

Investing In The Community

Department of Housing and Human Services

Programs and Services



Housing & Human Services Master Plan
City of Boulder
May 2004

Contents

This document provides an overview of the Housing and Human Services Department. The information included has been compiled from a variety of sources, consequently the content and format of different sections is not consistent. The intent is to offer general descriptions of the programs and services of the department, as well as background information on the relevant research and community context in which the services are provided.

The Housing and Human Services Department

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History of the Housing and Human Services Department

Defining the Department's Official Functions

The Department of Housing and Human Services (originally called the Department of Human Resources Development) was created on October 16, 1973 by City Ordinance, and charged with:

“...the responsibility of providing the City Government with continuous evaluation of social problems and conditions within the community and with the means and capacity to respond effectively and affirmatively to such social problems and conditions.”

Further, the Department was to:

“enable the City to coordinate and cooperate with appropriate federal, state, and local public and private agencies, institutions and civic action groups and citizens to work toward solving social problems and improving social conditions.”

The name of the Department was changed to Housing and Human Services in 1981, and the 1981 Boulder Revised Code added that the department is:

“responsible to research and evaluate social problems and conditions in the community, develop and implement programs to respond to such social problems and conditions, and coordinate city, state, federal and private agency efforts to improve such social conditions and solve such problems.”

Throughout its 30 year history, the Department's programs and activities have been guided by these mandates.

Local and National Context: Affirming Human Services as a Core Function of Municipal Government

At the time the Department was created, communities throughout the nation were being challenged by the reduction and/or elimination of many federal social programs. Boulder was one of very few municipalities that responded to this challenge affirmatively by assuming a leadership role regarding the planning, coordination, and delivery of human services at the local level. Community leaders recognized the connection between human services and overall quality of life, and chose to include “human services” as a core function of local government.

In 1974, shortly after the creation of the Department, then City Manager Archie Twitchell noted these factors:

“Cities have traditionally been judged by the effectiveness of their utilization of natural and technological resources, and activities in the area of human services have been limited to Fire and Police protection and Recreation and Library Services. The altering of funding at the federal level has made it necessary for City government to become involved in planning for social services at the local level. Although this puts an additional burden of responsibility on local City and County Governments, it offers an opportunity for us to respond to the particular social conditions in our unique community. The fulfillment of the potential within our human resources is paramount to meeting our goal of a high quality of life in Boulder.”

1978 City Council Policy Statements: Defining Roles and Operating Guidelines

City Council adopted a series of policy statements in 1978 that still guide the Department today. Among those statements is the following definition of the “Roles and Responsibilities of City Government”:

- ▶ **Initiator** of programs to meet social needs which have resulted from rapid social change.
- ▶ **Catalyst** in promoting coordination among human service providers.
- ▶ **Funding allocation** to human service programs:
 - Through contracts with private non-profit agencies
 - Direct services through the Department

In addition, Council spelled out the following intentions:

- ▶ It is the intent of City Council to consider social concerns in conjunction with physical and economic planning in the process of general City functioning
- ▶ It is the intent of City Council to encourage and to support cooperative and coordinated public and private sector planning and service delivery in the community, which is responsive to the needs of citizens and makes the best use of available resources.
- ▶ It is the intent of City Council to encourage and to support the delivery of human services in locations which are conveniently accessible.
- ▶ The City will provide direct services when a need for the service has been demonstrated, when it is not possible for other community agencies to provide the service, or when it can be demonstrated that the City can provide the service in the most effective and efficient manner.

1973-1980: Establishing Programs and Organizational Structure

When the Department was created in 1973, it operated a few small programs:

- ▶ The **Youth Services Division** provided counseling and peer support services to adolescents and their families, as well as some recreational services for youth living in City-owned affordable housing projects. These services had been initiated in 1970 through a federal grant; the City elected to continue providing these services after the grant subsequently expired.
- ▶ **Human Rights Assistance** (now the Office of Human Rights) investigated complaints related to the City's Human Rights Ordinance.
- ▶ **Crime prevention programs** consisted primarily of outreach and support services to transients.

As is still true today, about half of the budget for the Department's direct services was leveraged through grants from a variety of sources.

In 1973 the Department also housed the **Human Relations Commission (HRC)**, as it still does today. The Commission helped fulfill the Department's mission in two ways:

- ▶ Identifying emerging social needs and trends in the community (primarily but not exclusively related to the City's Human Rights Ordinance) and advising the City on related policy and programs.
- ▶ Assisting in the allocation of City funding for community agencies considered essential to the "safety net" of human services.

From its inception, the Department has been very active in convening the leadership of public and private agencies to coordinate and collaborate on a variety of projects addressing community needs. Early on, several of these efforts resulted in the establishment of community agencies that have since become part of the community's human services infrastructure, such as the People's Clinic, the Counseling Center, and the Women's Resource Center (which was later folded into the YWCA). Other initiatives eventually became programs of the Department, such as the Child Care Information Center.

The current organizational structure of the Department was more or less established by 1980, as three new divisions were created in response to emerging community needs and opportunities:

- ▶ The **Housing Division** was placed within the Department in 1978, in recognition of the inter-relationship between housing and other human services needs that many low-income families have.
- ▶ The **Senior Services Division** was created in 1979, when the West Senior Center and its programs were moved over from the Parks and Recreation Department. A variety of other support services were also added at that time.
- ▶ The **Children's Services Division** was established in 1980 to administer the Child Care Support Center, which had been created and funded through the Community Development Block Grant program. This Center, in turn, was an outgrowth of the Department's involvement in child care issues in the community dating back at least to 1976.

1981-1991: Refining Strategies and Developing Partnerships

Throughout the 1980s the Department continued to develop its programs and services within the framework of its mandated purpose and the organizational structure that had been established previously. During this time several key developments influenced the Department's work:

► **Exploring the City's role in developing a comprehensive plan for human services.**

The HHS Department appeared before City Council twice during this period, in 1985 and 1990, requesting that Council consider whether the City should play a leadership role in the development of a comprehensive, multi-agency plan for human services in Boulder and Boulder County. On both occasions, Council preferred instead that the Department keep its planning focus within the City of Boulder. However, as a result of the 1990 study session, the Department *was* directed to devise a plan for strategically targeting its programs and services toward prevention and self-sufficiency, with a special focus on children and families.

A Human Services Master Plan for the City of Boulder was eventually developed and approved in 1994 following passage of a 0.15% sales tax which earmarked funds for human services.

► **An increased focus on children and families and on prevention and self-sufficiency.**

During the 1980s, the human services field began to recognize the limitations of programs that merely helped people cope with immediate needs, but did not attempt to address the root causes of personal dysfunction in the family and in the community. The theory and practice of prevention as a distinct emphasis within the human services field developed rapidly during this time, culminating in several seminal research documents that had a profound effect on program planners and policy makers at the local and national levels.

As noted above, in 1990 City Council directed the Department to target its programs and services in this area, which, in turn, led to the establishment of the Family Resource Schools program in 1991-92. This directive was due in part to Council's recognition that a prevention-oriented approach would help to mitigate the impact that a small number of people/families with chronic problems can have on the quality of life of an entire community. Council also saw prevention as a good investment of public money, as it accrues savings in the long run by lessening the need for more expensive services such as law enforcement, incarceration, emergency health care, and income assistance ("welfare") programs.

► **Increased emphasis on research-based planning and accountability for outcomes.**

Alongside the growing interest in prevention research and program practice during the 1980s, parallel movements emerged at the national and local levels which sought to improve mechanisms for holding human services programs accountable for the outcomes they purported to achieve. It was no longer sufficient for human services agencies and programs merely to count how many people they served – funders and policy makers wanted to know what *difference* these programs made in people's lives. This interest was critically important in shaping the eventual development of the Human Services Master Plan in 1993-94.

► **Increased funding to community agencies via the HRC, using the annual Social Reports as a guide.**

In addition to growth within HHS Department programs and services, the City continued throughout the 1980s to expand funding for community agencies providing human services considered essential to the social health of the community. Until 1994, this was done largely through the allocations process of the HRC and was typically based on emerging community needs as identified through the annual Social Report.

In addition to the HRC funding process, the Department managed the allocation of the federal Community Development Block Grant program (as it still does), which enabled the City to strategically support a variety of agencies with funding for both operating and capital needs.

► **Increased reliance on partnerships with other community organizations.**

As HHS programs grew, the Department continued to work in strategic partnerships with other community agencies, both public and private. For example, the Children's Services Division began subcontracting with Boulder County to provide county-wide child care resource and referral services. In the Youth Services Division, the development of the Boulder County Intervention Project 1986—in partnership with the Boulder Valley School District, the Boulder County Health Department, and the Mental Health of Boulder County—paved the way for the implementation of the Family Resource Schools program in 1991.

1991-2004: New Funding Streams, Ongoing Accountability

Over the past decade the City has continued to proactively assert its commitment to Boulder's social health in innovative and effective ways that reflect the community's values and are responsive to emerging needs. The City also continues to ground its human services efforts solidly in research-based program models and outcomes accountability.

► **New local funding streams established.**

- The **Community Housing Assistance Program (CHAP)** was established by City Council in 1991. The CHAP fund was created by special fees on commercial development which is used to support the creation of permanently affordably housing units within the city. The CHAP program is an important tool used by the City to help it attain Council's stated goal of making 10% of Boulder's entire housing stock permanently affordable.
- The **Human Services Fund** was created through an earmarked 0.15% sales tax approved by Boulder voters in November 1992. This fund has added about \$1 million per year to the City's funding for a variety of programs and services both within the Department and in community agencies. Very few municipalities nationally have managed to create such a dedicated source of revenue for human service needs.
- The **Youth Opportunities Fund** was also earmarked by the 0.15% sales tax ballot initiative. The City responded to this opportunity by establishing another innovative program, the Youth Opportunities Advisory Board, which was placed within the HHS Youth Services Division (and subsequently merged with the Children's Services Division and the Family Resource Schools to become the Division of Children, Youth, and

Families). YOAB is a 15-member youth board which advises the City on youth-related policy and programs and allocates about \$100,000 per year to community programs serving young people (special priority is given to programs designed *by* young people).

► **Human Services Master Plan developed and adopted.**

The 1992 ballot initiative earmarking additional funding for human services also mandated the development of a Human Services Master Plan (HSMP) to ensure that the fund would be utilized strategically to address identified community needs. The HHS Department facilitated the plan development process, working intensively with a 9-member community task force over a 12-month period. The HSMP was also developed in close cooperation with human services providers throughout the community, and was adopted by Council on April 12, 1994.

The HSMP establishes over-arching principles and specific priorities for the Human Services Fund allocations process. In doing so, it articulates the City's current approach to human services in general, which is consistent with the original intent of the originating ordinance. For example, the plan states that "the HSMP is framed within the context of building a healthy community; it is designed to achieve the community's aspirations rather than just respond to its needs."

Likewise, the HSMP identified three "philosophical themes" representing guiding principles to be reflected in each of the plan's program policy recommendations:

- Respect for diversity.
- A spirit of unity, affiliation, and collaboration.
- Independent and self-reliant community members.

The plan also contains four "content and service delivery themes" which "provide a framework for a human services system which responds to the City's current needs yet lays a foundation for the future:"

- Promotion of healthy, nurturing families.
- Provision of comprehensive, intensive, and flexible services.
- Provision of home, school, and community-based services.
- Balance among prevention, intervention, and treatment strategies.

► **Interdepartmental programs and partnerships.**

The 1990s also saw an increased emphasis on cooperation and collaboration among all City departments in an effort to infuse the City's concern for the "social health" of the community throughout the organization. This offered new opportunities for innovative partnerships between HHS, Planning, Police, Library, Parks & Recreation, and other departments.

Housing and Human Services in 2004

The Department of Housing and Human Services today continues its three-fold function as catalyst, funder, and provider of direct services. While the Department has enjoyed a level of support throughout its 30-year history that is virtually unequaled among municipalities its size, the City continually faces competing needs and priorities. This is especially true in difficult economic climates such as the current one; in which resources become scarcer just as the demand for services rises. The Department's continued success will depend on its ability to continue to operate as it has in the past:

- ▶ Relating its activities directly to established City policies and Council priorities.
- ▶ Being creative, flexible and innovative in responding to community needs.
- ▶ Leveraging resources from many different sources.
- ▶ Operating in partnership and collaboration with other public and private agencies as well as other City departments.
- ▶ Carefully considering which new initiatives the City ought to take on versus those that should be undertaken by other agencies with the City's support.
- ▶ Basing programs on sound research into local community needs and effective program models.
- ▶ Accepting and promoting accountability for outcomes.
- ▶ Clearly communicating plans, intentions, and results to policy makers and to the community at large.

There are now four Divisions within HHS, each of which has a unique role in fulfilling the Department's mission and faces unique challenges in doing so:

- ▶ Children, Youth, and Families,
- ▶ Community Services,
- ▶ Housing, and
- ▶ Senior Services.

As described in the following summaries of services and programs, each of the Divisions contributes to the overall mission of the Department:

“The Department is dedicated to meeting the housing and human service needs of Boulder residents by providing and supporting services that result in a healthy community.”

Organizational Chart

Senior Services

Helping Keep Seniors Active, Involved, and Healthy

Mission: *The Division of Senior Services acts in partnership with public and private agencies to develop programs in the community and to provide opportunities designed to support the physical, intellectual, social and emotional well-being of older adults and their families.*

In the next 10 years and continuing through at least the decade after that, the city of Boulder will experience a significant increase in numbers of people over age 60, coupled with increased longevity, disabilities, frailty, caregiving responsibilities, memory impairments, and seniors living on fixed incomes. This trend translates into greater needs for services, information, and financial assistance. The baby boomers will increasingly become the caretakers of their parents during their retirement and at some point may experience the same frailty or disability as the parents for whom they are providing care.

The needs of frail and disabled elders are complex and require time and an understanding of an increasingly complicated service delivery system. Over the years, Boulder Senior Services has partnered with the community to tailor its offerings to meet the identified needs of older adults. Community Resource staff have increasingly assisted adult children to help relieve the stress of caregiving, provide resources plus care planning and communication strategies. Program staff have implemented wellness, health education, classes, trips, and special events to address changing needs. Membership groups ask to meet at the Senior Centers as a way to be linked to seniors.

