



# Human Services Needs Assessment

## Final Report

City of Longmont Community Services

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# EXECUTIVE SUMMARY

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## BACKGROUND

The City of Longmont invests in local organizations to support their delivery of services, such as food, housing, and health care to make lives better for everyone in Longmont. The city invests what it can, but its resources are inevitably limited. To maximize the return on its investments, the City decided to conduct a needs assessment of human services. Corona Insights, a market research, evaluation, and strategic consulting firm, was retained to conduct the 2016 Human Services Needs Assessment in collaboration with the City of Longmont.

The goal of the assessment is to help the City understand needs for services and the level of unmet need, and, following community input sessions, will result in a prioritized list of needs by service area that the City can use to create an investment strategy and develop appropriate indicators and outcomes to measure success.

## METHODOLOGY

This needs assessment synthesizes data from a variety of sources including an environmental scan (including review of existing studies, interviews with some human service agencies, and analysis of demographic and other secondary data), a mail survey of low-moderate income residents with a supplementary intercept survey of homeless residents, results from a recent community-wide satisfaction survey, and interviews with ten human service providers. A detailed description of the methodology can be found in [Appendix A](#).

## RESULTS

Longmont's population is growing, is dominated by families, but is aging. It has a sizable foreign-born population that has been declining recently. The cost of living has steadily increased, although so has income among residents even though job growth has been flat. A greater proportion of residents were in poverty in 2014 compared to 2009.

Housing clearly dominates as the greatest unmet human service need among low-moderate income residents. About 9,000 adults in Longmont need housing help, but only 1,000 to 2,000 are getting the help they need, resulting in unmet need for almost 8,000 adult residents. Beyond housing, there is also substantial need for help paying for food and help with primary health care. Need for disability services and mental health services is not limited to low-moderate income adults, but the need to learn English is almost entirely within the low-moderate income population.

The most vulnerable population segments, as measured by the lack of personal financial safety net resources, number of life challenges, and number of needs, are people who are homeless, single parents, and adults age 18 to 35. People with a disability have more need for help getting and paying for food and more need for legal help than the overall population. Non-U.S. citizens have the smallest average safety net; however, they report fewer life challenges and a relatively low number of needs.

Overall, a proliferation of outreach and navigation services across organizations, along with a desire for collaboration across the safety net of both Longmont and the region, suggest that there is a need for more coordinated efforts at incentivizing and making it easier for organizations to work together.

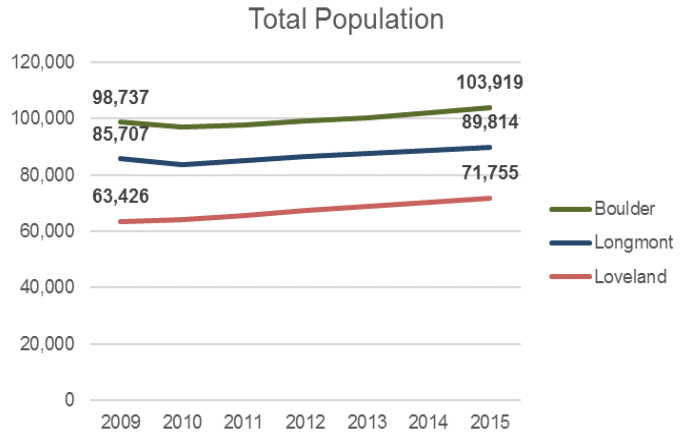
# COMMUNITY PROFILE

This section shows community demographics and trends by population and economics.

