

## WEEKLY INFORMATION PACKET

### MEMORANDUM

TO: Mayor Toor and City Council

FROM: Frank W. Bruno, City Manager  
Karen Rahn, Co-Director, Housing & Human Services  
Richard D. Johnson, Director, Division of Community Services, HHS

DATE: June 9, 2004

RE: **Information Item:** Housing & Human Services Master Plan Update

#### Executive Summary

In 1994 City Council approved the Human Services Master Plan, which serves as a policy guide for the Department of Housing and Human Services (HHS) in allocating over \$2 million annually to community agencies for the provision of human services. Now, ten years later, HHS is in the process of updating and enhancing the Master Plan to encompass all services provided by the department as well as serve as a coordinated funding guide for each of the Funds allocated through the department. The City Manager appointed an Advisory Committee to assist HHS in updating this master plan.

The HHS Master Plan Advisory Committee held its third quarterly meeting on May 26 and heard from various Committee members and an invited speaker concerning driving trends and emerging issues in human services. Council will receive periodic progress updates throughout the 18-month development of the plan.

#### Goals of the Master Plan

In developing the Housing and Human Services Master Plan, HHS will identify and assess:

- Current resources and gaps in housing and human services available to residents of the city of Boulder;
- Demographic, financial and service trends to anticipate future housing and human service needs within the city of Boulder;
- 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
- Future financial sustainability of appropriate City housing and human services functions, and recommend funding and policy mechanisms to meet needs.

## Timeframe

The Housing and Human Services Master Plan development process began in December 2003 and is expected to take 18 months. This period will be divided into three major phases: (1) information collection, (2) information analysis, and (3) recommendation development. The project is now moving into the second phase, focusing on analysis and preparing for recommendations. Updates will be provided to Council quarterly, with public input occurring during the second half of the project period. Final approval of the Master Plan by Council is anticipated by Summer 2005.

## Progress To Date

The HHS Master Plan Advisory Committee has held three quarterly meetings, the most recent on May 26. The purpose of these meetings has been to gain a common foundation of data and information concerning Boulder city residents, their housing and human services needs, and the existing structure of housing and human services programs to meet those needs.

On December 11, 2003 at its initial meeting, the Committee was welcomed by City Manager Frank Bruno and department co-Directors Karen Rahn and John Pollak, followed by staff presentations of an overview of the department and an overview of the master planning process. This was followed by a discussion among Committee members of what works well in a planning process, the types of information that will be required, the importance of public input into the process and the timing of various phases of the project.

At its March 29, 2004 meeting, continuing the data and information review phase of the master planning project, staff presented Committee members with a demographic profile of the city. Additionally, four Committee members presented their view of the driving trends and emerging issues in charitable giving (Barbara Pingrey), health care (Jacob Blass), public health (Chuck Stout), and Boulder's Latino community (Nino Gallo). These presentations were followed by a Committee discussion of common themes running through all presentations. Committee members were provided a copy of *City of Boulder: A Demographic Profile*, which is available for Council members' review in the Housing and Human Services Master Plan Notebook, located in the City Manager's Office. Additional copies are available from staff upon request.

A second full Committee data review session was held on May 26. For this meeting, four Committee members and an invited guest presented their view of the driving trends and emerging issues in education (Chris King), social services (guest Melisa Maling, County Department of Social Services), housing (Ardie Schulster), mental health (Barbara Ryan) and the justice system and law enforcement (George Epp). Following these presentations, the Committee discussed common themes found across these areas. See Attachment A for a summary of May 26 presentations and discussion. Committee members were provided a copy of *Investing in the Community: Department of Housing and Human Services Programs and Services*, which is available for Council members' review in the Housing and Human Services Master Plan Notebook, located in the City Manager's Office. Additional copies are available from staff upon request.

## Next Steps

The May 26 meeting of the Advisory Committee concludes first phase of the master planning project: data collection and review.