The aging of the population will put a greater demand on Boulder Senior Services staff as both generations seek help in locating and paying for services, activities, and support during life transitions. Studies show that actual linkages to services in lieu of information-only programs are more beneficial to caregivers. Surveys of Boulder Senior Services consumers reflect a high rate of use, satisfaction, and benefit from the multipurpose senior centers available to elders of varied abilities. With the aging of the population it is anticipated that Senior Services may need to add a north Boulder location or partner with providers to expand the activities and services offered for both active and frail seniors and their families.

Programs and Services

Senior Centers (Two multi-purpose centers): Serve as focal points for the following services delivered to Boulder's elderly population (\$307,843).

Community Resources: Provides consultation to older adults and their families to help clarify issues, explore resources, and guide problem-solving through a confidential, personalized approach. Supports adult children and other adult caregivers through life transitions when making difficult choices. Expands knowledge of options for those retiring, moving to the area, needing in-home services or financial assistance, or changing housing situations (\$177,464).

Peer Counseling: Matches persons 55 and over with a trained peer for supportive counseling through a partnership program with the Mental Health Center of Boulder County. Support groups are facilitated for elderly men and women and their caregivers. Peer Counselors meet weekly with seniors to promote coping with losses, aging, tough life transitions and family discord.

Money Management Bill Payer: Matches trained volunteers with persons age 55 and over or adults with disabilities who need assistance with their monthly bill paying process through a partnership program with AARP, Seniors' Inc!, and local business sponsors. Volunteers write checks, balance and reconcile registers, and help read mail and file.

Gold Rush Program: Offers special events, community service project opportunities and discounts with partnering local businesses through a membership and discount program for people age 60 and over. Seniors are connected to local businesses and to other seniors (\$34,819).

Wellness Programs: Promotes wellness in people age 60 and over through a variety of strengthening, fitness, prevention and educational classes, lectures, and health screenings. This improves overall health and awareness of preventative measures and may reduce the need for costly medical care in individuals (\$49,908).

Classes: Promotes education, development of talents and interests, keeps seniors active and involved, improves life satisfaction while reducing isolation for persons age 60 and over through a selection of introductory to advanced classes in skills such as computer use and artistic endeavors (\$62,364).

Trips and Travel: Offers opportunities to broaden seniors' social circles and life experiences through a structured, safe and inclusive approach for persons age 60 and over. From local to long distance and from part-day to overnight, these trips accommodate persons with physical or other limitations who benefit from traveling with a group and trip leader (\$76,915).

Special Events: Offers gatherings, gala social events, and learning opportunities to decrease social isolation and promote camaraderie with peers who are age 60 and over. Most events are created in partnership with local businesses.

Sports Programs: Promotes sports participation, fitness, and social interaction among peers and offers choices for varied skill levels through organized sports in both competitive and non-competitive teams or activities (\$23,680).

Clubs and Organizations: Provide a sense of purpose and opportunities for persons age 60 and over to meet with others with shared interests through various organized activities. Some groups

provide community services to youth or others in need, take on special projects, or promote the development of hobbies and strengths.

Meals on Wheels: At the West Senior Center, provides a nutritious, reduced rate, affordable lunch Monday – Friday and alternating Tuesday evening dinners for persons age 60 and over and their acquaintances or family members. Sharing meals at the center offers socialization for isolated persons. Special Transit provides transportation. Senior Services provides Meals on Wheels use of the West Senior Center’s kitchen at no charge in order to prepare lunches that are delivered to homebound persons (\$75,000).

Reduced fee program: Promotes participation in the two senior centers through reduction in cost to individuals age 60 and over who meet the low income criteria established by AARP, or are age 55 and over receiving Medicaid. In addition to discounted classes, trips and meals, participants are provided with a descriptive list of financial assistance programs which is updated and mailed annually.

Boulder Seniors Foundation: Provides funding for financial needs to individuals 60 and over who have been assessed and recommended for assistance and who reside in the city of Boulder. Also supports events, educational seminars, caregiver wellness, the Senior Quarterly Magazine, and some local programs such as Boulder County’s Project HOPE for frail elders.

Senior Community Advisory Committee (SCAC): Comprised of volunteer senior consumers and other community members, this committee advises the City, the Department, and Senior Services on the operations of Senior Services and on issues of concern to the senior community. The SCAC sponsors the annual Senior Awards Program and Banquet, a biennial forum for City Council candidates, and the annual Create Our Future grant project funded by the county.

Boulder Interagency Network: Comprised of representatives of more than 40 public and private, for-profit and non-profit agencies and facilities, this group meets monthly under the sponsorship of Boulder Senior Services to share information, coordinate programs and activities, and collaborate on new programs and services for the senior community.

Cost Recovery: Generates revenues through facilities rental, class registration, trips and other fees for services (\$221,795 in 2003).

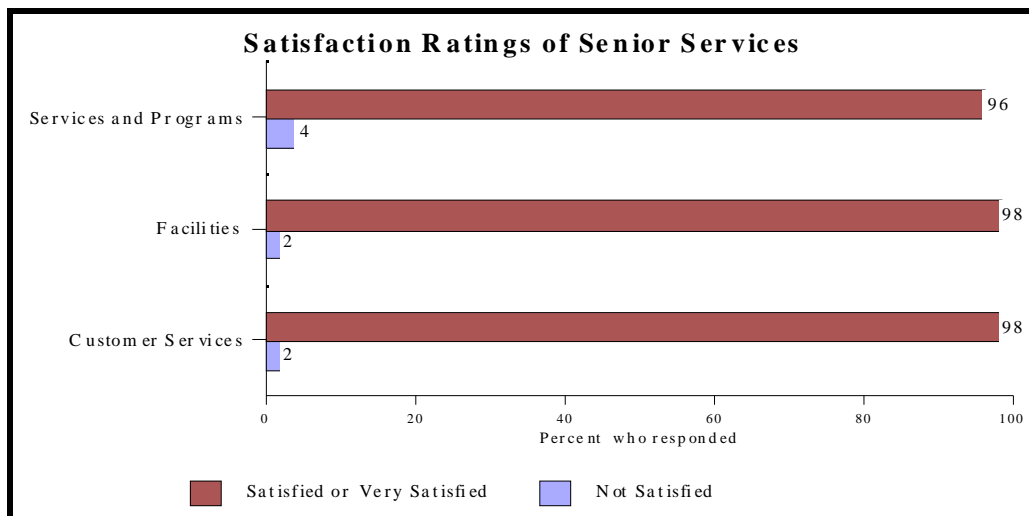
Current Efforts

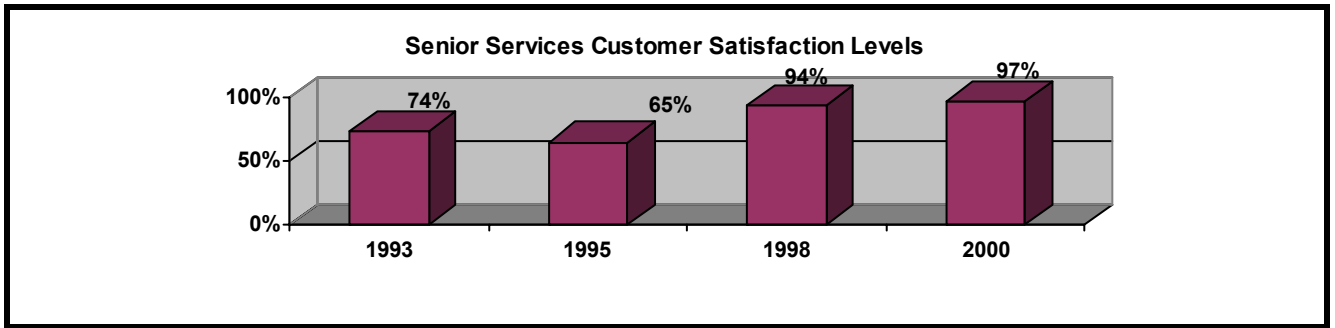
- ▶ Boulder’s senior centers average 25,000 contacts per year. Over 6,000 households are on news magazine mailing list.
- ▶ In 2000, 49% of Boulder residents surveyed who were 65 or older and 25% of those 55 – 64 years of age used the services of the East or the West Senior Center.
- ▶ Community Resource Consultation and Resource Referral Services:
 - Client contacts increased 44% from 1993-2003.
 - In 2002 there were 3,417 total contacts, with an average of 4.8 contacts per client.
 - From 1998 though 2003 an average of 800 clients were seen each year. Of these:
 - 66% of clients were below the HUD low income guidelines for Boulder.
 - 34% of clients were frail.
 - 48.4% clients lived alone and 12.4% lived with family.
 - projections indicate the need to serve nearly 1,300 clients in 2010 if the current client to older population ratio continues.

- ▶ Trends for those age 50 and over are important because the average caregiver starts at age 46. By 2010, those age 46 today will be eligible for senior services programs and services.
- ▶ Social-Recreation Programs:
 - In 2000, at least 49% of respondents surveyed had taken a class or a day trip.
 - Reasons cited for use of services included:
 - 57%: to learn new things
 - 47%: to be social, meet people, make friends
 - 42%: to improve quality of life
 - 39%: to remain physically active
 - 37%: to improve or maintain health
- ▶ Wellness:
 - Massage and reflexology program has grown from one to five days a week with over 1000 appointment per year.
 - In 2004 the FALL PROOF program was initiated. This program is designed to help seniors reduce the risks of falling, increase range of motion, increase awareness of multiple sensory systems in the body that contribute to balance, and increase confidence and success with mobility. Program reaches out to frail seniors, encourages their involvement with other programs and services the senior centers offer in order to reduce isolation and increase independence.
 - Seniors, primarily age 70 – 90, participate in an exercise program three days a week called “Seniors Staying Fit and Strong.”

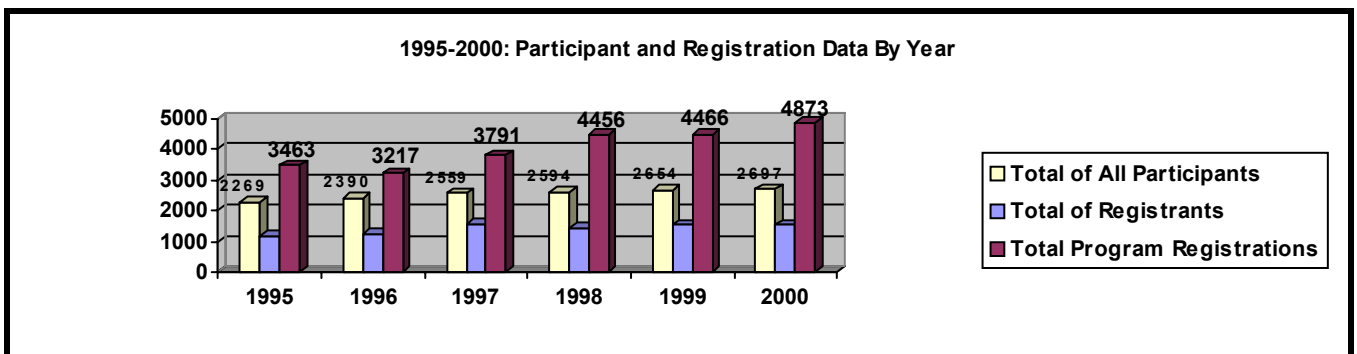
Senior Services Performance Measures

In 1999, the City of Boulder began instituting a series of performance measures for all departments. One means of measurement included comparing the City's performance with that of its peer cities in Colorado and other parts of the country. The measurement criteria selected for Senior Services were “the number of individual customers (unduplicated count)” and “the number of program registrations (duplicated count) for each year.”





The numbers in the chart below represent a 19% rise in the number all participants in the activities and programs of Senior Services, a 30% rise in the number of registrants in the fee-based programs, and a 41 percent rise in the number of program registrations between 1995 and 2000.



Sources: city of Boulder Audit and Evaluation Division, "City of Boulder Senior Services Division: Executive Summary," Feb. 2001, Boulder Senior Services

"There are only four kinds of people in this world – those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregiver." (Rosalynn Carter)

Relevant Research

► *Aging of the Population*

- There has been a substantial increase in the population in the 45 – 59 age group over the past decade, which essentially reflects the baby boom generation. As this groups ages, combined with increased longevity, the number of elderly will swell. Nationally, those age 65 and over are projected to comprise 20% of the total population by 2020.
- The median age in Boulder is expected to increase substantially over the next few decades, and is anticipated to peak in 2030, with a projected median age in 2030 of 51, compared to the current median age of 35.
- The first of those baby boomers turn 60 in 2006. 27% of people age 50 or older have both parents living; 44% age 60 and over have at least one parent living.
- As a result of the aging of the boomers, Boulder residents age 60 and over will compose 13% of the city's population in 2010, 19% in 2020, and 23% in 2025.

- The expected national population growth from 2000 to 2020 is 54%; during this same time period, the projected growth in the 65 and over population is 75%.
- Life expectancy will rise beyond its current level of 76.9 years (74.1 years for men, 79.5 for women).
- The mortality rate has declined as life expectancy has increased; death rates have decreased 19% for men age 65 to 74.
- Nationally, 12.8% of people age 65 and over are now in the work force.
- Nationally, 46% of those aged 65 and over live with a spouse; 20% live with adult children or other relatives; 30% live alone.

► *Alzheimer's and Memory Loss*

- Each year 250,000 people nationally are diagnosed with Alzheimer's.
- There were 4.6 million Americans with Alzheimer's in 2000. By 2020 it is projected that there will be 5.7 million people with Alzheimer's, with 13.2 million by 2050.
- In Colorado 63,000 people now have Alzheimer's. This is expected to rise to 280,000 by 2050.
- Nationally, 35.8% of the population age 85 and over have moderate to severe memory impairment compared to 4% of those age 65-69.
- Nationally, 40% of those age 65 and above have cognitive impairment.

► *Caregiving*

- Nationally, one out of every four households is caring for a person age 50 or over; 10% of those living with family caregivers would require institutionalization if family members did not care for them.
- Nationally, elderly caregivers with a history of chronic illness, combined with caregiver stress, have a 63% higher mortality rate than those who do not fit these criteria. More than one-third of caregivers provide intense and continuing care while suffering from poor health themselves; 54% have one or more chronic conditions.
- A 2002 study found that a majority of family caregivers provide 1-4 years of care; 20% provide care for five years or more.
- Nationally, 31% of caregivers age 65 and over rate their health as fair or poor; 46%-59% are clinically depressed; caregivers use two to three times the prescription drugs as the rest of the population; and, 43% of caregivers have household income less than \$30,000.