## POPULATION TRENDS

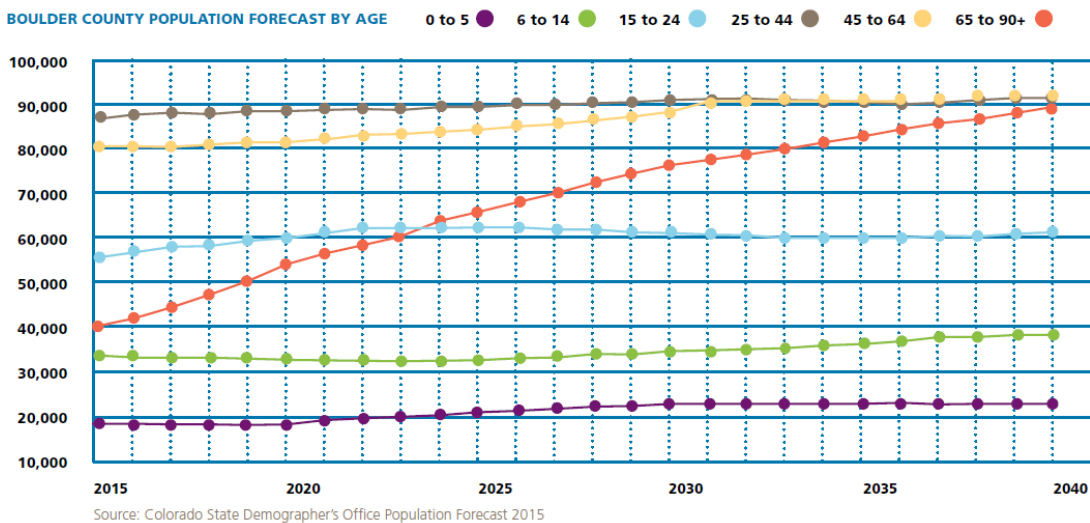
### A GROWING POPULATION

About 90,000 people live in Longmont, which is 4,100 more residents than in 2009. Longmont's population has grown 1 percent per year on average since 2006, and it has grown steadily since 2010. Longmont's growth rate is similar to neighboring communities of Boulder and Loveland.



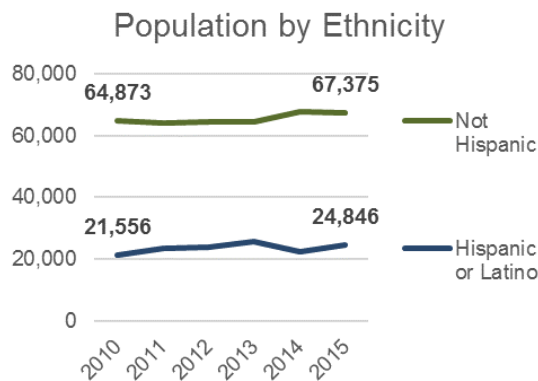
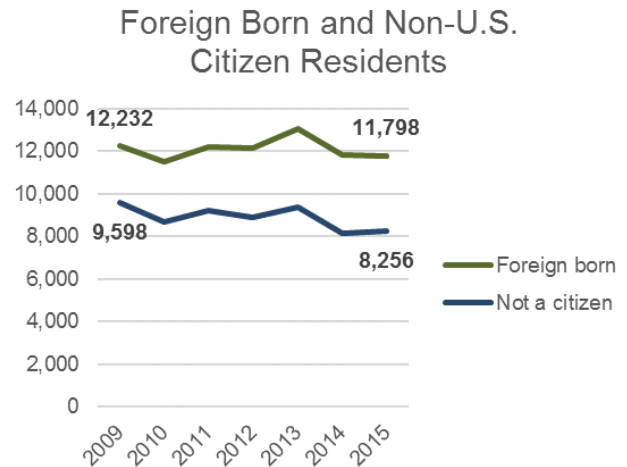
### AN AGING POPULATION

Not only is the population growing, it is also aging. In 2005, 15 percent of Longmont residents were 55 or older, and now 25 percent of residents are older than 55. The Colorado State Demography Office predicts that the percentage of older adults in Boulder County will grow at a much faster rate than other age groups, due to both the aging cohort of Baby-boomers aging in place, and an increase in Baby-boomers moving to Boulder County. While we are unsure the extent that the trend in Boulder County will mirror Longmont, it is safe to expect a growing proportion of older adults in the future.



## FEWER FOREIGN-BORN, NON-CITIZENS

There are about 11,900 foreign-born residents in Longmont, comprising about 11 percent of the population. Among these foreign-born residents, about 70 percent are not U.S. citizens. There are 1,300 fewer foreign-born, non-U.S. citizen residents in Longmont now than there were in 2009, and the number of all foreign-born residents has also decreased slightly. As a comparison, about 10 percent of residents in Boulder are foreign-born, which is also down slightly from 11 percent in 2009.

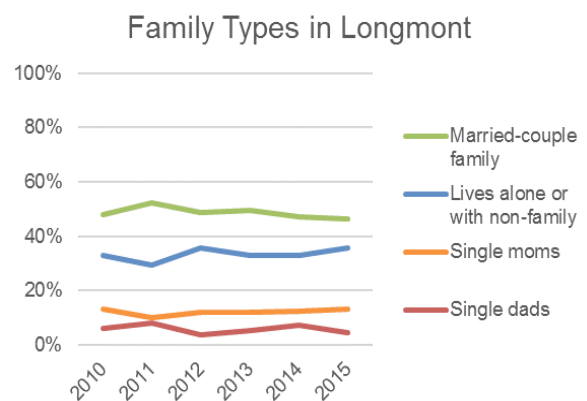


## MORE HISPANIC RESIDENTS, BUT NOT A GREATER PERCENTAGE

There are about 3,000 more Hispanic or Latino residents in Longmont in 2015 compared to 2010; however, the percentage of Hispanic residents has remained around 27 percent, due to total population growth.