The next phase of the project, data analysis, will occur over the summer within four “Study Groups” comprised of subsets of the full Committee. The four Study Groups correspond to issue areas of the four departmental divisions: Children, Youth and Families; Community Services; Housing; and Senior Services.

Meeting monthly through the summer, the Study Groups will be charged to address three foci: (1) Needs for the next 10 years; (2) Priorities among those needs; and (3) Vision of the City’s role in meeting priority needs. Using the expertise of Study Group members, staff and invited guests, the groups will develop positions on each of these areas and report back to the full Committee at its next quarterly meeting.

## Availability of Advisory Committee Materials

Agendas, meeting summaries and staff-developed materials and presentations are available on the HHS Master Plan website: [www3.ci.boulder.co.us/hhs/HHSMP%20homepage.htm](http://www3.ci.boulder.co.us/hhs/HHSMP%20homepage.htm). Additionally, a HHS Master Plan notebook is available for Council members in the City Manager’s Office with hard copies of these documents.

## Staff

Lead staff for this project are Richard Johnson, Director of the HHS Division of Community Services and Administration (303/441-4196), and Linda Hill-Blakley, Housing and Human Services Planner (303/441-3158).

## Attachments:

- A. May 26, 2004 Meeting Summary: HHS Master Plan Advisory Committee
- B. Members: Housing and Human Services Master Plan Advisory Committee

# ATTACHMENT A

## **Housing & Human Services Master Plan Advisory Committee**

*May 26, 2004*

### *Meeting Summary*

The third quarterly meeting of the Housing and Human Services Master Plan Advisory Committee was held May 26, 2004 from 4:00 to 7:00 pm at the West Boulder Senior Center. Two members were not able to attend (Jacob Blass and Clara Perez-Mendez). One new Advisory Committee member was introduced: Barbara Ryan, Interim Executive Director of the Mental Health Center of Boulder County. She replaces Laura Systra, who resigned for health reasons.

The meeting finalized the data review phase of the project, begun in December 2003. Member presentations were made on education, housing, social services, mental health, and law enforcement and the justice system. A discussion of common themes followed individual presentations.

Materials distributed for the meeting included:

- Preliminary Report of the 2003 Boulder County Youth Risk Behavior Survey;
- Reflection, Action, and Expansion: Analysis regarding the Emerging Latino Community in Boulder County (prepared for Hispanics in Philanthropy);
- Briefing paper on the status of affordable housing (contributed by Ardie Schulster);
- Investing in the Community: Department of Housing and Human Services Programs and Services; and
- Various materials provided by Committee members listing programs and services throughout the community.

### **Driving Trends and Emerging Issues: Committee Member Presentations**

At the March meeting of the Advisory Committee, presentations were made in the areas of charitable giving, the Latino community, health care, and public health. For this May meeting, the Committee requested additional presentations in several areas: education, housing, law enforcement and the justice system, mental health and social services.

Four Committee members and one invited presenter from the Boulder County Department of Social Services provided outlooks on driving trends and emerging issues in their respective fields.

*Education: Boulder Valley School District – Presented by Chris King (Assistant Superintendent, Boulder Valley School District)*

The Boulder Valley School District covers approximately 500 square miles, including eight distinct communities serving 27,000 students with 1800 teachers. The annual budget is just under one-quarter billion dollars. The district is goal-driven and focuses on continuous, data driven improvement.

The district's six major goal areas are:

- *Student Achievement.* With state-mandated testing, student data are available to assess a certain percent of the educational system's performance. Much of the more subjective work cannot be assessed by such data, but the data do provide useful measures of academic indicators such as reading and writing. The data are analyzed to assess how students, classrooms, schools, special populations, and the district are doing. This "data warehouse" is used to set specific goals for schools and the district.
- *Fostering Community Outreach and Collaboration.* The district partners with a number of agencies, including the City, the Mental Health Center, Health Department, CU, and others. For example, the district serves on the board of the "I Have a Dream" Foundation, partners with agencies with the Intervention Program in middle and high schools and Family Resource Schools at the elementary level, and is participating on the HHS Master Plan committee.
- *Valuing Diversity and Promoting Understanding.* With changing demographics throughout the system, respect for diversity has certainly moved to the forefront in the district. Educational efforts focus on both students and staff, with an emphasis on understanding and respect in an increasingly multicultural world.
- *High Quality Staff.* Salaries in Boulder Valley are among the highest in the state, rivaled only by Littleton and Cherry Creek. Sophisticated staff development is a high priority, with an ongoing commitment to continuing learning and teaching. Currently, the district is filling 20 administrative positions, mostly from retirement, an artifact of a "baby boom" retirement phenomenon the district is now experiencing. While this provides an opportunity to bring in new energy, it also represents a "brain drain," and is challenging in that regard.
- *Responsible Asset Management.* The district is committed to making sound financial decisions. Boulder has more resources than many districts, but also has higher costs and higher expectations.
- *Continuous Improvement.* As previously described, the district is committed to pursuing strong goals that are grounded in data and analysis.

The district has been very fortunate to have strong community support, as evidenced by two recent successful tax initiatives that have increased revenues. Boulder has smaller schools than most other districts, with 54 sites and 27,000 students. Cherry Creek district, by comparison, has

30 sites and 45,000 students. The average middle school size in Boulder is about 450 students; for Cherry Creek, the average may be about 1000 – 1500 students. Operating with larger schools obviously reduces administrative and overhead costs; however, research does demonstrate many educational advantages in having smaller schools. Community involvement, strong students, solid family backgrounds, and parental involvement are all strengths in Boulder.

A major priority for the district is to close the achievement gap between racial and ethnic minority students and Caucasian students. Some strides have been made, but continuing changes in the community's demographics call for greater effort. One strategy is differentiated resources—spending differently according to a school's needs. More resources are poured into schools that are more affected by poverty.

A major challenge for the district has been, and will increasingly become, declining enrollment. This has led to some school closures. In the 1990s, the district was sustained by growth in the east county, primarily Superior and Erie. As these communities themselves have approached build-out, Boulder Valley cannot rely on their future growth. In Boulder, as well as east county areas, future years will see fewer students, and because funding is based on a per-pupil formula, this translates into fewer resources. Incoming kindergarten classes continue to be larger than graduating senior classes. This is a “recipe for cuts,” and contributes to two of the more visible issues the district has struggled with recently: teacher wages and school closures.

Schools in the city of Boulder have many focus programs that attract and retain students from the east county, which has been a drain on some east county schools. Empty seats in neighborhood schools encourage an open enrollment policy, which creates movement and contributes to stratification and some level of white flight. A greater proportion of Boulder's Latino population are new immigrants than is the case in some other communities. This, combined with a highly educated Caucasian population, leads to a more pronounced achievement gap.

After a proliferation of charter schools in the mid-nineties, there is now a moratorium on that option, and a much more thoughtful process has evolved. As a note, transportation issues such as traffic congestion and heavier use of streets are also affected by charter schools and open enrollment.

**Social Services – Presented by Melisa Maling (Manager of Services, Boulder County Department of Social Services)**

The Boulder County Department of Social Services has about 250 employees and a \$35 million budget, with \$21 million used for operating and \$14 million given out in cash or in-kind assistance. The Department is divided into two major divisions: Protection Services (child and adult) and Assistance Payments (Medicaid, food stamps, child care assistance, and child support enforcement).

This is a very interesting time in human services, with some disturbing trends. Poverty is a major issue. The current economic downturn has significantly increased caseload levels; people are

coming in for services who would never have come to Social Services previously. Many people who were just above the poverty line now need assistance. There has been some improvement in the last six months, but this trend has been noticeable for the last several years.