► *Working Caregivers*

- By 2010 almost half of the workforce nationally will be caring for an elderly parent.
- In 2002, 64.2% of caregivers of elders nationally were employed full or part time.
- A national study reported 33% of working women decreased work hours due to demands of caregiving, 22% took leave of absence, and 16% quit jobs.

► *Health Care Costs and Provider Changes*

- Nationally, adverse drug reactions cause 17% of all hospital admissions and 51% of deaths among the elderly.

- Nationally, 40% of elders with long term care needs have incomes at or below 150% of the federal poverty level.
- Few physicians will take new Medicare patients and more are eliminating Medicare coverage.
- There are fewer HMOs available in Boulder County now than in 2000.
- Premiums for health insurance continue to rise while coverage for services such as homecare and transportation to appointments is reduced.
- Federal and state cut backs are resulting in fewer services available to low-income older adults.
- National long-term care expenditures are expected to triple in the next 40 years.

► ***Prescription Medications***

- Adults age 65 and over consume 36% of prescription drugs and over 50% of over the counter drugs nationally. Three-quarters of those age 50 – 64 and 91% of those age 80 and over use prescription drugs.
- In Boulder County, 80% of those age 60 and over surveyed use prescriptions drugs; 39% report misuse.
- In Boulder County, 37% of people age 51-64 and 19% of those age 65 and over who are in poor health have taken less medications than prescribed due to high cost.
- Each year the cost of prescription medicine rises while insurance coverage diminishes.

► ***Depression and Suicide***

- Depression affects about 15 of every 100 adults over age 65 nationally; depression among older adults is under-diagnosed.
- Nationally, 61% of intense family caregivers suffer from depression.
- More than 25% of nation's suicides are committed by people 65 and over.
- White men over age 80 are six times more likely than the general population to commit suicide, making them the largest risk group in America.

► ***Grandparents Raising Grandchildren***

- Nationally, 2.4 million grandparents have primary responsibility for their grandchildren.
- In Colorado, 42.6% of 66,903 elders living with grandchildren are primary caregivers, matching the national average.
- Nationally, 34% of grandparent caregivers live with grandchildren without the presence of the parents of their grandchildren.
- Nationally, 21% of those age 60-69 live with grandchildren; of these, 21% are responsible for most of their grandchildren's basic needs.
- Fifteen to 20 people each month attend the new Boulder County support group for "Grandparents raising Grandkids."

► *Finding Resources*

- One-third of working adults do not know where to look for information for their parents.
- 64% of working adults do not feel knowledgeable about how to prepare for a healthy old age.
- Women are twice as likely as men to say that they would benefit from talking with someone about caregiving situation.

Sources: Centers for Disease Control and Prevention; National Center for Health Statistics; Denver Post; Colorado State University Cooperative Extension; US Department of Commerce Economics and Statistics Administration; American Association of Homes and Services for the Aging; US Census Data; Alzheimer's Association, Rocky Mountain Chapter; L.A. Times in Daily Camera; Federal Interagency Forum on Aging Related Statistics; National Family Caregivers Association; Administration on Aging; Journal of Gerontology; AARP; National Alliance for Caregiving; Colorado Department of Human Services; National Center on Women and Aging; Watson Wyatt Worldwid; Administration on Aging; Kaiser Family Foundation (Neifield, O'Briean and Feder); Boulder County Aging Services; Center on an Aging American Association for Geriatric Psychiatry; "Suicide in Colorado" The Colorado Trust; Colorado Department of Public Health and Education; National Institute of Mental Health, "Older Adults: Depression and Suicide Facts" May 2003; U.S. Census Bureau Brief, "Grandparents Living With Grandchildren: 2000", Longmont Senior Services, Feb. 2004.

Housing

Preserving and Increasing Affordable Housing Opportunities

Mission: *The Division of Housing’s mission is to preserve and provide housing opportunities that promote an economically diverse and environmentally sustainable community.*

Current home prices are clearly out of reach for many, including critical employees, such as teachers, health care workers, service and retail workers, child care providers and others. High housing prices leave people with little choice but to find affordable housing elsewhere and join the tens of thousands of other commuters, contributing to traffic congestion, pollution, and urban sprawl. High housing costs places economic diversity of the community at risk and can also influence the demographics of the community, with many low and middle income families seeking more affordable housing options outside of the city limits.

Many households are “cost burdened”—paying more than the national standard of 30% or less of income for housing. A disproportionate amount of income used for housing reduces income available to take care of other needs—such as food, clothing, child care, and health care—and can create additional demand for human services to assist with those basic needs. Research has shown that stable, affordable housing is pivotal to enable families to attend to other needs, be self-sufficient and productive members of the community.

Boulder’s affordable housing goal—10% of the housing stock as affordable by the year 2011—was established by City Council as a result of substantial study and debate on the problem of the lack of affordable housing. A number of strategies are being pursued to reach the affordable housing goal, including: affordable housing requirements for new residential development, funding for non-profit and for-profit housing developers who develop affordable housing, certain fee waivers and subsidies, and regulatory and land use incentives.

Programs and Services

Homeownership Programs: Assists income and asset eligible households purchase permanently affordable homes (\$119,161). Efforts include:

- **Marketing/Education/Outreach:** Provides information to the community about affordable homeownership opportunities and provides training to interested homebuyers to promote successful homeownership.
- **Income Certification:** Processes applications and determines income and asset eligibility for affordable homes.
- **Downpayment Assistance:** Provides grants and shared appreciation loans to help eligible households buy market rate units. Homes purchased with grants become permanently affordable; loans are repaid and revolve.
- **Housing Rehabilitation:** Funds are provided to rehabilitate homes of qualified owners, targeting code violations and health, safety, and energy efficiency issues.

Housing Fund: Through local, federal and other sources, funding is provided to non-profit agencies and for-profit developers to promote the development of affordable housing (rental and homeownership). Sources include:

► Local Funds

- **Affordable Housing Fund:** This fund consists of City general funds and cash that is, in certain cases, paid by developers in-lieu of providing permanently affordable housing required by the City's affordable housing ordinance. Funds are used to acquire and develop housing for low and moderate income households (varies annually, \$0.5 million).
- **Community Housing Assistance Program (CHAP):** CHAP funds are generated through property tax (0.8 mill levy out of a total of 9.981 mills levied for the City) and the Housing Excise Tax (small tax on new commercial/industrial and residential development). Funds target low income households (\$1 - \$1.4 million annually).

► Federal Funds

- **Community Development Block Grant (CDBG):** A federal source of funds available since 1975 used for a variety of housing and community development activities that benefit low-income households (\$1.1 million).
- **HOME:** A federal source of funds available for about ten years that targets low and moderate income households (\$870,000).

► Other Funds

- **Fannie Mae American Community Fund:** A \$3 million line of credit established in July 2003 to cover interim or gap funding needs for various housing efforts. Funds are targeted to families at or below the federal low income limit.
- **State of Colorado Private Activity Bonds:** State bond funds available through the federal tax reform act of 1986 that can be used for a variety of activities, including economic development and affordable housing. The City intends to use this low interest financing to support such projects as the Boulder Transit Village, a transit-oriented development that will include affordable housing (\$3.6 million).

Asset Management: Ensures that affordable homes are serving the intended population and are in compliance with program and funding requirements (\$102,995). Efforts include:

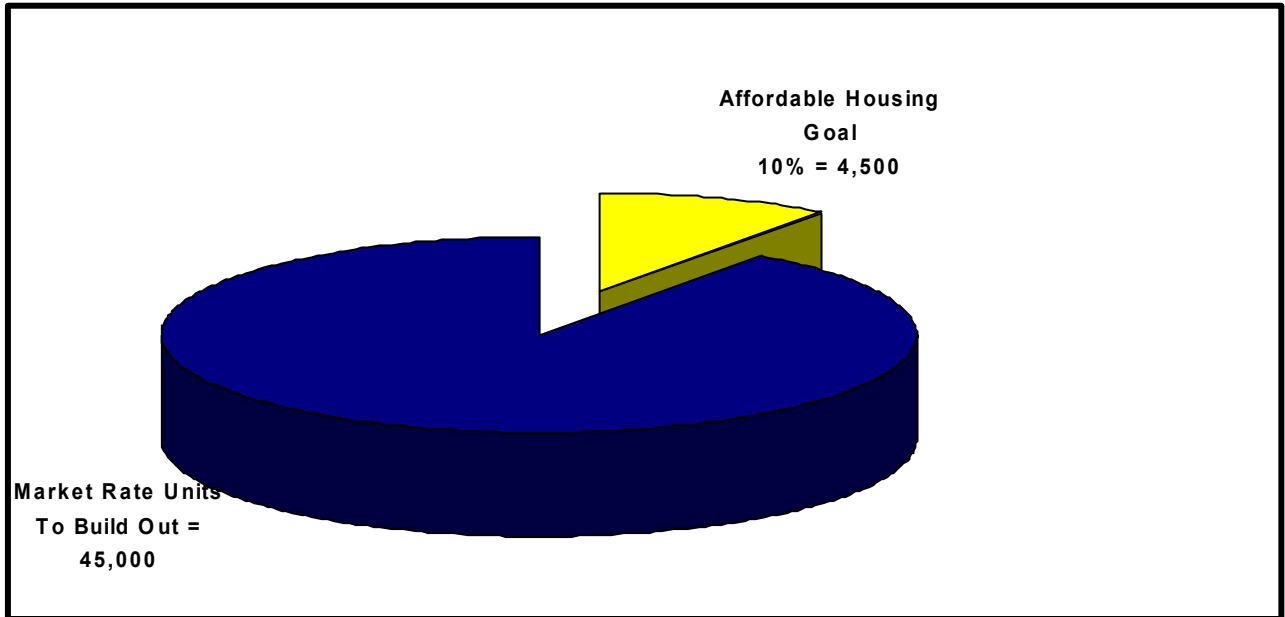
- **Tracking:** Maintains accurate records, through a database and hard files of affordable housing projects and units. Records and tracks covenants and legal documents which secure the permanent affordability of homes.
- **Compliance:** Assures compliance with federal and local regulations.

Housing Planning: Enforces the Inclusionary Zoning Ordinance that requires that new residential development contributes to affordable housing. Also, works closely with the Planning Department and other City departments on the development of new initiatives such as Inclusionary Zoning and the Boulder Comprehensive Plan update, as well as development review of residential projects that contain permanently affordable housing and other development opportunities (\$136,059).

The Affordable Housing Goal

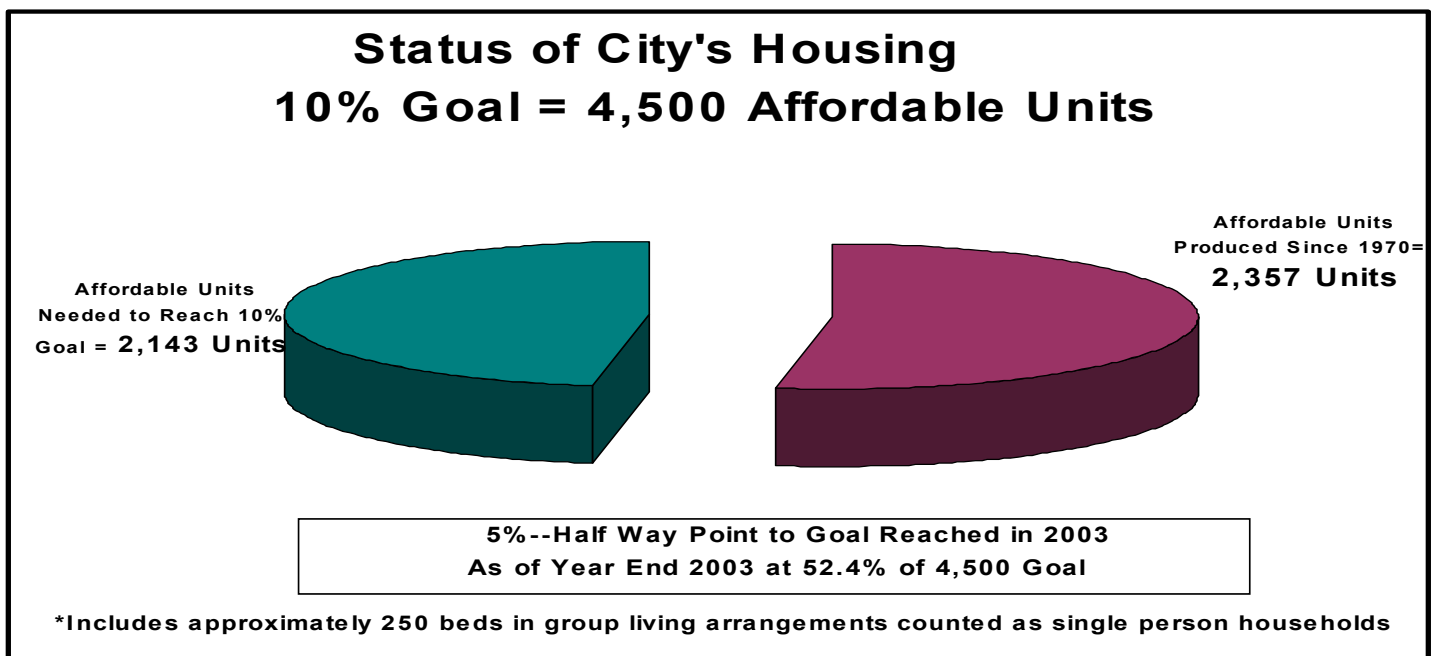
- ▶ For many years, the City Council, boards, residents, and staff have struggled with the challenge of affordable housing.
- ▶ January 1999: Comprehensive Housing Strategy accepted by City Council
 - Manage growth and density, strengthen partnerships, hold and gain ground for very low and low and moderate income workers in Boulder, help special populations and seniors.
 - January 2000: Inclusionary Zoning Ordinance took effect
 - 20% of new residential development as permanently affordable
 - May 2000: Housing Task Force Report—Council supports Housing Goal
10% of housing as affordable in 10 years
- ▶ 10% Affordable Housing Goal = 4,500 Permanently Affordable Units in Boulder.
- ▶ As of mid 2003, 52% of housing goal accomplished.
 - Goal: 4,500 affordable dwelling units
 - Produced: 2,331 affordable units 1970 – 2003
- ▶ Current production is about 150 -175 affordable units per year. Even at this level, only 75% of the goal will be met by 2010, and it will take until about 2018 to meet the 10% goal.
- ▶ Significant leadership, policy, and action responsible for housing accomplishments—City Council, community support, Planning Board, City Manager, City departments, housing non-profit and for-profit developers and agencies (boards, staff, and volunteers).