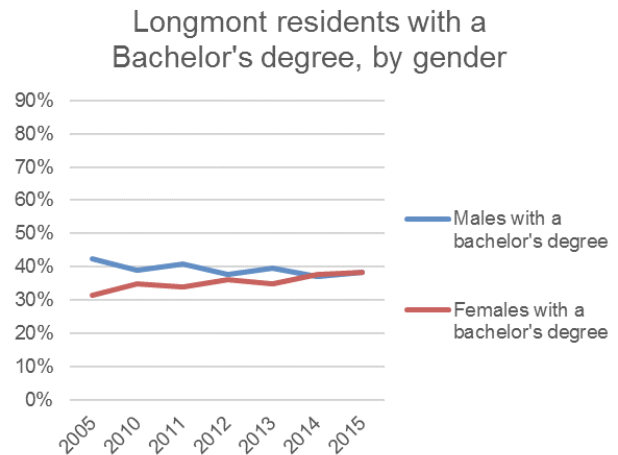
## INCREASING PERCENTAGE OF SINGLE MOMS

Longmont is a family dominated community, with about two-thirds of households made of families. Most family households are married-couple families, although this percentage has consistently decreased since 2011, and now fewer than half of all households are composed of married-couple families. Since 2011, the percentage of single mom households has steadily increased, although the percentage is about the same as it was in 2010. There are now roughly 4,500 single mom households, compared to about 1,500 single dad households.



## SOME EDUCATION GAPS ARE SHRINKING, OTHERS ARE NOT

Female residents are now just as likely to have received a bachelor's degree as male residents (i.e., 38 percent of the population that is 25 years or older), which differs from 2005, when 31 percent of females had a bachelor's degree, compared to 42 percent of males. For comparison, the percentage of females with a bachelor's degree in Loveland is smaller than the percentage of males with a bachelor's, but the proportion of the total population with a bachelor's is similar to Longmont. In the 2014-2015 school year, females were more likely to complete high school than males, with the largest gender discrepancy at Skyline.

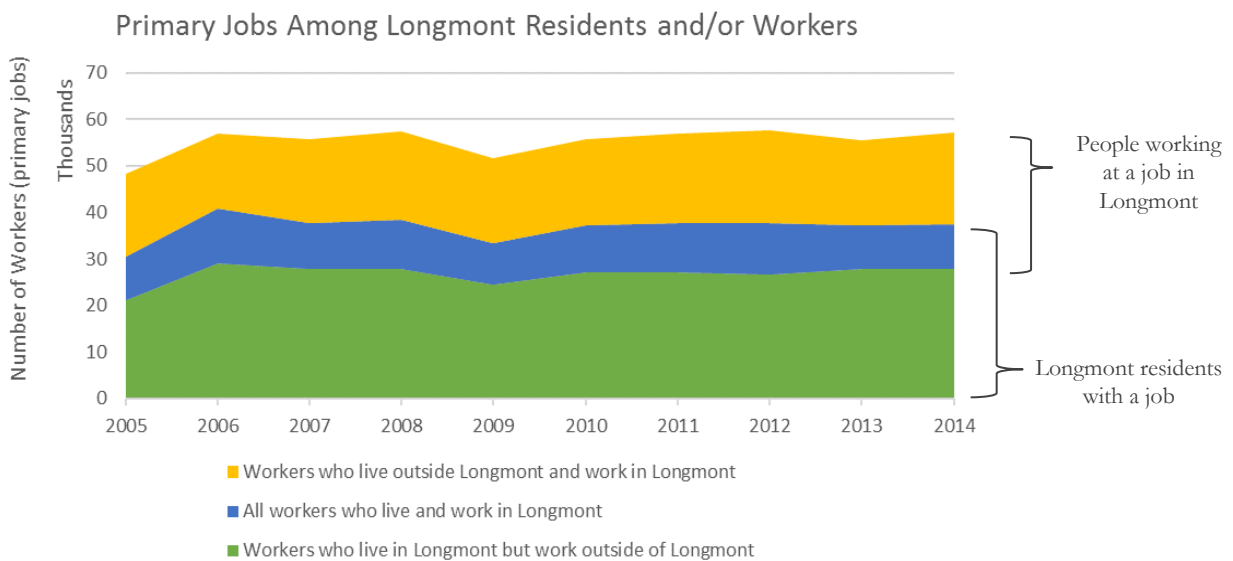


There is a large education gap between white adults with a bachelor's degree (44% in 2015) and Hispanic adults with a bachelor's degree (between 9% and 13%, based on data from past five years).