Having adequate resources to meet needs continues to be a struggle. However, relative to many other Social Services departments across the state, Boulder County is in a better financial position, due, in part, to Boulder's emphasis on keeping kids in the home or in the community, which saves funds. Boulder County has been successful at achieving a low rate of out-of-home placements and the lowest rate of higher level and costly out-of-community placements. This is possible due to effective collaborative partnerships with other community agencies. Boulder County Social Services both provides its own managed care and contracts with county and community agencies. The Impact program, in particular, has been highly successful in improving outcomes for at-risk adolescents and avoiding costly out-of-home and out-of-community placements.

The dramatic growth in the use of methamphetamines is having a huge impact on the child welfare system, particularly in Longmont. Boulder accounts for approximately one-quarter of county child protection cases; over half occur in Longmont. The most significant impact of the methamphetamine problem is that children are being removed from parents who will never be able to be reunited with their families. The emphasis in the past couple of decades has been to work to keep kids with their families whenever possible, but for many families with methamphetamine addiction, this is not an option. More parental rights are being terminated, which has system-wide impacts on the school district, public health, mental health, foster care, and adoption.

In 2001 through 2003, the number of out-of-home placements in the county was in the low- to mid-400s. In the first three months of 2004, 306 children have been placed, much of this driven by the methamphetamine problem. Again, city of Boulder represents about 25% of the total, a proportion that has been quite consistent over the years.

Boulder County Social Services maintains its own foster care program, recruiting and maintaining homes. The County often uses "kinship" homes, placing kids in homes where there is some biological or psychological tie, which has been very good for children. Generally, good placements are possible, with one or two situations a year where a placement is not possible.

The high cost of child care can make it difficult for some families to work. Boulder County offers financial assistance for child care to low-income families (CCAP-child care assistance program). However, merely providing assistance is often insufficient because the number of providers who will accept CCAP payments is limited. Additionally, families whose income is just over the eligibility level receive no assistance.

Boulder concentrates on keeping children with their families by building family strengths and keeping children in their community, through collaboration with other agencies and service providers. This successful approach has become known across the state and nationally as the "Boulder Model."

With the growth of the community's Spanish-speaking population, recruitment and retention of bilingual and bicultural staff is a challenge.

Lack of affordable housing is also an ongoing problem; both permanent and transitional housing are needed. Because meth-addicted mothers are often in conflict-ridden relationships, more transitional housing is needed while they are in recovery or escaping destructive relationships.

Sexual abuse rates in Boulder have consistently been lower than the national average. Meth-related problems are more specific to situations of neglect, affecting not just the number of cases, but also the intensity of cases. In Boulder, drug problems affecting families with children are more related to alcohol and powder cocaine than to methamphetamine.

In terms of TANF (Temporary Assistance for Needy Families), Boulder County has less than ten families that are in danger of losing aid. Some families have escaped this dilemma by qualifying for other aid through waivers. At times, this has unfortunately meant that some women have moved from welfare to poverty.

Boulder has been successful in avoiding the situation Denver has experienced, where kids graduate from foster care to homelessness. Boulder starts working with youth around age 16 to emphasize independent living skills, through education and a stipend so that they learn to live successfully on their own.

Historically, the Boulder County Commissioners have been generous with funding for human services. Additionally, the recent passage of Ballot Initiative 1A, which provides supplemental funding for human services, has been very helpful for social services and has allowed the county to avoid some budget cuts.

### **Affordable Housing – Presented by Ardie Schulster (Community Housing Advocate)**

According to the 2000 Census, Boulder's population was 94,673; it should be noted that the City has challenged this figure as an undercount and estimates the year 2000 population as 102,659. The number of housing units in the city is now estimated at 48,150.

In 2000, a goal of 10% of the housing stock to be affordable in 10 years was supported by City Council. This translates to a goal of 4,500 affordable housing units. The city is now just past the half-way point toward achieving that goal, with an inventory of 2,357 affordable units and 2,143 remaining to be developed or acquired.

Affordable housing is defined as housing that costs no more than 30% of household income. Eligibility requirements vary for different programs. For programs targeting very low-income households, incomes may be 30% or less than the Area Median Income established by the federal department of Housing and Urban Development (HUD), which translates to under \$20,000 for a household. Other programs serve low and moderate income households, with incomes ranging from \$30,000 - \$50,000, depending on household size.