Affordable Housing Goal: 10% Affordable

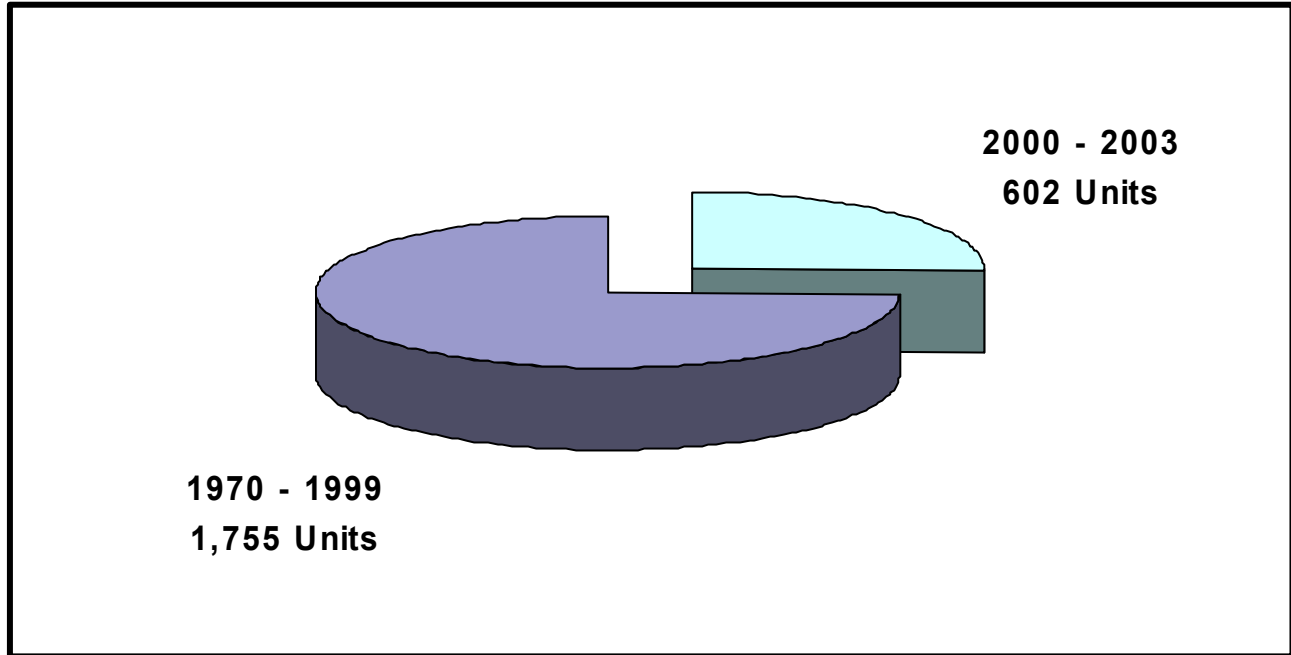


Progress Toward the 10 % Affordable Housing Goal

The establishment of the 10% housing goal has garnered substantial support and political will toward affordable housing. In 2003, the half-way point to the goal was passed, representing nearly 2,400 affordable dwelling units. Of these, a significant portion, over 600, have been added since the year 2000, with just under 1,800 produced in the three prior decades (1970 – 2000).



Progress Last Three Years (2000 – 2003) Compared to Prior Years



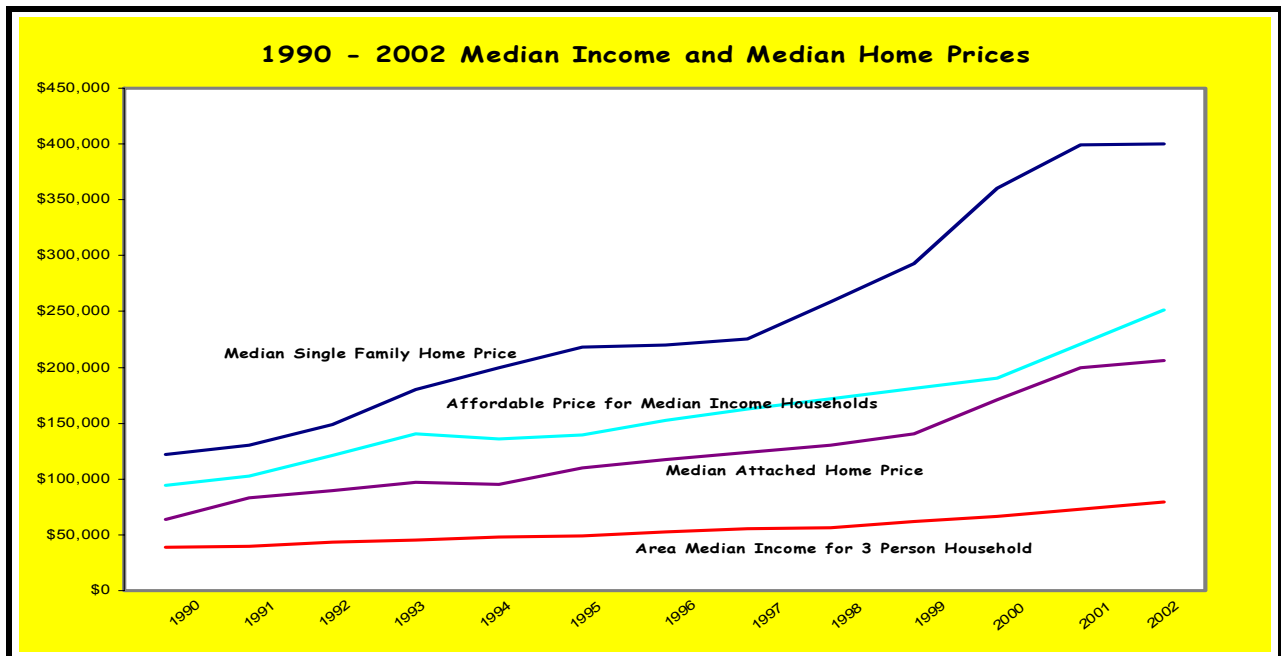
Current Affordable Housing Efforts

- ▶ **Permanent Affordability and Who Is Served:** To ensure that affordable housing remains a long-term community investment and asset, permanently affordable units have covenants recorded against the deed of the property. This restricts the future resale price and establishes income and asset eligibility limits for prospective buyers. Generally, housing is considered to be “affordable” if a household pays no more than 30% of its income on housing payments. Programs are designed to serve low and moderate income households. In 2000, 75% of the households served had incomes below \$25,000; 90% had incomes under \$40,000. Affordable housing programs include a mix of rental and homeownership options, and include new housing as well as existing housing.
- ▶ **Inclusionary Zoning:** Adopted in 2000, the City of Boulder’s Inclusionary Zoning ordinance requires that at least 20% of new residential development is committed as permanently affordable. Options for meeting this requirement include on-site units, off-site units, land dedication, or contributing cash-in-lieu to an affordable housing fund, with a preference for on-site units. Units range in size and are generally under 1200 square feet. Some units are detached single family homes; the majority are attached units.
- ▶ **Funding:** Through federal, state, and local funding sources, approximately \$2 - \$3 million is available annually to help subsidize and rehabilitate permanently affordable housing. Funding is provided on a competitive basis to private developers and housing non-profit agencies. Recipients have included Coburn Development Corporation (a private developer), Thistle Community Housing (a housing non-profit), Habitat for Humanity, the Boulder Housing Partners and dozens of others.

- ▶ **Regulatory Incentives:** These include: 1) exemptions in the city's residential growth management system for permanently affordable units (resulting in time and thus cost savings) for all residential units in mixed use projects, and for developments with at least 35% permanently affordable units ; 2) density bonuses for housing in the downtown and for affordable housing in certain parts of North Boulder; and, 3) Some development application, excise tax, and fee subsidies and waivers.
- ▶ **Homebuyer, Realtor, Lender Trainings and Assistance:** Homeownership workshops are provided in conjunction with the Boulder County Housing Authority for prospective home buyers. These address budgeting, credit, financing, and home maintenance. Down payment and closing cost assistance programs are also offered. Similarly, workshops are offered for local lenders and realtors regarding available programs and requirements.
- ▶ **Land Use Changes:** New areas suitable for housing have been identified through the Boulder Valley Comprehensive Plan. Affordable housing is considered a high priority community benefit. Mixed use development is encouraged along transit corridors. As Boulder approaches build out, more redevelopment is anticipated, and opportunities for affordable housing need to be considered in that context.
- ▶ **Public-Private Partnerships:** Boulder continues to work to strengthen partnerships, including supporting the University of Colorado's efforts to create more housing for students, faculty, and staff. The City has sponsored a number of employer assisted housing forums; the Boulder Valley School District is considering some housing assistance for its employees. The Boulder Area Realtor Association participates in the Colorado Association of Realtors Housing Opportunity Fund, which provides funding for housing non-profits.

Relevant Research

- Rising home prices have significantly outpaced income growth in Boulder. In the last 10 years, home prices have climbed twice as fast as personal income.
- Median price for a single family home increased from \$122,000 in 1990 to \$410,000 in 2003.
- Attached home prices have increased as well, from a median price of about \$64,000 in 1990 to about \$212,000 in 2003.
- Median income has increased far more modestly, from about \$39,000 in 1990 to about \$66,000 in 2000 (3 person household).
- Year 2000 data show that one-third of Boulder households earned less than \$40,000 annually.
- To afford a median attached home at \$220,000, an income of over \$70,000 is needed (based on 30 year mortgage, 6% interest, 30% of income for housing).
- Similarly, rents have outpaced wage growth. For workers earning \$10, nearly double the minimum wage, an affordable rent (30% of income) is about \$520. Average rents, by contrast, were over \$700 for 1 bedroom and over \$800 for 2 bedroom apartments in 2000.
- 23% of Boulder homeowners with a mortgage pay more than 30% of their income for housing. Over 50% of renters pay more than 30% of their income for housing.



Sources: Area Median Income: US Department of Housing & Urban Development; Housing Sales Prices: Boulder County Assessor's Office; Rent Affordability: Colorado Housing and Finance Authority; Average Rents: Apartment Association of Metro Denver; Mortgage and Rent Costs as a Percentage of Income: US Census Data, 2000

Community Services

Building a Healthy Community and Protecting Civil Rights

Mission: *The Division of Community Services and Administration is committed to encouraging, supporting and advancing efforts which assure basic human needs and protect civil rights of the Boulder community.*

Human services in Boulder are constantly evolving as the demographics of its people change, social and economic conditions are altered, and new methodologies and practices change the face of the human services field. The desired outcome from the delivery of human services is of benefit to all: assisting people to become self-reliant, independent, contributing members of society who have a spirit of unity and collaboration with the community. In short: human services support a healthy community.

Ten years ago the City established a set of human services priorities designed to effectively respond to the changing fabric of need in the community. These priorities—ranging from pregnancy prevention information through prenatal care, childcare, in-school services, adult health care and services designed to allow elders to remain in their homes—are tempered by “content and service delivery themes” that promote healthy, nurturing families through the provision of comprehensive, yet flexible services in a variety of settings, including home, school and community based services. Rather than provide services through the City government alone, Boulder allocates over \$2 million annually to strengthen the community’s human services sector, both through non-profit and governmental agencies, leveraging other local, state and federal dollars, and promoting a coordinated network of services throughout the community.

Because of the shortcoming of state and federal law, Boulder has adopted its own Human Rights Ordinance which affords protections against discrimination to classes not covered by Colorado or the U.S. in the areas of housing, employment and public accommodation, including sexual orientation and gender identity. Finally, Boulder’s Human Relations Commission serves as a bellweather for City Council on trends, issues, and community concerns regarding of social policy and social justice.

Programs and Services

Human Services Fund (HSF): Annually distributes over \$2 million to community human service providers to implement the City's Human Services Master Plan. Awards are based on a Request for Proposals process, with recommendations for funding developed by a Technical Review Committee appointed by the City Manager. (\$2,245,892)

Human Rights Ordinance (HRO): Through the Office of Human Rights, provides protection from discrimination in the areas of housing, employment and public accommodation and annually handles over 300 discrimination inquiries. (\$149,207)

Human Relations Commission (HRC): A five member body appointed by City Council whose functions are to foster mutual respect and understanding and to create an atmosphere conducive to the promotion of amicable relations among all members of the city's community. The HRC serves as a vehicle through which the public can convey suggestions on city policies with respect to social problems, to be sensitive to the social needs of citizens, and to advise and assist the city government in relating human and social services to the needs of city residents. Additionally, the HRC serves as the City's quasi-judicial body in resolving complaints filed under the Human Rights Ordinance.

Cultural Celebrations Fund (CCF): Provides financial support for community-based cultural celebrations held in Boulder. Funding is limited to public events that encourage education, respect, and appreciation for cultural communities in Boulder. All events supported by the CCF must be free admission and open to the public. (\$22,200)

Human Relations Community Fund: Provides funding to community-based or City projects – particularly educational efforts – that are designed to increase good will among city residents, eliminate discrimination or open new opportunities for the public in all phases of community life. Approximately \$10,000 - \$15,000 is available annually for awards made through the Human Relations Commission.

Housing and Human Services Master Plan: Working in conjunction with an Advisory Committee and staff from each of the department's divisions, the project will identify and assess: (1) the current resources and gaps in housing and human services available to residents of the city of Boulder; (2) demographic, financial and service trends to anticipate future housing and human service needs within the city of Boulder; (3) appropriate roles for the City of Boulder in the provision of various housing programs and human services in partnership with others in the community; and (4) future financial sustainability of appropriate City housing and human services functions, and funding mechanisms to meet needs.

Human Services Fund

Boulder's Human Services Fund (HSF), like the Human Services Master Plan that serves as its policy guide, is framed within the context of building a healthy community. Through the HSF, over \$2 million is provided annually to community agencies across several program areas intended to support the human services safety net and promote healthy families and individuals. In 2004, \$2,245,892 is distributed across the program areas described below.

► Contract Funding for Parenting, Prenatal and Infant Care, and Child Development

Funding Priority: *Targeted prevention and early intervention programs focused on parenting, prenatal and infant care and child development.*

Research clearly establishes that the early years in life play a crucial role in shaping a person's lifelong mental, emotional, and physical abilities. Programs funded assist families in meeting the developmental needs of their children in order to lay the foundation for children's ability to become self-reliant as adults. Services target high risk populations, such as low income families, racial and ethnic minority populations, pregnant adolescents, substance abuser and/or families with other risk factors.