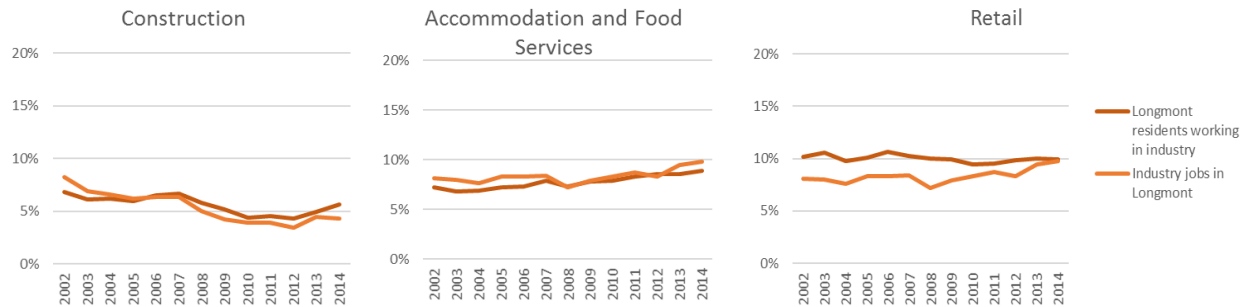
## ECONOMIC TRENDS

### JOBS WERE FLAT

Job growth was essentially flat in Longmont between 2010 and 2014, although population increased by 4,000 people and unemployment steadily declined from eight percent in 2010 to three percent in 2016. In 2014, over 37,000 Longmont residents had at least one job, and three-quarters of these working residents commuted out of Longmont to their job. That's not to say Longmont is a bedroom community, because almost 20,000 workers commute into Longmont. Employment is clearly a regional issue, with only about 9,500 people both living and working in Longmont.



The types of jobs Longmont residents are doing do not always match the types of jobs available in Longmont, again suggesting the regional nature of employment. For example, there was a steady decline in construction jobs in Longmont from 2007 through 2012, then a sharp uptick in 2013. The percentage of Longmont residents working construction jobs also decreased from 2007 to 2012, but not as quickly as the loss of jobs, suggesting that some construction workers were looking for work, and finding it, in areas outside of Longmont. Conversely, accommodation/food service job growth has been outpacing the percentage of Longmont residents working in this industry since 2012, meaning more people are commuting to Longmont for accommodation-food service jobs. Since 2008, the percentage of retail jobs in Longmont increased, and it now matches the percentage of residents working in retail.



## INCOME INEQUALITY VARIED



One way to explore economic trends is to look at how income is divided up in the community. The Gini income inequality index is one way to measure this. The Census Bureau defines the Gini index as a statistical measure of income inequality, with values ranging from 0 to 1. A value of 1 indicates perfect inequality, i.e., one household has all the income and rest have none. A value of 0 indicates perfect equality, i.e., all households have an equal share of income. The index score for Longmont climbed and dropped several times since 2010, compared to other nearby cities. This may reflect the dynamic economic environment in Longmont.

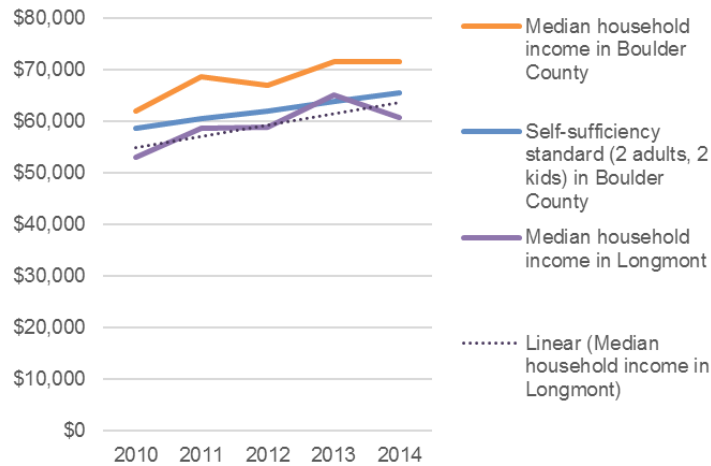
## COST OF LIVING HAS INCREASED, BUT SO HAS INCOME

Based on self-sufficiency standard information released from the Colorado Center on Law and Policy, the cost of living in Boulder County has steadily increased, a trend that is likely true in Longmont too. Indeed, the cost of housing and child care, the two main drivers of cost-of-living, have risen in Longmont.