A number of the affordable homes are developed as a result the city's "inclusionary zoning" ordinance, which requires that all new residential development contribute 20% as permanently affordable homes. Additionally, a variety of local and federal funding sources are used for affordable housing, including:

#### *Local Funds*

- Affordable Housing Fund: \$500,000 from the General Fund, plus cash-in-lieu funds that vary annually (contributed by some developers instead of providing affordable units with on-site development).
- CHAP (Community Housing Assistance Funds): 0.8 mill levy from a total of 9.981 mills levied for the City and Housing Excise Tax (small tax on new commercial/industrial and residential), which generates about \$1 - \$1.5 million annually.

#### *Federal Funds*

- Community Development Block Grant (CDBG): Federal funds to benefit low-income households split between housing and human services capital investment (\$1.1 million).
- HOME: Federal funds available for 10 years that target low and moderate income households (\$870,000).

The City of Boulder partners with many non-profit and for-profit housing developers, through funding and other efforts, to produce or acquire affordable housing. These partners include: Boulder Housing Partners (Housing Authority), with 606 rental vouchers, 505 public housing units, 453 units in diversified properties, and 14 homeownership units; Thistle Community Housing, with 236 units, rental and homeownership in Boulder; and other non-profits (e.g., Habitat, Emergency Family Assistance Association, the Boulder Shelter for the Homeless, Boulder County Safehouse) and for-profit developers (e.g., Coburn, Peak Properties).

Housing prices continue to significantly outpace income growth. There has been a slight reprieve in rents and some home prices with the current economy, but this is not expected to be a lasting change. Housing affordability is a serious problem and is expected to continue to be so. The 2003 median homes sales prices in Boulder were \$410,000 for single family homes, and \$212,000 for condos and town homes.

Faced with the high price of housing in Boulder, low- and moderate-income households are presented with three choices:

- Spend over 30% percentage of their income for housing;
- Seek more affordable housing outside of Boulder, resulting in more commuters, more traffic, and contributing to pollution and urban sprawl; or
- Live in more crowded settings.

Low wages combined with high housing costs result in insufficient income to meet other basic needs (food, health care, child care, transportation). A fact worth noting is that a substantial portion of Boulder Housing Partners public housing residents earn wages (46%), with about 50% of other public housing residents being elderly or disabled.

There are a number of important affordable housing trends to consider. One trend that has been the subject of substantial study and debate is the serious jobs to housing imbalance. With far more jobs than housing both now and projected for the future, this will continue to place extraordinary pressure on affordable housing and transportation. A City task force studied this issue, with some recommendations being implemented.

Another trend affecting affordable housing is the fact that Boulder is near build-out, with very little vacant land still available. This means that the future will involve more redevelopment instead of new development, increased densities in the city core and along transit corridors, and more mixed-use and mixed-income developments. The City is examining areas where housing is appropriate near certain industrial zoned land that is adjacent to residential and other rezoning possibilities. Occupancy limits are also being revisited, with the potential of expanding the definition of related family and to include domestic partners.

Several key emerging issues should be noted. Employers rely on low-income wage earners, many of whom rely on assistance with housing and human services. The demographics also show that the Latino population is growing and the general population is aging, with affordable housing a concern for both of these groups.

The City continues to work with other entities to address affordable housing, including CU and student housing needs. Regional efforts are also being pursued. In the past, such efforts have included county-wide data gathering, symposiums, and sales tax efforts. The Consortium of Cities recently selected affordable housing as a topic of study.

***Mental Health – Presented by Barbara Ryan (Interim Executive Director, Mental Health Center of Boulder County, Inc.)***

Materials from the Mental Health Center were distributed, including the mission statement, annual report, organizational chart, and list of programs.