Relevant Research

- Nationally, there is a trend in the increase of younger teens engaging in sexual activity: in 1999, 8.3% of students engaged in sex prior to age 13 (*National Campaign to Prevent Teen Pregnancy, 2002*).
- Nationally, at least 40% of adolescent females experience at least one pregnancy before age 20 (*US Department of Health and Human Services, 1999*).
- Teen pregnancy has long been associated with poverty, welfare, abuse and neglect, substance abuse and crime (*Kandel et. al., 1978*).
- Because teen parents often lack the skills and maturity to bond with their children, the offspring of teen parents are at high risk for unhealthy development and associated disruptive behaviors (*Bowlby, 1988*).
- Locally, the GENESIS program reports that 60% of teen mothers enrolled in that program report that they do not use condoms because their partners refuse (*Boulder County Public Health*).
- In Boulder County, 47% of students in 12th grade engaged in sexual intercourse during the three months prior to a survey and only 63% reported using a condom in their last sexual experience (*Boulder County Public Health; Boulder Valley School District, 2001*).
- A random sample of 100 teens receiving services in 2002 at the Boulder Valley Women's Health Center's Teen Clinic indicates that 92% of their clients are sexually active, 16% have had three or more sexual partners in the past year, 19% had experienced one or more pregnancies, 53% drink alcohol and 31% smoke tobacco.
- The number of live births to Boulder residents under 19 years of age increased 22% between 1989 and 1999. During that same period, low birthweight rates increased 33% (*City of Boulder, Summary of Information, 2001*).

- Subsequent children born to teen parents are more likely to be born with a low birthweight; become victims of child abuse, neglect and infant homicide; and are more likely to be placed in foster care (*Adolescent Pregnancy: Current Trends and Issues, 1998*).
- In Colorado, the average hospital bill for a low birthweight baby is \$26,335; for a healthy weight baby, it is \$5,442 (*Colorado Prenatal Plus Program Final Report, January 2000*).
- An estimated 8,294 Boulder County children do not have health insurance (*Lewin Group estimates using the 1997-1999 Current Population survey and county level data from Claritas, Inc.*).
- Only 18.7% of Boulder County children who participate in the Colorado Health Care Program for Children with Special Needs have health insurance, compared to 67.4% statewide (*Colorado Department of Public Health and Environment, FY2001*).
- When parents are more connected to other families in their communities, their children benefit. Stronger, larger networks had a positive effect on parents' ability to deal with stress, on mothers' perceptions of themselves and their children, on fathers' involvement in childrearing, and on children's self-esteem and school success (*Starting Points: Meeting the Needs of Our Youngest Children, Carnegie Corporation of New York, 1994*).
- Individuals who develop in nurturing, healthy environments are more likely to successfully complete early developmental tasks and to achieve appropriate social growth and positive school adjustment (*Hawkins, Communities That Care, 1992*).
- Home visits during pregnancy and for a two-year period after birth have been shown to contribute to higher rates of employment, less public assistance, a lower incidence of child abuse and neglect, and fewer subsequent births (*Schorr, Within Our Reach, 1988*).

Currently Funded Programs – \$344,011 (15%)

Boulder County Public Health, GENESIS

Kids Connections, TransACT Cultural Connections

Mental Health Center of Boulder County, Inc., Circulo de la Vida Familiar

Mental Health Center of Boulder County, Inc., Community Infant Program

Parenting Place, Family Strengthening Program

People's Clinic, Maternity and Women's Health Services

People's Clinic, Newborns, Infants and Toddlers

Women's Health (Boulder Valley Women's Health Center), Youth Services Program

► Contract Funding For Child Care and Pre-School Programs

Funding Priority: *Affordable, accessible, high quality child care, nurturing programs and pre-school programs.*

There is a growing need for high quality, affordable, accessible, nurturing, and culturally sensitive child care in Boulder. This need encompasses both before, during, and after school child care, including non-traditional hours (e.g., covering parents who work night shifts), crisis or emergency care, and support for children with special needs. High quality early childhood programs provide a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families. Increasingly, there is a gap between the cost of quality care and what many parent can afford.

Relevant Research

- Studies conclude that early-childhood education makes a difference. Young children exposed to high-quality settings exhibit better language and mathematics skills, better cognitive and social skills, and better relationships with classmates than do children of lower-quality care (*Education Week, January 2002*).
- Evaluations of well-run early-learning programs have found that children in those environments were less likely to drop out of school, repeat grades, need special education, or get into future trouble with the law than similar children who did not have such exposure (*Education Week, January 2002*).
- Child care at most centers in Colorado is poor to mediocre, with almost half of the infant and toddler rooms having poor quality care (*Culkin, et. al, 1996 and 1999*).
- The Boulder community ranks as the second most expensive in the country for toddlers and preschoolers, and fourth most expensive for infants (*Childcare Information Exchange, 2002*).
- Full time child care in a licensed child care center costs between \$9,400 and \$12,300 per year in Boulder (*Boulder HHS Division of Children, Youth and Families, 2002*).
- Existing resources in Boulder County have serious limitations in addressing child care needs of families in crisis. There are between 800 and 1,500 children who need emergency, short term care than there are available openings at qualified child care facilities (*National Research Center*).
- The Colorado Child Care Assistance Program reimbursed child care centers at a rate of 60% to 90% of local market rate in 2002, down from 65% to 99% in 2001 (*Boulder HHS Division of Children, Youth and Families*).
- Only 7% of child care providers in Boulder County offer sliding fee scales for low income clients; 14% offer scholarships (*Boulder HHS Division of Children, Youth and Families*).

Currently Funded Programs – \$402,055 (18%)

Boulder Day Nursery, Infant Early Learning Program
Boulder Day Nursery, Toddler and Preschool Early Learning Program
Children's House Preschool, First Chance Scholarship
City of Boulder, HHS, CYF, Child Care Certificate Program
Dental Aid, Inc., Preschool Education, Prevention and Treatment

► Contract Funding For School-Linked Services

Funding Priority: *School-linked services (K-12) providing physical and mental health care, parenting support, conflict resolution and other services to children, youth and families.*

As a majority social environment for children and youth, schools are a prime access and entry point to link all school-aged children and their families to a variety of community services. Programs funded promote collaborative efforts amongst the schools, service providers, and other relevant entities to provide an array of culturally-sensitive services for families and their children, including school-based services. Services are designed to reduce non-academic barriers to academic success.

Relevant Research

- All four Boulder high schools have identified alcohol and drug use/abuse, chaotic family situations, lack of cultural/racial awareness, peer conflicts and school failure as the biggest challenges for students.
- Low status due to curriculum differentiation, segregation, language, cultural exclusion and a widening academic achievement gap between Hispanic students and others are all condition that lead to failure on part of the Hispanic students (*Boulder High School, 2003*).
- For the class of 2001, graduation rates by ethnicity broke down in the following manner: Hispanic, 59.5%; American Indian, 60.0%; African American, 87.9%; Caucasian, 90.9%; and Asian, 93.1% (*Boulder Valley School District, 2003*).
- Youth and families often have difficulties accessing services for adolescents because they are unaware that services exist, have language and/or cultural difficulties, lack financial resources or transportation, or services have limited hours during which they can be accessed, or simply do not exist (*Boulder County Prevention and Intervention Program*).
- Research indicates that parent involvement is essential for the optimal development of children, and is a crucial factor in the success of any school-based program (*Yale University Bush Center in Child Development and Social Policy, 2004*).
- After-school programs reduce vandalism and juvenile crime and children attending after school programs are less likely to use drugs and alcohol than those who are unsupervised (*Yale University Bush Center in Child Development and Social Policy, 2004*).
- A longitudinal study of participants in a four-year after-school and graduation incentive program showed boys participating in the program (compared to a control group of boys not participating in the program) were one-sixth as likely to have criminal convictions, four times as likely to graduate high school, and were half as likely to have children of their own while in high school (*America's After School Choice: Juvenile Crime or Safe Learning Time, 2003*).
- Dental decay can cause eating, learning and speech problems for children (*Blue Cross/Blue Shield Foundation, 1999*).

Currently Funded Programs – \$350,515 (16%)

Boulder High School, Hispanic Study Skills Program
City of Boulder/HHS/CYF, Boulder County Prevention and Intervention Program
City of Boulder/HHS/CYF, Family Resource Schools
Dental Aid, Inc., Children's Dental Prevention Program
Fairview High School, Healthy Teen Parent Families
Family Learning Center, After School Program

► Contract Funding For Abuse, Neglect, and Domestic Violence Prevention

Funding Priority: *Support services for children, youth and families who are at risk for or are experiencing family violence, sexual abuse, neglect and other problems. Collaborative efforts integrating services are encouraged.*

Family violence, child abuse and neglect continue to be major problems in the Boulder community. Programs funded are intended to educate and train Boulder residents and human service providers concerning issues surrounding domestic violence and rape, intervention services to battered women and their families. Hotline assistance, and legal services for battered women. These services are designed to increase community knowledge and awareness of these learned behaviors which are often deeply rooted in social and cultural beliefs. Educational programs which challenge those beliefs and set expectations for a different standard of behavior can be an effective asset in preventing violence, abuse, and neglect. These programs also provide victims a means of addressing the impact that violence or neglect has had on their lives.

Relevant Research

- In 2000, there were 51.8 reports of child abuse and neglect per 1,000 children in Boulder County. This compares with a national rate of 35.1 reports per 1,000 children.
- Of 1,522 investigated reports of child abuse in 2002, 196 were cases involving sexual abuse; 493 were physical, emotional or other abuse; and 833 were neglect cases. Approximately one-third of the cases investigated were substantiated (*Boulder County Social Services*).
- Post-divorce conflict between parents, especially physical or verbal conflict witnessed by children, results in increased behavior problems, depression, withdrawal, somatic complaints and aggression in children aged four to 12 (*Johnston, Gonzales, Campbell, 1987*).
- Children from violent homes are at a higher risk for behavioral and physical health problems including depression and anxiety, and are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes (*Family Violence Prevention Fund, 2001*).
- 399 reports were filed related to domestic violence that occurred in the Boulder. If FBI estimates are correct and only 10% of cases are reported, as many as 4,000 cases of domestic violence warranting police intervention may have taken place in 2002 (*Boulder County Safehouse, 2002*).

- Many victims of domestic violence are unaware of legal remedies. Those victims who attempt to use the system generally appear in court without legal counsel are fearful of the process, are unprepared and often suffer as a result of ignorance of legal remedies and procedures (*Urban Institute and State Justice Institute*).
- In 2002, the Boulder County Moving to End Sexual Assault team received 2,265 hotline calls for sexual assault-related crisis intervention, medical and legal advocacy, information and referrals.
- Alcohol is involved in 80% to 90% of all sexual assaults (*Mental Health Center of Boulder County, Inc.*).
- The violence that teenage girls experience is strongly associated with grave health problems such as substance abuse, unhealthy weight control, risky sexual behavior, pregnancy and suicide attempts (*Journal of the American Medical Association, 2001*).

Currently Funded Programs – \$147,171 (6%)

Blue Sky Bridge, Child and Family Advocacy Program
 Boulder County Legal Services, Domestic Violence Victims
 Boulder County Safehouse, Domestic Violence Victim Support Services
 Boulder County Safehouse, Emergency Shelter and Transitional Services
 Counseling Center, Safe Exchange
 Mental Health Center of Boulder County, Inc., Moving To End Sexual Assault
 Voices for Children, Court Appointed Special Advocates

► Contract Funding For Critical Human Services for Low-Income for Chronically Disabled

Funding Priority: *Critical human services infrastructure for low income or chronically disabled residents.*

For many years, the City has contributed to support basic safety net programs that assist low-income or chronically disabled Boulders residents. These services include:

- Emergency services, including food and shelter
- Physical and mental health services for low-income residents
- Services to people with chronic disabilities
- Services to aid self-reliance and self-sufficiency
- Legal services for low-income residents

Relevant Research

- Based on year 2000 census data, about 14% of Boulder’s population excluding students had incomes below the poverty level, which is higher than the national poverty rate of about 12% in 2001 and 2002.
- Nearly 14% of Boulder County’s children under age 18 live in female-headed households, and more than one-fifth of those families (21.8%) live in poverty (*The Status of Children In Boulder County, 2002*).

- Nearly 25% of all people who are unemployed are people with disabilities (*Center for People With Disabilities*).
- Immigrant Latinos are a growing segment of Boulder's low income population. Latinos comprised 13% of Boulder's population below the poverty level in 2000 (*2000 Census*).
- There has been a growth in the need for English as a Second Language (ESL) instruction at times convenient to working parents and in closer proximity to Latino neighborhoods (*Latino Task Force of Boulder County, 2001*).
- Health care was identified most often as an area of need among low-income Boulder residents; health care was cited almost twice as many times as the second most frequently mentioned need (*Miller, et. al., Boulder County Assessment of Health and Human Service Needs and Assets, 2000*).
- 75% of uninsured Colorado residents are working or members of a working family (*Colorado Health Data Book, Colorado Coalition for the Medically Underserved, 2001*).
- 15% fewer small business employees received medical insurance as an employment benefit in 2001 than in 2000 (*Colorado Division of Insurance*).
- 28% of uninsured individuals participating in a 2000 survey postponed seeking care for a serious condition they needed but could not afford, compared to 3% of insured individuals surveyed (*Roetzheim, et. al., 2000*).
- Women without health insurance are at least 40% more likely to die of breast cancer than those who are insured (*Ayanian, et. al., 2000*).
- Those without health insurance are more likely to be hospitalized for preventable conditions that are treatable earlier in a clinic setting at a time when their response to therapy would have been more positive and at a lower cost of care (*Weissman, et. al., 2000*).
- The cumulative number of people living with AIDS/HIV in Boulder County rose 29% in the five year period 1998 through 2002 (from 286 to 370). (*Boulder County AIDS Project*)
- In 1997, 39% of all pregnancies in Boulder County were unintended – and residents of the city of Boulder were significantly more likely to have unintended pregnancies compared to the rest of the county (*A Snapshot of Health, Boulder County Health Department, 1998*).
- Unintended pregnancy is associated with health, psychosocial and economic risks. Infants whose conception was unintended are at greater risk for low birth weight, developmental defects, abuse and neglect. Women with unintended pregnancies are more likely to delay initiation of prenatal care, receive less-adequate care, smoke and drink during pregnancy, are at greater risk for depression during pregnancy and postpartum, and are less likely to breast feed (*The Best Intentions, Unintended Pregnancy and the Well-Being of Children and Families, Institute of Medicine, 1995*).
- Direct costs of unintended pregnancy in Colorado include \$28 million spent by the State of Colorado in 1997 for Medicaid deliveries. Indirect costs included increased need for welfare, child development and basic education needs, costs of referral to child protection, emergency room costs and court costs (*Colorado Department of Health Care Financing and PRAMS, 2001*).
- One in five people in Colorado need mental health services each year, but less than one third of them receive care (*The Status of Mental Health Care in Colorado, 2003*).
- In 2001, Colorado ranks 31st nationally for publicly funded mental health care, spending just over \$64 per capita – 21% below the national average of \$81 per capita (*The Status of Mental Health Care in Colorado, 2003*).