Ideally, cost of living increases are offset by income increases, and this appears to be mostly true in Longmont, at least based on the income data available. Median household income in Longmont has been

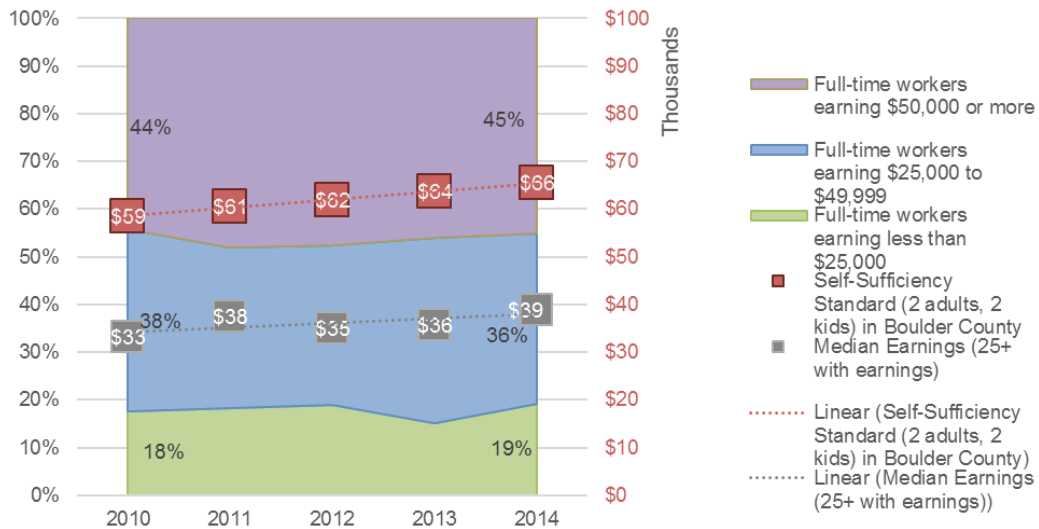
consistently lower than the Boulder County self-sufficiency standard, but both measures have trended upward at about the same pace between 2010 and 2014. It is not unexpected that the median household income in Longmont is lower than the self-sufficiency standard for all of Boulder County, considering the cost for housing and child care is much higher in Boulder than in Longmont. Personal earnings have also increased among Longmont residents since 2010, although at a slightly slower rate than the self-sufficiency standard.

Houshold Income and Self-sufficiency Standard



Among Longmont residents working full-time, there is evidence of a proportional loss of middle class workers. Among Longmont residents 25 years or older with earnings, their median earnings generally climbed slowly between 2010 and 2014.

Earnings in Past 12 Months by Self-sufficiency Standard

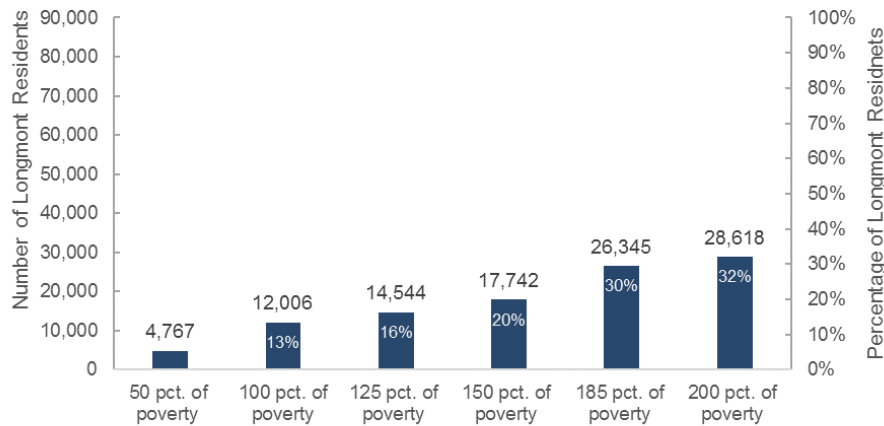




## THE PICTURE OF POVERTY IS COMPLICATED

In Longmont, 13 percent of residents (12,000 people) live below the national poverty level, according to 2014 U.S. Census data. About 28,000 residents (more than 30 percent of the population) live at or below 200% of the poverty level.

Longmont Residents in Poverty by Level



Number of Residents in Each Poverty Level (Cumulative)

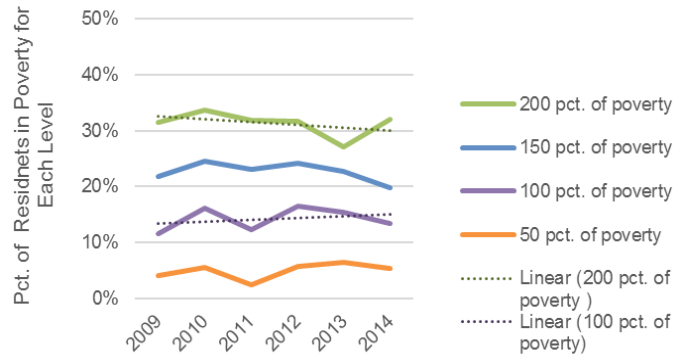
### Poverty Defined

A single parent with two kids under age 18 with an annual household income of \$19,000 in 2014 would be at the 100 percent of poverty level. If this parent had an income twice as large (i.e., \$38,000) they would be at the 200 percent of poverty level.