The Mental Health Center is a private, non-profit corporation, not a county agency, although it enjoys substantial support from the county. It was created in 1962, acquired 501(c)(3) status in 1964, and in 1971 received federal grant funding that allowed it to become a comprehensive community mental health center, which required that certain services be provided. The Center is the primary provider of mental health services for the indigent population in the county and is also the Mental Health Assessment and Services Agency (MHASA), essentially a Medicaid HMO for mental health services for Medicaid eligible people in the country.

As a MHASA, the Center is paid each month and is paid each month on a per-member basis. This has allowed the Center to do some of the very collaborative work and offer creative programming and services that are not available on a fee-for-service basis, such as the Clubhouse program (offering socialization, living, and vocational skills), housing for adults, and employment. Boulder is higher than the national benchmark in terms of rates of employment and independent living.

Partnerships and collaboration, blended programs and blended funding are the signature marks of human services in Boulder. This is a driving trend and fundamental value in how the Mental Health Center does operates.

The Mental Health Center is integrally involved in two examples of highly successful collaborations.

- The Partnership for Active Community Engagement program (PACE) partners the Mental Health Center with the Sheriff's Department, Probation, the Health Department, and the justice system. The PACE program provides an integrated treatment and diversion program which reduces jail use by a targeted population of mentally ill offenders, most of whom have co-occurring substance abuse problems.
- The IMPACT program provides comprehensive and integrated services for youth who are multi-system involved. It targets adolescents who are at imminent risk of, or transitioning from, out of home placement, psychiatric hospitalization, or commitment in youth corrections. It brings together all entities, youth, and their families. This has been very successful in stabilizing situations for many adolescents and has reduced out-of-home placements.

A number of major trends are affecting mental health services. The Mental Health Center has had to cut between four and five million dollars since 2000. The rest of the State has also experienced similar cuts in funding. The cuts in Boulder County have been offset somewhat by the passage of Proposition 1A, the Worthy Cause tax, and other efforts. One impact of budget cuts has been a narrowing of the population served to the most severely or acutely ill. This is a very concerning trend as it reflects an accompanying decrease in prevention and early intervention services.

Another trend is the increase in the Latino population and requests for services. This requires bilingual and bicultural staff to effectively deliver services. The percent of Latinos served by the Mental Health Center has increased from 10% in 1990 to 17% this year. The Center's staff is approximately 12 - 15% Latino. Mental health issues are often related to poverty, with assistance needed to stabilize housing and secure services in schools. Because mental health issues are often complex, a variety of agencies and services are needed to achieve positive outcomes.

For adults, recovery and consumer empowerment are driving trends, with much room for progress in those areas to support people and maximize their independence and ability to be part of the community.

There is an increasing push for evidence-based practices and using research to inform how services are most successfully provided. Research from Del Elliott at CU has been an important partnership in that regard. The Center has done extensive training in proven treatment approaches to insure the highest quality outcomes in the most efficient time frames.

Accountability for both quality outcomes and management of resources are also current trends and driving forces in mental health.

*Law Enforcement and the Justice System – Presented by George Epp (Director, County Sheriffs of Colorado, Inc.)*

First, it should be noted that the criminal justice system is not really a system; it includes agencies from many different parts of government. For example, for adult offenders, the courts run probation, but parole supervision is the responsibility of the Department of Corrections. Three areas of trends in law enforcement and justice are important to examine: crime trends, incarceration trends, and demographics.

*Crime Trends*

Serious reported crimes (murder, rape, robbery, burglary, theft, auto theft) have declined from 1976 to 2002. This is in part due to the aging of the baby boomers. Nationally, statewide, and locally, the crime rate is down. Certain crimes in particular have declined, such as burglaries, perhaps due to the increase in the number of alarms and goods that are easier to trace. Other crimes have increased, including: domestic violence, sexual assaults (both of these probably due to an increase in reporting), fraud, drunk driving, and underage drinking (the latter two a function of increased enforcement). Crime reporting is influenced by multiple complex factors, such as social outlooks, reporting, and enforcement trends. An increase in certain crimes does not necessarily mean greater incidence, but it may mean more reporting.