- In the six-county greater Denver area, 34.5% of homeless people surveyed in October 2001 said they spent the previous night in transitional housing; in Boulder County the corresponding percentage is 10.9% (*Point in Time Survey, Metropolitan Denver Homeless Initiative, Colorado Department of Human Services, 2001*).
- During 2002, the Boulder Shelter for the Homeless sheltered an average of 101 persons per night during their months of operation (*Boulder Shelter for the Homeless*).
- 13% of homeless individuals provided emergency blankets and other essential supplies for survival by Boulder County Cares during the winter months were youth age 10-17 (*Attention, Inc.*).
- The homeless youth population throughout the Denver metro area increased over 100% from 1998 to 2001 (*Point in Time Survey, Metro Denver Homeless Initiative, Colorado Department of Human Services, 1998, 2001*).
- Research indicates that “when a runaway [youth] is caught by the police and thus brought into contact with the supposedly corrective influence of the juvenile justice system, the probability that she/he will engage in further delinquent action is actually increased rather than decreased” (*Justice and Blair, Running Away: An Epidemic Problem of Adolescence, 1976*).

Currently Funded Programs – \$1,002,140 (45%)

Attention, Inc., Broadway Youth Shelter
 Boulder County AIDS Project, HIV Care Services
 Boulder County Legal Services, Legal Services for Low-Income Residents
 Boulder County Retired and Senior Volunteer Program, Handiman, Fixit, and Other Services
 Boulder Shelter for the Homeless: Basic Needs and Boulder County Cares
 Center for People With Disabilities: Independent Living Program and Personal Assistance Program
 Intercambio de Comunidades
 Medicine Horse Program, Medicine Horse Youth Program
 Mental Health Center of Boulder County, Inc.: Child, Adolescent and Family Services and Psychiatric Emergency and Adult Services
 People’s Clinic: Adult Healthcare, Eldercare, Maternity, and Pediatrics and Adolescents
 START Homeless Day Resource Center, Basic Needs
 Women’s Health (Boulder Valley Women’s Health Center), Family Planning and Gynecology

Populations Served by the 2003 Human Services Fund

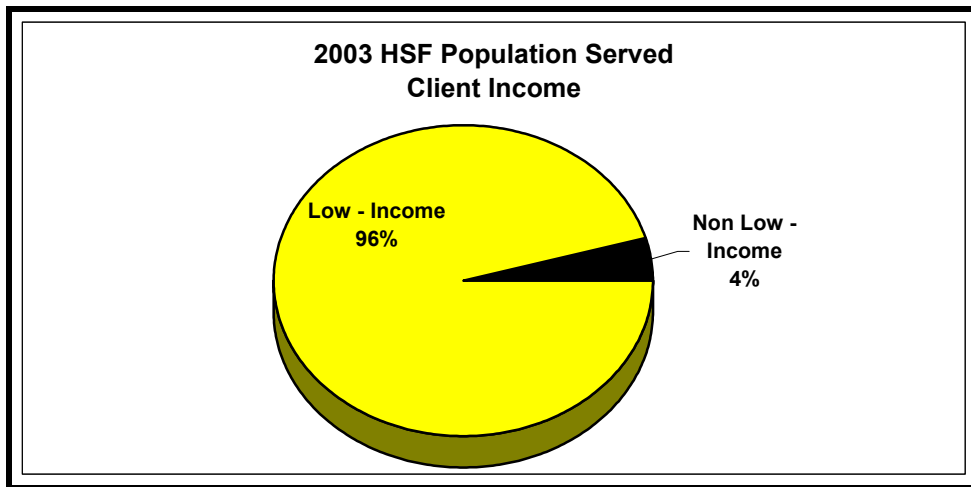
In addition to reporting on outcomes for city residents, HSF funding recipients are required to report certain demographic characteristics of their clients. Reporting of these data allows the City to discern which subpopulations are reached by City-funded services in the community and which are not, thus making a valuable tool for planning of future services when compared against other demographic data. It should be noted that the following data and charts do not attempt to eliminate duplication of individuals; i.e., a person served by two separate programs would be counted twice.

Client Income

Client income was reported by 44 of 51 programs, as depicted in the chart below. Not all programs funded by the HSF are income based; e.g., Attention, Inc. serves all runaway youth, regardless of income. For those programs that report income, the following categories are used:

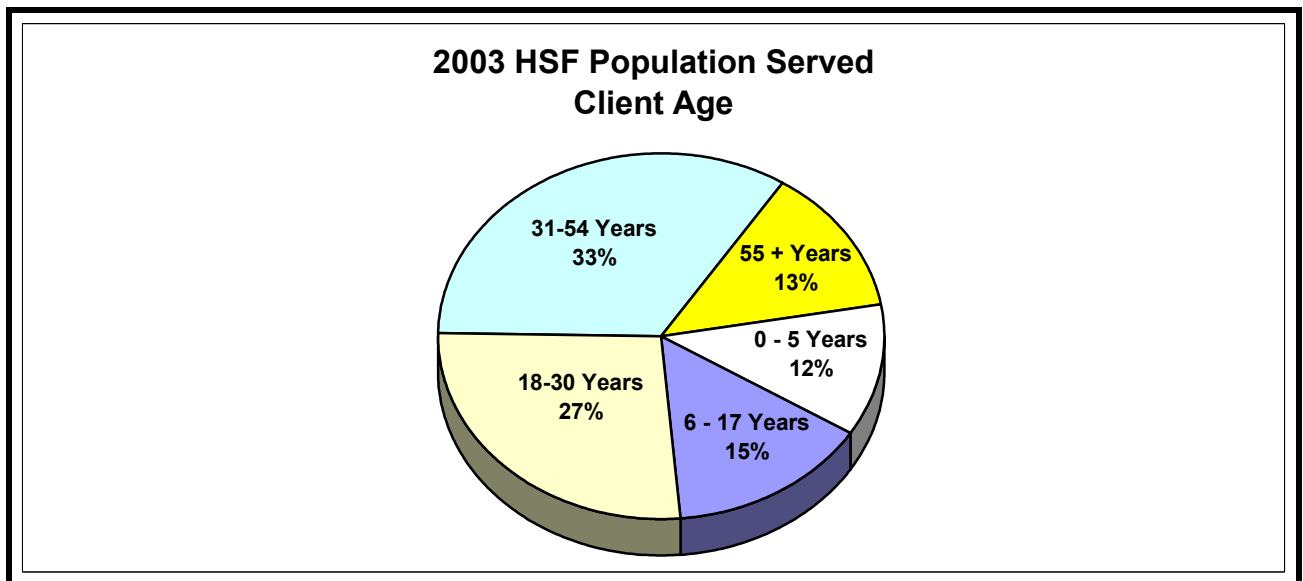
Low Income Less than or equal to 69% of the Area Median Income, as defined by the federal department of Housing and Urban Development. For a family of four, this translates to \$56,500 or less.

Non Low Income Greater than 69% of the Area Median Income; e.g., greater than \$56,400 for a family of four.



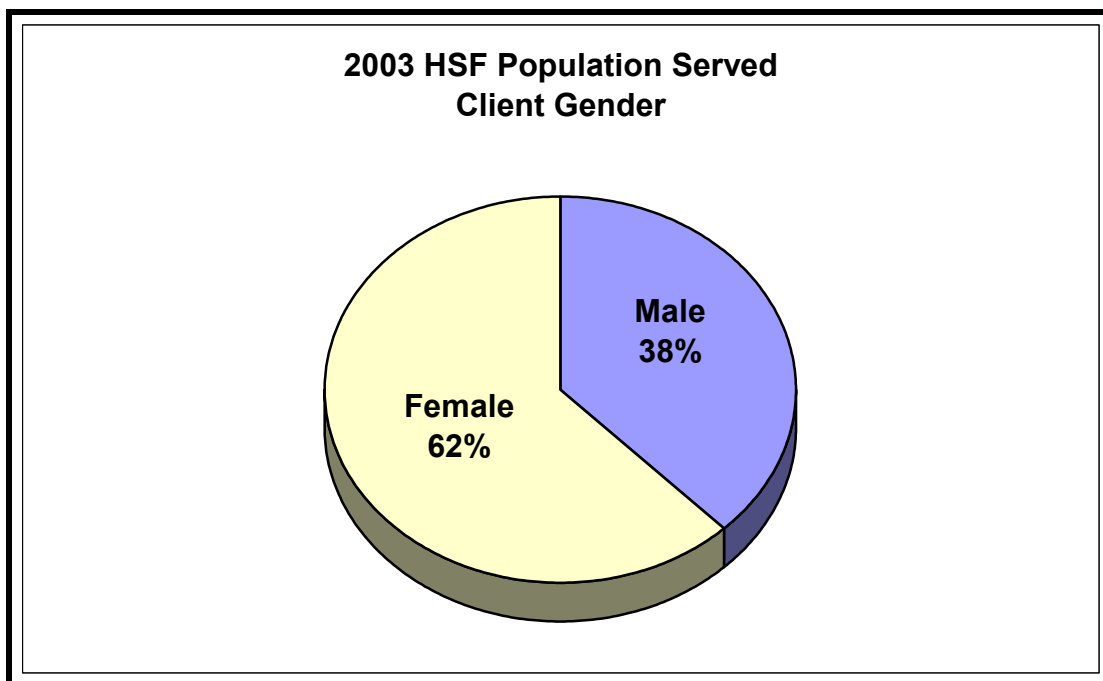
Client Age

The age of clients was reported by 49 of 51 programs, as depicted in the following pie chart. Please note that these five categories do not consist of the same number of years each.



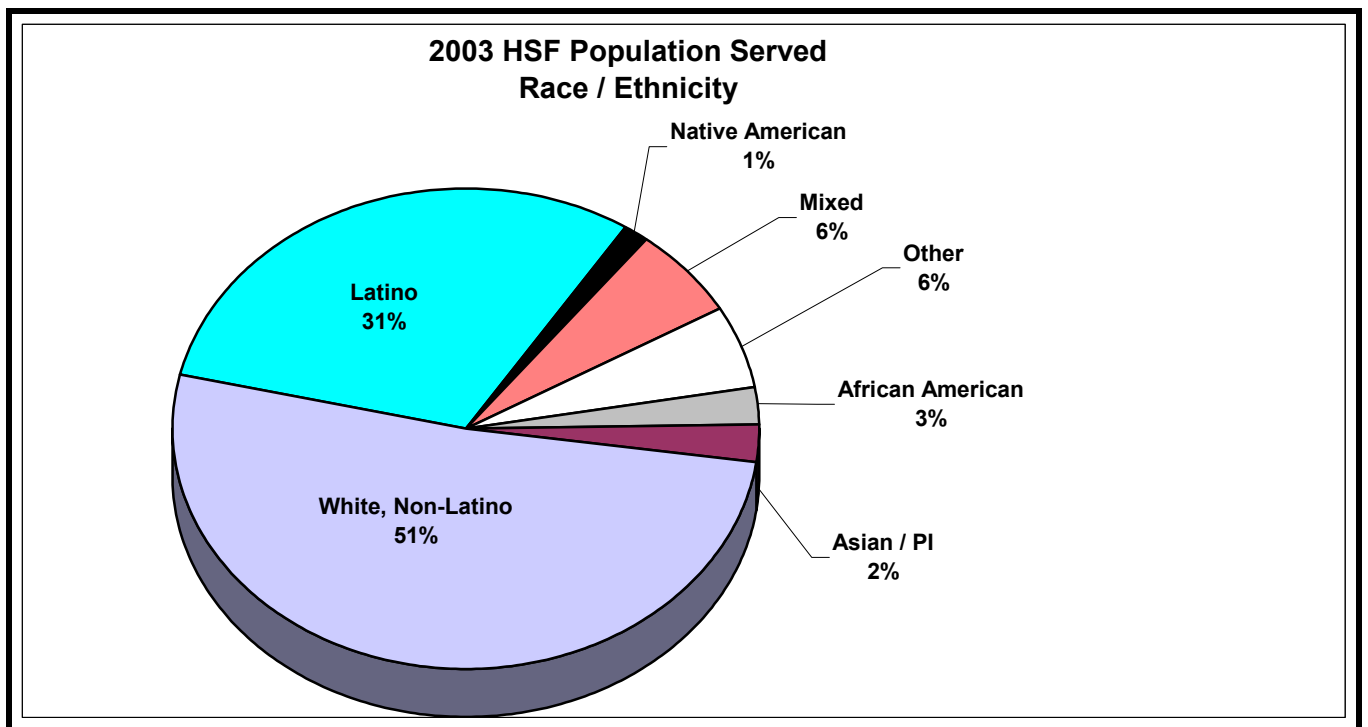
Client Gender

The gender of clients was reported by 49 of the 51 programs funded, as depicted in the chart below.