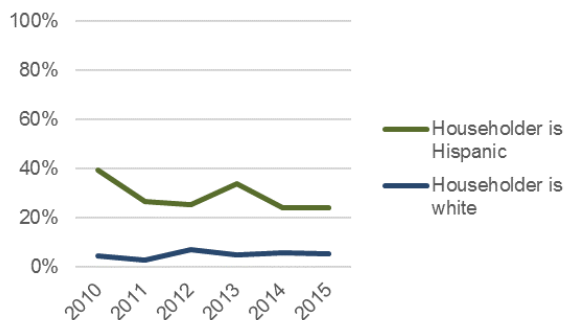
The complete poverty threshold table is in [Appendix C](#).

The percentage of Longmont residents living at 100 percent of poverty (i.e., living below poverty) has trended slightly upward since 2009, but it has recently trended downward from a high of 17 percent in 2012. Conversely, the percentage of residents living at the 200 percent of poverty level has trended slightly downward since 2009, but it jumped back up to 32 percent in 2014. Residents living alone or with non-relatives make up a greater proportion of those in poverty than they did in 2010.

Residents in Poverty by Level



Families Experiencing Poverty, by Householder Race/Ethnicity



About 20 percent to 25 percent of Longmont families with a Hispanic or Latino householder are experiencing poverty, a trend that has remained relatively consistent for several years. Hispanic families are three times more likely to be experiencing poverty than families with a white householder. However, about half of all families experiencing poverty have Hispanic householders and about half have white householders, due to there being more white householders than Hispanic householders overall in Longmont.

Additionally, most Longmont residents in poverty are younger than 45. Among older populations in poverty, most are female. In 2014, females living alone or with non-relatives and single mom families made up the largest groups experiencing poverty. Education does not eliminate poverty, as 37 percent of residents in poverty have at least some college experience, and 1 in 5 have a bachelor's degree or higher.

## TRENDS AFFECTING NEEDS FOR SERVICES

Service providers identified a number of trends they are seeing or expecting that affect needs for services in Longmont. Many pointed to the population and economic trends described above, as well as other more nuanced demographic trends and trends resulting from policy changes and other initiatives.

- > The population is increasing
- > The population is aging
- > Increase in numbers of seniors needing services
- > The population of older people without children is increasing
- > Longmont has a lot of immigration; is growing more diverse
- > Gap between high and low socioeconomic status (SES) is increasing
- > Cost of living is increasing
- > Housing costs are increasing
- > Increase in families leaving the community because of need for affordable housing
- > Increase in population with health insurance because of Affordable Care Act (ACA)
- > Health insurance is costing more, but paying for less
- > Increase in people needing services for mental health and substance use disorders
- > Increasing teen drug use
- > Decrease in the unintended pregnancy rate, decrease in the teen pregnancy rate

## INITIAL PRIORITIZATION OF NEEDS

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This section assesses need for services in terms of initial importance and feasibility criteria. For indicators of importance, the table below shows a) the number of Longmont adults who need or are at risk of having need for various human services, b) the number of low to moderate income adults with each need (i.e., adult residents living in households with annual incomes less than \$50,000 who are getting help or need help), c) the number getting sufficient help, and d) the number with an unmet need (i.e., needs help or needs more help). The last column in the table includes an indicator of the feasibility to address each need. The feasibility indicator we are using is a rough measure of the availability of services to address each need. Note the following:

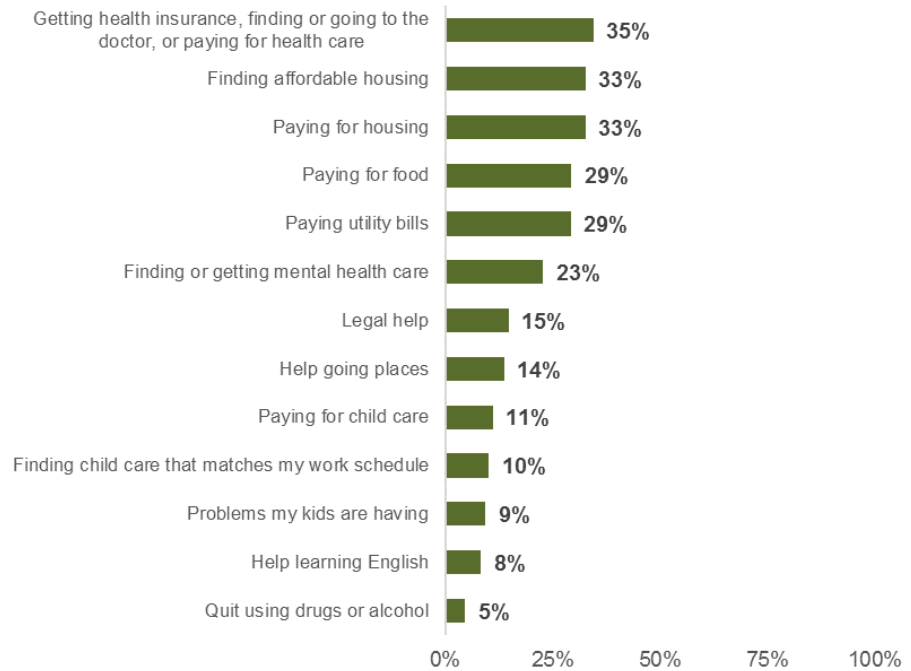
- > All number estimates are rounded to the nearest 100 to succinctly reflect the precision of the estimates.
- > The table is sorted from greatest unmet need to lowest unmet need.
- > All estimates are derived from survey data. We calculated the number with need or at risk by analyzing all surveys returned (not just the low-moderate income surveys) and weighting the data to reflect the citywide population in Longmont. We calculated the number affected by limiting the analysis to responses from households with annual incomes of less than \$50,000, and weighting the data to that population.
- > Estimates of number with need or at risk will always be larger than the estimated number affected because the former represents the total population in the city rather than the population in households making less than \$50,000. Where the two numbers are far apart, such as for disability services and mental health services, the need for services may extend far into the citywide population, regardless of income. When the difference between the two numbers is small, such as help learning English, the need exists mostly within the low-moderate income population.
- > The number of adults affected includes people who are either currently getting help, need help, or need more help. Some adults are classified as currently receiving help but also need more help, so in some cases, the number of adults getting help plus the unmet need is slightly greater than the number of adults affected.
- > When the number with unmet needs is much greater than the number getting help, it is evidence of a major need area, because a lot more people need help than are getting it. Where the number of adults getting help is about the same as the number of adults with unmet need (help to quit using drugs or alcohol), this means about half of the people affected are getting the help they need, and about half are not.
- > Feasibility was rated by project staff after considering and discussing various data points from the environmental scan and interviews with providers regarding degree of availability of the service in Longmont (e.g., capacity, waitlists, etc.). Not all services were discussed in depth, and in some cases there are a range of services available and capacity is different for each one. This column is best used to initiate discussion during the prioritization process, but should not be taken as a comprehensive judgment on service availability. Also note that though service areas are framed in terms of “help finding (service)” we are attempting to note the availability of the service, rather than the availability of help or navigation to find it. For example, many organizations provide help locating affordable housing, but the availability of affordable housing is limited.

Service Area	Importance				Feasibility
	Among Longmont adults	Among Longmont adults in households with income less than \$50,000 per year			Among service providers in Longmont
	# with need or at-risk for need	# of adults affected	Affected		Degree of availability
			# getting help	# unmet need	
Help finding affordable housing	11,700	9,200	1,400	8,000	Low
Help paying for housing	11,000	9,200	1,900	7,200	Low
Help paying for utility bills	10,400	8,200	1,600	6,800	Not discussed
Help paying for food	10,100	8,300	3,300	5,200	High
Help getting health insurance, finding or going to a doctor, or paying for health care	15,800	9,700	5,000	5,100	Moderate
People with a disability	10,400	5,100	1,700	3,300	Moderate
Finding or getting mental health care	12,700	6,400	3,300	3,300	Moderate
Legal help	8,400	4,200	900	3,200	High
Help going places	5,700	3,900	1,400	2,700	Not discussed
Help learning English	2,400	2,300	400	2,000	Moderate
Finding child care that matches my work schedule	3,400	2,900	900	2,000	Not discussed
Help paying for child care	3,700	3,100	1,300	1,900	Moderate
Help with problems my kids are having	3,600	2,700	900	1,700	High
Help to quit using drugs or alcohol	2,100	1,300	700	700	Moderate

