli Kanemoto – United Way Foothills; Ken Miller – Project Revive; Lisa Searchinger – Hope for Longmont; Michael Reis – The Longmont Housing Authority; Michele Waite – City of Longmont; Mike Block – Boulder Shelter for the Homeless; Rebecca Mayer – Metro Denver Homeless Initiative; Sierra May Burchell – Sister Carmen Community Center; Stuart Lord – Emergency Family Assistance Association; Ann Sullivan – Boulder County; Terry Tedeschi - Community Food Share; Tim Johnson – Grace Evangelical Free Church; Wendy Schwartz – Boulder County; Willa Williford – Boulder County

Chart 8: August 28, 2013 BOULDER REGIONAL HOUSING PARTICIPANTS	
Factor	Aggregate Score
1. Unstable housing	27
2. Unemployment	26
3. Mental health disorders	24
4. Trauma and homelessness	24
5. Physical/cognitive impairments	23
6. Lack of health insurance/resources	21
7. Chronic stress	21
8. Serious and complex medical conditions	20
9. Lack of transportation	19
10. Lack of social supports	19
11. Discontinuous/Inaccessible health care	19
12. Risk for physical, sexual, psychological and emotional abuse	19
13. Barriers to disability assistance	19
14. Developmental discrepancies	18
15. Limited education/literacy	18
16. Criminalization of homelessness	18
17. Cultural and linguistic barriers	13
18. Limited access to nutritious food and water	12
19. Risk for communicable disease	12

City and County of Broomfield

On September 11, 2013 a meeting was convened of representatives from organizations in City and County of Broomfield participated in the Broomfield Community Services Network meeting. **Members Present:** Thomas Cross (Broomfield United Methodist Church), Angela Brandt (InnovAge), Michael Smith (Church of Latter Day Saints), Jina Confil (Friends), Judy Mier (Imagine!), Laura Yonamine (SPAN), Lisa Staudenmayer (Mental Health Partners), Mary Araki (Emerald Elementary), Kim Ann Wardlow (Audio Information Network), Nicole Salter (Holy Family High School), Jeff Gonsalves-McCabe (Holy Family High School), Kathy Escobar (The Refuge), Teresa Marshall (BVSD), Jon Ansley (Broomfield Fish), Melanie Bergstram (Broomfield Fish), Sarah Langdon (Broomfield WFI), Marrton Dormish (Everyday Epics/The Refuge), Mike Herzog (The Refuge), Lee Berg (Foothills United Way), Sharon Farrell (Broomfield Health and Human Services), Bev Green (Discovery Church), Marty Covey (Lutheran Church of Hope/Flatirons Habitat for Humanity), Mandy Ellis (Broomfield HHS), Karen Smith (Broomfield Community Foundation)

Chart 9: September 11, 2013 CITY / COUNTY OF BROOMFIELD	
Factor	Aggregate Score
1. Unstable housing	46
2. Discontinuous/Inaccessible health care	46
3. Mental health disorders	45
4. Lack of health insurance/resources	45
5. Serious and complex medical conditions	42
6. Unemployment	41
7. Risk for physical, sexual, psychological and emotional abuse	40
8. Trauma and homelessness	39
9. Limited access to nutritious food and water	39
10. Lack of social supports	39
11. Lack of transportation	38
12. Chronic stress	37
13. Physical/cognitive impairments	35
14. Limited education/literacy	34
15. Developmental discrepancies	34
16. Barriers to disability assistance	33
17. Criminalization of homelessness	31
18. Cultural and linguistic barriers	31
19. Risk for communicable disease	27

Vulnerability Index community de-brief

On September 13, 2013 a community meeting was convened to review the results from the vulnerability index conducted in November 2012 and June 2013. Attendance was limited due to weather in area. **Attendees:** Debra Gray (Denver Housing Authority), Alice Barton (Denver’s Road Home), Debra MacKillop (Gathering Place), Briana McLaughlin (Deloris Project), Tony Casale (Southwest Connects), Jolynn Snyder (Family Promise), Carolyn Pluczek (community member), Liliana Stahlberg (Highlands Lutheran Church), Angel Hurtado (Volunteers of America), Audrey Krebs (Colorado Dept. of Human Services), Scott Kerr (Bayaud), Tom Dolan (CHFA), Lindi Sinton (Volunteers of America), Pam McClune (CHFA), Kaitlin McMichael (Joshua Station), Sherree Sabelle (Bayaud), Linda Drake (Bayaud), Linda Barringer (Family Tree), Randle Loeb (MDHI), Liana Scott (community member), Tanesha Bell (Volunteers of America), Sarah Newell (Christ’s Body), Deb Butte (Christ’s Body), Barbara Cannington (HAWC), Sharon Duwaik (City of Aurora), Chris Roe (CO Division of Housing), Kim Easton (Urban Peak), Kirsten Schwartz (Volunteers of America), Steve Allen (Colorado Division of Voc Rehab), Terrell Curtis (Deloris Project), Zoe Lebeau (consultant), Mary Williams (Highlands Lutheran Church).