Client Race / Ethnicity

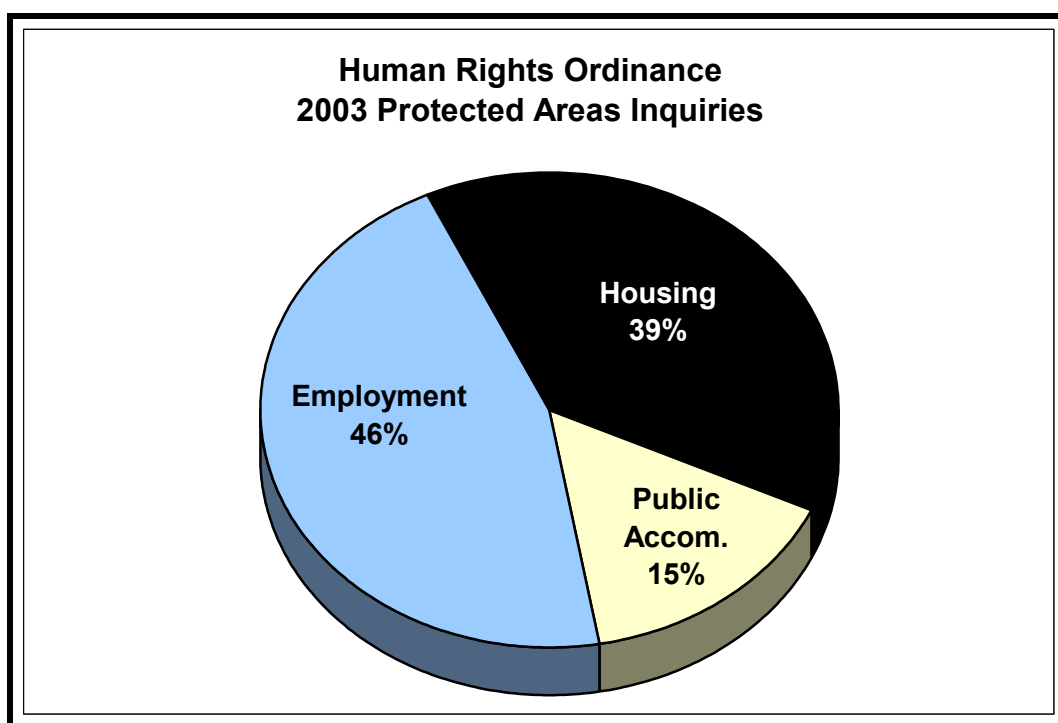
The race and ethnicity of clients was reported by 49 of 51 programs, as depicted in the following pie chart. Comparable percentages for the city as a whole are: 1% African American; 86% White, non-Latino; 8% Latino; 4% Asian / Pacific Islanders, <1% American Indian, and 2% other (2000 Census, excluding students). As can be seen, the HSF supports a greater proportion of racial and ethnic minorities than occurs in the city's population. This holds true for most of the categories examined, but is most dramatic in the Latino population, where the proportion served by the HSF is nearly four times as great as its general population proportion. It should be noted, however, that Latinos comprise 13% of the city's residents living below the poverty level and that these HSF percentages are derived from numbers representing duplicated clients. That is, if a client receives services from two service providers (as would be expected for members of the recent immigrant population, as they may have more needs than longer term residents), they will be counted twice.



Human Rights Ordinance Enforcement

Discrimination is unlawful and harmful when carried out because of an individual's race, color, sex, or other characteristics protected by law. This is not to say that someone of a particular race, religion, sexual orientation, or other protected class can never be turned down for housing, employment, or public accommodation. It is to say that none of these characteristics can be factors in housing or hiring decisions.

Boulder's Human Rights Ordinance affords protection against discrimination in the areas of employment, housing and public accommodation across 18 protected classes. Annually, the Office of Human Rights handles approximately 300 inquiries concerning potential discrimination.



These proportions have remained fairly constant over the past few years. The major change in throughout past decade has been an increase in the relative number of inquires where “national origin” is the protected class in question, with a high of 150 inquires received in 2002. It should be noted that all people belong to protected classes.

Children, Youth, and Families

*Helping Children, Youth and Families Be Healthy, Self-Reliant,
and Successful*

Mission: *Through coordinated collaboration and planning, the Children, Youth, and Families Division is dedicated to creating a healthy community by delivering high quality services, community education, and advocacy which helps children, youth, and families develop the long term capacity to be healthy, self-reliant, and successful.*

The increasing complexities of modern life are impacting families and children in significant ways. As a result, demands on community human services delivery systems are outpacing service delivery capacities. Through partnerships and collaborations, Children, Youth & Families works closely with other community agencies to analyze and address changing community needs. The long-term demographic, economic, social and political trends shaping the community reveal a declining rate of population growth but an increasing demand and need among traditionally high demand human service customer groups such as working parents, the working poor, new immigrant/Latino population, and youth engaging in high-risk behaviors.

Self-sufficiency and economic sustainability for many families in our community are increasingly challenging. As a result, the majority of our youngest children spend significant time in non-parental care and/or early care and education programs. Addressing child care financing and systems issues of cost, quality, availability and accessibility are paramount to ensuring the safety, health and educational and social success of children. New immigrant and Latino populations are rapidly expanding and human service agencies and schools are unprepared or are struggling to provide culturally competent services and programs.

Youth cope with the pressures and need for academic achievement and social acceptance in diverse and sometimes maladaptive ways. The prevalence and accessibility of drugs, alcohol, weapons, and other such high risk factors in the environment shape the milieu of everyday life for our teenagers. Many families find themselves struggling with how to assist their children through this time of life. Family support services that are financially and geographically

accessible and scheduled to accommodate the needs of working parents is increasingly problematic.

Children, Youth and Families provides community and school based services through prevention, early intervention, mediation, child care resource and referral programs and services, and funding to the community for youth programs. Approximately 40% of the division's revenue is generated through grants, contracts, and other non-City sources. Leveraged funding and strong community partnerships enable the division to develop programs that build community capacity and provide direct services to meet the needs of the communities' children, youth, and families.

Programs and Services

Child Care Resource & Referral Program: Provides free, county-wide referrals to licensed child care homes and centers. The program also publishes consumer education and information on community resources for children and families, as well as child care market rates and demand and supply data. Funding for this program is provided by the Cities of Boulder and Longmont, the State of Colorado and Foothills United Way (\$156,822).

Recruitment & Training Program: Builds and strengthens county-wide capacity of home and center based child care professionals through the recruitment and training of new child care providers, ongoing comprehensive training opportunities, support groups and technical assistance. Program staff conduct training needs assessments to identify, analyze and disseminate information on professional development needs and gaps. Funding is provided by the cities of Boulder and Longmont, Foothills United Way and the State of Colorado (\$53,617).

Child Care Certificate Programs: Provides Boulder and Longmont low-income residents financial assistance to expand their child care options. Both the Boulder and Longmont programs serve their respective city residents by paying licensed child care providers the 'gap' between Colorado Child Care Assistance Program (CCCAP) reimbursement rates and the market rate, thereby enabling more providers to accept CCCAP children and providing more choices to low-income families. Additionally, the Boulder program offers financial assistance to families with low monthly incomes who do not qualify for the CCCAP program, including children lacking citizenship status. Funding for the Boulder program is provided by the City of Boulder (\$226,798); for the Longmont program by the City of Longmont (\$127,995).

Family Resources Schools (FRS) Program: A joint, school-based partnership between the City of Boulder, the Boulder Valley School District, and the Mental Health Center of Boulder County that provides family support services to elementary-aged children and their families, with the goal of improving family functioning and self-sufficiency, and removing barriers to academic success. Targeted schools have substantial number of high-risk families. Services vary among FRS schools and include: case management, mental health counseling, parent development, domestic violence prevention, before and after school child care, medical and dental assistance, employment and housing assistance, and resource referral (\$477,270).

Early Care and Education Council of Boulder County: Coordinates the community planning and development of a comprehensive system of early care and education. The Council recommends policy, conducts research, and coordinates services. The City of Boulder serves as the fiscal agent for the collaborative volunteer efforts of over sixty Boulder County businesses, organizations and individuals. Funding for this county-wide program is provided by the Temple

Hoyne Buell Foundation, Colorado Department of Education, John S. and James L. Knight Foundation, Colorado Department of Human Services, and the City of Boulder (\$350,162).

Community Mediation Services Program: Promotes understanding and civility in the resolution of public and private disputes through mediation, facilitation, referral to community resources and consumer education. The program uses professional community volunteers and an interest-based negotiation model. Services are provided to resolve disputes for Boulder residents, primarily in the areas of landlord/tenant, roommate, neighbor, and victim/offender issues. Mediations are also provided for community groups, race and cross-cultural relations, and human rights issues. Approximately fifty professionally trained mediators volunteer for the program (\$96,772).

Children, Youth, and Families Mediation Program: A conflict resolution program providing a variety of communication services for Boulder residents, schools and students in Boulder Valley School District at no cost or low-fee. The services include: resource and referrals to local agencies; mediation for parents, teens, families, schools, seniors and their caregivers; students and childcare facilities; facilitations for school staff and public meetings, daycare provider staff and parent meetings; life skills classes for teens and effective communication presentations in schools and for parents; and, peer mediation and bully prevention support for local schools (\$43,165).

Youth Opportunities Program: Provides cultural, recreational and educational opportunities for youth through grants to the community, and encourages youth civic engagement and community service participation. The Youth Opportunities Advisory Board (YOAB) – comprised of high school age youth – meets monthly during the school year to offer technical assistance to youth-serving agencies, organize events for middle and high school students, and advise the Boulder City Council on youth related issues. YOAB allocates approximately \$140,000 annually for local youth programs (\$243,000).

Prevention/Intervention Program: A partnership between the City of Boulder, the Boulder Valley School District, the Boulder County Health Department, and the Mental Health Center of Boulder County. The program provides school-based services to at risk middle and high school aged youth to improve students' social functioning and remove barriers to education. Services are open to all students and families at the school. Services include short term individual, group, and family counseling; prevention workshops and education; student leadership development and support; and crisis intervention (\$371,475).

Relevant Research

Children

- 68% of Colorado's young children now spend a large part of their formative years in non-parental care. Nearly half of all children with a least one stay at home parent, regardless of income, are enrolled in early care and education programs (ECE).
- Annual child care costs as much as college tuition at a public university. In Boulder, for a family consisting of 1 adult, 1 infant and 1 preschooler, child care cost an average of 33% of total income is the cost of child care
- Many in the workforce, particularly the working poor, lack affordable quality child care options, especially during non-traditional work hours.

- For children with disabilities and their families, affordable child care in facilities with adequately trained staff remains problematic.
- Children who attend child care with high quality classroom practices are better prepared to enter school, based on state and National readiness indicators.
- To raise the quality of care, policy and planning attention needs to be given to financing of the child care system, professional development, and school readiness of children.
- There is over a 40% annual turnover rate in the early childhood workforce due to low wages. In Colorado, child care providers are in the lowest 3% of all wage earners. Education levels are low, and unlicensed providers do not have a system of training and support.
- 13.5% (523) of all children under age 5 in Boulder live in poverty (2000). 9.3% (1,637) of all children under age 5 in Boulder County live in poverty. Poverty rates among children below age 5 by Race/Ethnic group in Boulder:
 - White, Not Hispanic 6.6%
 - African American 27%
 - Asian 23.5%
 - Other 37.3%
 - (Includes American Indian, Alaska Natives, Pacific Islanders, Other Races and two or more races)
 - Latino 33.5%
- Uninsured children are less likely to be treated for the usual childhood illnesses (e.g., sore throats, earaches, or asthma) and are less likely to receive childhood immunizations.
- Dental care is the most common unmet medical need, affecting 8% of the county's children under age 13.
- Nationally, 25% of the poorest children are uninsured.
- During the 2002-2003 school year the top ten non-mental health related referral services in the Family Resource Schools program were: emergency food, health and wellness, child care, adult education and training, housing, employment, holiday assistance, referrals to emergency family assistance, clothing assistance, and scholarships.

Latino/New Immigrants

- The Latino population nearly doubled in the decade from 1990 to 2000, increasing from 4.8% of the population to 8.2% of the population.
- 28% of officially-counted Latinos in Boulder County are school-age children enrolled in public schools.
- Median income in Boulder County is \$87,000. In Colorado, the median income is \$58,065 and the national median income is \$53,700. Latino median income is estimated in the \$20,000-\$25,000 range.
- Cost, discrimination, trust, and difficulty accessing the system are barriers for Latino families using the child care system.
- Most licensed child care providers lack the skills and tools for providing bi-culturally competent care.
- Child care for Latino families is usually handled by family members, extended family members, friends, and occasionally through the use of unofficial, unlicensed day care providers.
- Latino students scored lower than other students in CSAP and other standardized tests in Boulder Valley and statewide. They also have substantially lower graduation rates than

non-Latino white students by almost 30% (01/02 school year). The graduation rate for Latinos was 60.3% in Boulder Valley Schools (01/02 school year).

- Immigration laws stipulate that new immigrants cannot use social services for five years, leading many immigrants to fear that they will be denied naturalization if they seek health services.
- Latinos constitute 44% of the total 269 units of available affordable/family, elder, farm worker and public family housing in Boulder County.
- Latino households are often high-density in response to the high cost of housing in Boulder County. At times, two to three households may share one home.
- In the city of Boulder the Latino population had the highest drop out rate at 4.2%; BVSD's drop out rate was 4.3%, and the state's drop out rate for Latinos was 4.6%.
- Starting in ninth grade, the drop out rate among Latina females was significantly higher than for Latino males in the city of Boulder. This is not the case in the district or at the state level where the rates are more consistent between the genders.
- 25% of immigrants' children in Colorado – even those with U.S. citizenship – have no health insurance.

Family Support

- In 2001, the monthly average number of families receiving TANF (Temporary Assistance for Needy Families) was 325 in Boulder County, down from a monthly average of 1,270 families in 1991.
- The self-sufficiency income level (covering basic housing, food, transportation, and child care) for a family consisting of one adult, 1 infant and 1 preschooler was estimated at \$50,000 in 2001.
- Of the families with children under age 5 in Boulder who live in poverty, over 50% are female headed households.
- In a survey of 200 parents, almost half of the parents indicated that a working adult in their household would have to stop working if paid child care were no longer available.
- Of those who were homeless in Boulder County in 2001, almost 25% were children and youth. This included youth living on their own and children in families.
- There were 767 substantiated cases of child abuse and neglect referred to the Boulder County Department of Social Services in 2002. There were a total of 3,411 reports of which 1,321 were investigated. Of cases investigated:
 - 28% were households were identified as having domestic violence,
 - 22% were households with confirmed or suspected alcohol abuse, and
 - 15% were households with confirmed or suspected drug abuse.
- 68% of single mothers in Colorado are working. 57% of children in two parent homes in Colorado have both parents working.
- There is a need for adult literacy programs that are financially and geographically accessible to the target population, as well as being scheduled to accommodate the needs of working adults.
- Research has demonstrated that strengthening parental involvement in a child's education increases the likelihood of educational success.
- Research has shown that locating family support services in schools and other familiar institutions makes a more accessible human service delivery system for families.
- Colorado offers Medicaid and the Child Health Plan Plus to children from low-income families. Both programs are among the most restrictive in the nation (only four states are stricter). Colorado is one of only of six states that still impose an assets test for Medicaid.