As a note, in terms of drug use, methamphetamine tends to be a white, blue collar drug thus far, and is a problem in Longmont as well as in rural areas of the county. It is more of a serious problem in parts of Boulder county other than the city. In the city of Boulder, powder cocaine, alcohol, and heroin are of greater concern. Among youth, marijuana and alcohol use is substantial. About 70% of the jail population has a severe drug or alcohol addiction.

*Incarceration Trends*

Incarceration has increased dramatically in the last 30 years, consistent with national and state trends. The 1977 average daily population of Boulder County jail of approximately 60 inmates grew to over 500 by 2000. Alternatives to incarceration have been added over the years, including halfway houses, workenders, electronic monitoring, education and GED programs, work release, life skills training, and day reporting centers. Jail inmates per population increased from a rate of 41 per thousand in 1980 to a high of 220 in 1998. This parallels national trends.

The biggest single factor in the increase in the incarceration rate is the crackdown on drunk driving. In the 1970s, drunk driving was a \$100 offense. The penalties are much higher now. For a first offense, fines and court costs are about \$1000, with second offences requiring 20 days in jail, and third offences requiring six months or more in jail. A substantial number of people in jail are third-time DUI offenders.

At the state level, the prison population has more than doubled since 1992. Boulder County transfers to the state Department of Corrections at a significantly lower rate than the rest of the state, almost half as frequently. This is largely attributable to the partnerships and collaborations in our community, and the effectiveness of providing services and meeting needs locally.

Boulder County Commits to the State Department of Corrections  
at a low rate (2002 data)

	Total	% of total	Rate
Denver	1203	21.8	213
El Paso	627	11.3	115
Jefferson	626	11.3	117
Arapahoe	505	9.1	99
Adams	466	8.4	125
Mesa	326	5.9	266
Larimer	286	5.2	108
Pueblo	247	4.5	167
Weld	243	4.4	119
<b>Boulder</b>	<b>160</b>	<b>2.9</b>	<b>57</b>
All others	842	15.2	86

### *Other Trends and Demographics*

The number of people with mental illness in the criminal justice system is soaring. In 1991, 239 inmates in Boulder County Jail had serious mental illness; in 2004, more than 3000 inmates are seriously mentally ill. Jail does not improve mental illness; it most often makes it worse. This is probably the top concern in jail trends at present. PACE-type programs not only are successful in reducing jail days, but also in reducing hospital days, which cost about ten times more than jail.

Several other demographic trends are significant. The percentage of women in jails and prisons is increasing. Parallel with the aging of the general populations, the jail and prison populations are aging. Minorities are overrepresented in jails by nearly two times the rate for non-minorities. In some areas of law enforcement, there is a strong anti-immigrant bias, though not so much in Boulder as elsewhere. Law enforcement, largely aided by technology, DNA, and fingerprinting, has gotten better at apprehending offenders.

In general, a major concerning trend is the elimination of prevention programs when budget cuts are made. For kids in the justice system, the single biggest contributing factor is poor family situations and abandonment by parents. The ability to shift resources and be collaboration and creative is greatest at the local level, and Boulder has enjoyed strong success in this regard.

## **Common Themes and Threads**

Despite the perception of Boulder as strictly a wealthy, affluent community, there is a substantial percentage of the population that struggles with incomes that are insufficient to meet their basic needs. High housing costs combined with low wages leave many people without sufficient resources to cover the essentials, such as food, child care, health care and transportation. As has been previously discussed, the percentage of the Boulder population (excluding students) who are below the poverty level is higher than the national poverty rate. This puts a heavy demand on the human service system.

While poverty is clearly a high risk factor for many problems, it is not the only risk factor that contributes to a demand for human services. Alcohol and drug use, suicide, child abuse and

neglect, domestic violence, and other issues may affect the poor, but may also affect the more affluent members of the community. Boulder's population includes many who need and use human services to meet basic needs, as well many others who struggle with damaging life situations, crises, emergencies, and other complex life circumstances.