Chart 10: September 13, 2013 VULNERABILITY INDEX COMMUNITY MEETING	
Factor	Aggregate Score
1. Mental health disorders	33
2. Trauma and homelessness	32
3. Unstable housing	31
4. Serious and complex medical conditions	31
5. Discontinuous/Inaccessible health care	30
6. Risk for physical, sexual, psychological and emotional abuse	30
7. Limited access to nutritious food and water	28
8. Chronic stress	28
9. Physical/cognitive impairments	28
10. Lack of health insurance/resources	27
11. Unemployment	27
12. Lack of social supports	26
13. Lack of transportation	26
14. Barriers to disability assistance	26
15. Criminalization of homelessness	25
16. Limited education/literacy	24
17. Risk for communicable disease	23
18. Developmental discrepancies	21
19. Cultural and linguistic barriers	21



2013 Point-In-Time

Annual Assessment of Homelessness Selected Findings

MDHI and stakeholders in the seven county metro Denver region conducted a Point-In-Time survey during the week of January 28, 2013. This overview provides responses from interviewees (respondents) and also captures information about anyone, such as children, dependents, or other family members in their household (all homeless).

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.*

Homeless Incidence: On Monday, January 28, 2013 there were **11,167 homeless men, women and children** counted in the seven county Metro Denver area. This number only includes people who filled out a survey and their family members, and we know this to be an undercount.

On the Street: Of all homeless people, **8.3 percent** or **927** 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 28, 2013.

Newly Homeless: **One in four (25.4%)** of all homeless persons were considered newly homeless. People are considered newly homeless if they have been homeless for less than one year and this is their first episode of homelessness. Of the newly homeless, fully two-thirds (67.6%) or 1,853 people were in households with children.

Families: Homeless persons are much more likely to be living in households with children: **62 percent with children versus 38 percent without children.**

Domestic Violence: **1,395 adults and children** reported being homeless due to domestic violence.

Employment: Nearly **one third (30.1%)** of respondents reported they or someone in their household had worked in the past month.

Chronically Homeless: **Thirteen percent (12.7%)** of respondents, **709 individuals**, meet HUD's definition of chronically homeless. Three-quarters (75.4%) of the chronically homeless, or 526 persons, are male, 167 (23.9 %) are female and five people identify as transgender. The great majority of chronically homeless respondents are single (590 persons or 83.2%).

Youth: The 2013 Point-in-Time marked the first time HUD required communities to report the number of unsheltered unaccompanied minors and youth 18-24 years old (known as transition aged youth or TAY). MDHI in partnership with the Colorado Office of Homeless Youth in the Colorado Division of Housing, youth serving organizations, McKinney-Vento School Homeless Liaisons and youth currently and formerly homeless youth made an increased effort to reach out and include youth in the Point-in-Time count. We counted **921 youth** head of households in 2013, an increase from the 777 counted in 2012.

Veterans: *We only asked respondents, those who completed the survey, about their veteran status. This does not include family members. More than **one in ten** respondents (**626 or 11.5%**) served in the military. The vast majority is male (90.6%). Nearly 40 percent (39.2%) were staying in an emergency shelter, 16.2 percent were in transitional housing, ten percent (10.5%) were staying in a hotel or motel paid for by themselves or with a voucher, and ten percent (10.0%) were couch surfing. Nearly 15 percent (14.7% -- 91 veterans) were living on the street or in a car on the night of the Point-in-Time. One hundred and nineteen veterans (19.0%) were identified as chronically homeless.*

Notable trends over past three years:

- The proportion of respondents reporting serious mental illness, a serious medical or physical condition or a problem with substance abuse increased over the past three years.
- The proportion of homeless veterans dropped slightly over the past three years.
- More respondents are homeless for a longer period of time in 2013 than in prior years.
- The proportion of chronically homeless respondents increased over the past three years.
- The proportion of all unsheltered homeless increased steadily over the past three years.
- Respondents reporting on where they were last housed versus where they were homeless on the night of January 28, 2013, indicates migration across seven county area which increases housing and service burdens on several metro area cities and counties.
- According to Colorado Division of Housing (<http://www.divisionofhousing.com/2013/01/vacancy-and-rent-surveys.html#.UbeHdOfkvQx>) there has been a steady decrease in rental housing vacancy rates across the seven county metro area over the past three years.
- Overall, respondents in the seven county metro area are more likely in 2013 than in previous years to be unsheltered, chronically homeless, homeless for longer and to have at least one disabling condition.

For complete 2013 Point-In-Time report as well as County and select city reports go to: www.mdhi.org