More than 22% of uninsured children in Colorado have no regular source of medical care or use the emergency room as their source of care.

Youth

- The percentage of teen women in Boulder County receiving late or no prenatal care was 28% in 2002.
- The birth rate for teen women between age 15 and 17 was 15.7 per 1,000 births in 2002. This rate declined from 28.1 births for every 1,000 births between 1995 and 2002.
- The drop out rate was 1.4% in January 2002, a reduction from 2.4% in 90/91. Boulder Valley's dropout rate has been below the statewide rate (1.9% in 01/02) every year since 90/91.
- Less than half of the 10th grade students in Boulder Valley scored at or above proficiency in math on the 2003 CSAP test.
- Research has found that young people who are involved in civic engagement programs are likely to be more involved in school, to graduate from high school, to hold more positive civic attitudes, and to avoid teen pregnancy and drug use than those who are not involved.
- In the U.S., unintentional injuries are the leading cause of death among adolescents and young adults.
 - One in four students (24.6%) rode in a car driven by someone who had been drinking.
 - An estimated 11.6% of high school students had driven a car after drinking alcohol.
- Violence is common among adolescents. Suicide and homicide are the second and third leading causes of death for this age group in Colorado.
 - One-third of male students and 25% of all students reported having been in a fight.
 - 8.5% of female students reported having been forced to have sexual intercourse.
- In 2002, 15.7% of students reported having attempted suicide, compared to 6.1% in 2000.
- Nearly all adults who smoke cigarettes began smoking by the time they were 18 years old. One out of five students (22.1%) currently smoke cigarettes.
- Alcohol and drug abuse are major health problems for adolescents and adults alike. Both are associated with unintentional injury, violence, academic failure, and high-risk sexual behavior.
 - One in four students drank alcohol before age 13 (25.5%).
 - Almost half of all students (46.2%) currently drink alcohol.
 - 42% have tried it in their lifetime.
- High-risk sexual behavior is related to unintended pregnancy, sexually transmitted diseases (STDs), and negative social and psychological development.
 - 52.7% of students in grade 12 have had sexual intercourse; 40.9% of these students are currently sexually active.
 - Nearly one-quarter of sexually active students (23.7%) used alcohol or drugs the last time they had sexual intercourse.
- Overweight and obesity are related to a considerable number of chronic diseases, including diabetes and hypertension. The prevalence of overweight/obesity has increased dramatically in the U.S. during the past decade. Dietary and physical activity behaviors developed during youth may contribute to overweight/obesity, unsafe weight-loss practices, and eating disorders.
 - 3.8% of female students were overweight; 32.2% *thought* they were overweight.
- In 2003, 506 juveniles (under 18 years old) were arrested by the Boulder Police

Department. Of those, 116 were thefts and 45 were liquor law violations.

- The top ten presenting issues by students identified by Intervention staff in 2002-2003 were:
 - 21%: issues related *to family*, including divorce, parent-adolescent conflict, family communication problems, adolescent individuation/separation issues, custody conflicts.
 - 17%: *school-related/climate issues*, such as academic failure, academic pressure to succeed, absenteeism, suspension/expulsion, bullying, harassment, intimidation, potential dropout.
 - 14%: an *inability to resolve conflict* peacefully or effectively.
 - 9%: **depression**, citing difficulties with motivation and belief in self, feeling sad or hopeless; suicidal thoughts, isolation; poor ability to sleep.
 - 9%: *difficulty managing stress* in their lives.
 - 7%: *grief and loss issues*.
 - 7%: *substance abuse issues*, including alcohol, drugs, and tobacco, with marijuana being the primary *drug* abused by students served in the program.
 - 6%: *difficulty setting limits or boundaries*.
 - 6%: *cultural issues*, such as assimilation/acclimation pressures, and language barriers.
 - 4%: *suicidal ideation*, presenting a significant danger to self.

Mediation

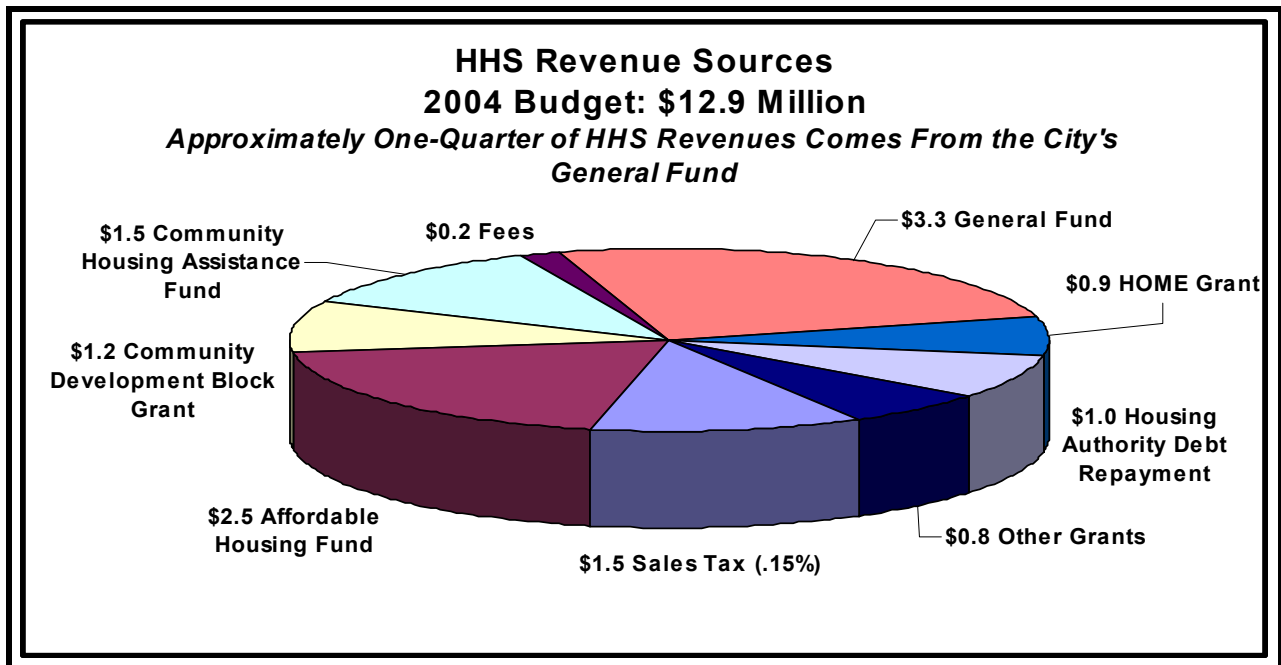
- Children, Youth and Family Mediation trends show that 20% more parties agreed to mediation in 2003 compared to 2001, indicating a growing need for non-judicial conflict resolution.
- Community Mediation Services trends:
 - Increased referrals from Court for routine brawling, noise, nuisance party cases.
 - Landlord/tenant disputes are the highest category of community mediation services; neighbor disputes remain steady and are the second highest category of dispute.
- Analysis of Community Mediation Service trends indicate the demand for services related to rental housing related dispute resolution will continue to grow regardless of the state of the economy or jobs.
- Mediated conflicts save costs to city, state agencies, the police, and court systems. Conservative estimates indicate these conflicts can cost public agencies \$865.17 per conflict if not mediated.
- A national survey found that on average, community mediation programs reach agreements in 88% of the cases they mediate.
- A study comparing the compliance rate of adjudicated cases to mediated cases in small claims disputes found an 81% compliance rate in mediated cases compared to a 48% compliance rate after adjudication.

Sources: 2003 Report- The State of Children in Boulder County; Child Care in Colorado: The Early Education of our Children; Colorado Kids Count Issue Brief, August, 2002; Mapping Early Childhood Care and Education in Colorado; Community Need and Resource Assessment for Head Start Programs Serving Boulder Valley School District and City of Longmont, 11/02; Health Insurance for Colorado Kids: What's at Issue?; A Colorado Kids Count Issue Brief, June, 2002; Reflection, Action and Expansion, Analysis of Challenge and Opportunities for Development of the Emerging Latino Community in Boulder, Colorado, November, 2003; Boulder Economics Council, Boulder, Colorado Demographics, Front Range Community College, U of C Business Research; Promoting School Readiness for Latino Children in Boulder County, Early Care and Education Council of Boulder

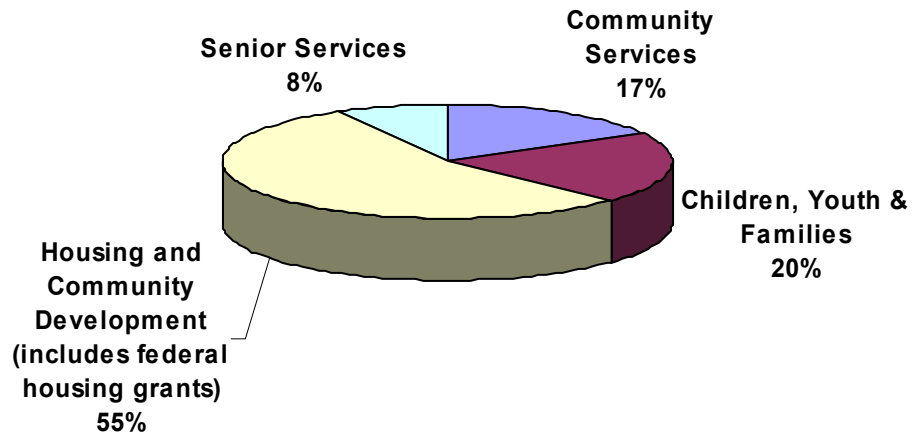
County, 12/03; Economic Development Trends and Child Care Subsidies in Boulder County, National Research Center, Omni Institute, 4/00; Economic Impact of Early Care and Education Industry in Boulder County, Early Care & Education Council of Boulder County, 7/03; Assessment of Health and Human Service Needs and Assets in Boulder County, National Research Center, Inc., September, 2000; Colorado Community Consolidated Child Care Pilots, Report and Recommendations, January, 2002; U.S. Census, Colorado by the Numbers; National Council of La Raza; Plan de Salud website; Boulder County Sheriff's office; U.S. Census Bureau; Boulder County Housing Authority; Child Trends Research Brief; Encouraging Civic Engagement: How Teens Are (or Are Not) Becoming Responsible Citizens, by Jonathan F. Zaff, Ph.D., and Erik Michelsen, 10/02; Cost, Quality and Child Outcomes in Child Care Centers, Public Report 4/95; Public Costs of Conflict and Potential Cost Savings Through Community Mediation; Community Dispute Resolution Centers Program Annual Report. New York, McEwen & Maiman, 1989; Cook, R.; Roehl, J.; and Sheppard, D. (1980). Neighborhood Justice Centers Field Test: Final Evaluation Report. Washington, D.C.: US Government Printing Office; Clarke, Stevens H.; Valente, Ernest, Jr.; and Mace, Robyn R. (1992; Neighborhood Justice: Assessment of an Emerging Idea. New York: Longman, Charkoudian, Lorig. (2001). Cost of Conflict and Potential Cost Savings Through Mediation. Unpublished PhD Dissertation, Johns Hopkins University, Baltimore; Colorado Department of Education. 2001-2002 Dropout Data.<http://www.cde.state.co.us/cdereval/rv2002dropoutlinks.htm>; 2003 Youth Risk Behavior Survey. Preliminary Report A collaborative effort of BVSD, SSVSD, & BCHD. May 2004, 2001-2002 School Year; Boulder County Prevention and Intervention Program Board Report; HHS Children, Youth & Families Mediation Program, 2003; HHS, Community Mediation Services, 2003, HHS, FRS 2002-2003 Program; 2002-2003 HHS, Prevention Intervention Program.

Budget Highlights

The Department of Housing and Human Services 2004 budget is approximately \$13 million. One quarter of the Department's budget comes from the City's general fund; other sources of funds include grants, fees, and a small portion of sales tax proceeds. About two-thirds of the Department's funds are allocated to community agencies.



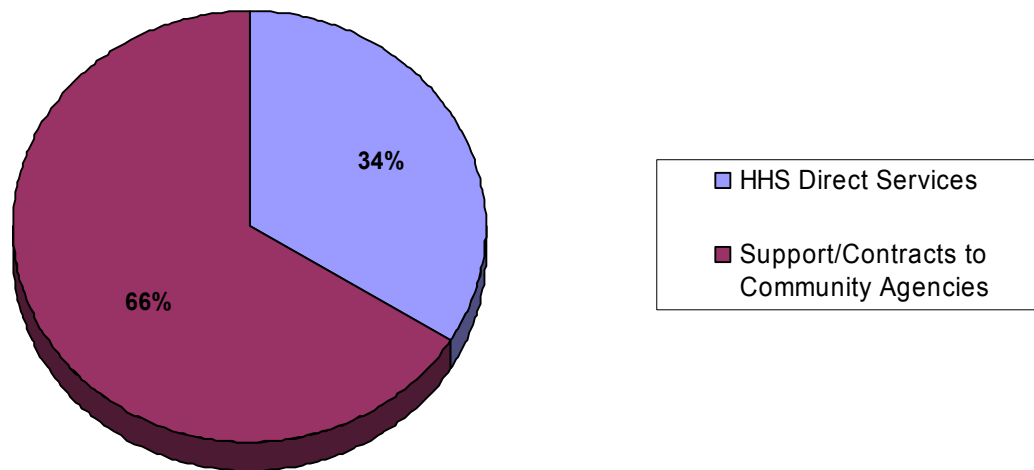
**Department of Housing and Human Services
2004 Budget: \$12,897,817**



HHS Uses of Funds 2004

Budget: \$12.9 Million

Two-Thirds of HHS Funds Are Allocated to Community Agencies



The table below provides information on the total budget for all City Departments. This includes all revenue sources. As has been noted, approximately three-quarters of the budget for Housing and Human Services Department comes from sources other than the City general fund, including grants and fees. About half of the budget for the Department's direct services is leveraged through grants from a variety of sources.

**City of Boulder
2004 Budget
Total = \$182 million**

Department	Budget	Percentage of City Budget
Public Works	\$62.1	34%
Police	\$21.7	12%
Parks & Recreation	\$20.8	11%
Open Space/Real Estate	\$17.8	9%
General Government	\$13.3	7%
Housing and Human Services	\$12.0	7%
Fire	\$10.4	6%
Administrative Services	\$9.1	5%
Planning and Development	\$6.1	3%
Library	\$5.2	3%
Debt	\$2.9	2%
Arts	\$0.4	<1%