Clearly, a signature mark of human services in Boulder is the extent and success of partnerships, collaborations, blended funding, and blended programs among agencies. Boulder is widely recognized as a statewide leader with such efforts. There are many examples of service providers coming together to jointly assist address and plan for successful handling of problems, such as the PACE and IMPACT programs, Youth Intervention programs, and Family Resource Schools Program.

Families and individuals typically have a constellation of problems and issues, and are often involved in multiple systems. For example, it is not uncommon for someone with mental health issues to also struggle with housing or employment, and to perhaps also be dealing with substance abuse or a destructive relationship. A child with poor performance or behavior issues in school may come from a family that is struggling with substance abuse issues, having difficulty with employment, and other problems. Bringing together service providers to address overall needs, rather than perpetuating a segmented approach, has proven to be a far more effective approach that results in improved chances for self-sufficiency.

A noteworthy feature of the Boulder community is the extent to which problems are taken care of locally. In mental health, Boulder is far less likely than other communities to use expensive and costly out-of-the community placements. For child protection cases, handled by Social Services, Boulder has the lowest rate of out-of-home placements in Colorado due to successful work with community partners by keeping kids with their families, or in the community. Similarly, in the justice system, Boulder commits to the state Department of Corrections at a significantly lower rate than the rest of the state, almost half as frequently.

Family issues are recognized to be at the core of many serious human service issues, including problems with the law, problems with substance abuse, and mental health issues. This is an area where early intervention and prevention involvement can be very effective in dealing with or preventing problems at an early stage. Parents are fundamental to children's ability to become self-sufficient adults, but they may lack the skills necessary for effective parenting. Services provided for children from birth to age five can have a major impact on successful families and children. The Community Infant Program intervenes very early with at-risk families. The Family Resource Schools concept in elementary schools and the Intervention Program in the middle and high schools – joint efforts of the Health Department, Mental Health, and the City – have been very successful in this arena.

For adolescents, threats to health are generally not related to typical medical issues. Instead, adolescent health issues are related to behaviors and social circumstances—death or injury from car crashes, lasting economic and social consequences from teen pregnancy, or chronic health problems due to substance abuse, poor diet, or lack of exercise. While some communities such as Denver have integrated health care in the high schools, in Boulder, adolescents generally have good access to health care in the community through a variety of agencies, but still have needs

related to behavior issues. Efforts are needed to prevent parents from losing control of their children as they reach the mid-teen years.

For agencies serving children, adolescents and their families, having bilingual and bicultural staff is very important to successfully develop trust, understanding, and effective services for the growing Latino immigrant population.

Boulder appropriately focuses on providing services early in life and early in problem, with many services targeted to strengthen families. At the same time, there are homeless people, young singles barely making it, and seniors who face increasing health issues, fixed incomes, and isolation. These populations also need services.

While there is a substantial amount of need and unmet need in Boulder, there are many examples of success and a strong culture of effective collaboration among agencies. Housing families and individuals is of prime importance, but many other human service needs also require attention. The challenge is to balance and effectively prioritize limited resources without sacrificing success, and continuing to take care of local needs, with the goal of improving independence and self-sufficiency for all members of the community.

## **Next Steps**

This meeting concludes the data review phase of the master plan project. While more information will certainly be provided throughout the course of the project, the emphasis now will move into phase II – data analysis. The Committee and staff will also need to determine the best method and time for public process and input.

The data analysis phase of the project will occur over the summer within four “Study Groups” comprised of subsets of the full Committee. The four Study Groups correspond to issue areas of the four departmental divisions: Children, Youth and Families; Community Services; Housing; and Senior Services.

Meeting monthly through the summer, the Study Groups will be charged to address three foci: (1) Needs for the next 10 years; (2) Priorities among those needs; and (3) Vision of the City’s role in meeting priority needs. Using the expertise of Study Group members, invited guests and staff, the groups will develop positions on each of these areas and report back to the full Committee at its next quarterly meeting.

## ATTACHMENT B

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