## AREAS OF GREATEST NEED

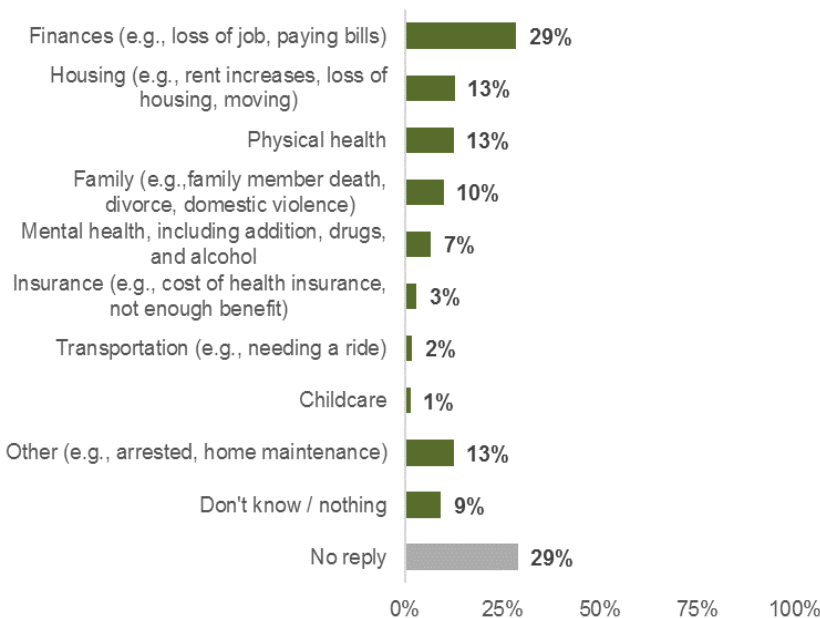
The services needed by the greatest percentage of the population are 1) Getting health insurance, finding or going to the doctor, or paying for health care, 2) finding affordable housing, and 3) paying for housing.

Percent of Population with Need for Each Service



## CHALLENGES AND PERSONAL SAFETY NET

Most Significant Challenges Faced



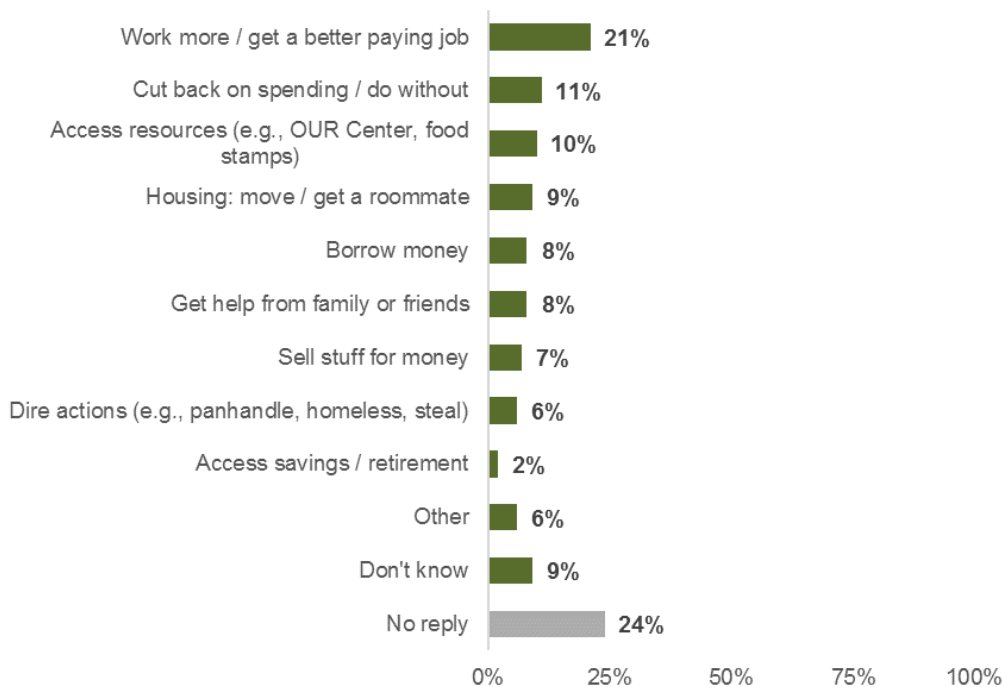
Money problems (from various causes) were clearly the most common significant challenge faced by the low-moderate income population. This may not be unexpected, as money can help overcome, or at least mollify, other challenges such as housing and paying for health care.

Among low-moderate income respondents who described to us what they would do if they ran into financially hard times (i.e., if they didn't have the money to pay for the things they need), most said they would generate more money by working more or getting a better paying job. Cutting back spending, accessing resources,

changing housing situation, borrowing money, and getting help from friends or family were also common themes. Nine percent do not know what they would do. Those who receive benefits, such as social security, SNAP, or Medicaid/Medicare (which included about 70 percent of all respondents) were more likely to mention they would access resources, whereas those who don't receive benefits were more likely to mention they would try to generate more money.

Very few respondents said they would access savings, which is somewhat surprising considering about 45 percent of low-moderate income residents do have a savings account with more than \$100, about 80 percent have a checking or spending account, and 30 percent have a retirement savings account. About half of respondents mentioned they do have family or friends who live close and could help if needed, although only eight percent indicated they would get help from family or friends if they didn't have the money they needed. Almost 10 percent of respondents said they have taken out a pay-day loan in the past year, because they had to.

### Solutions to Overcome Financial Challenges



## BASIC NEEDS

This section of the report summarizes the data on the areas of greatest need identified by the environmental scan, low-to-moderate income community survey, and service provider interviews.

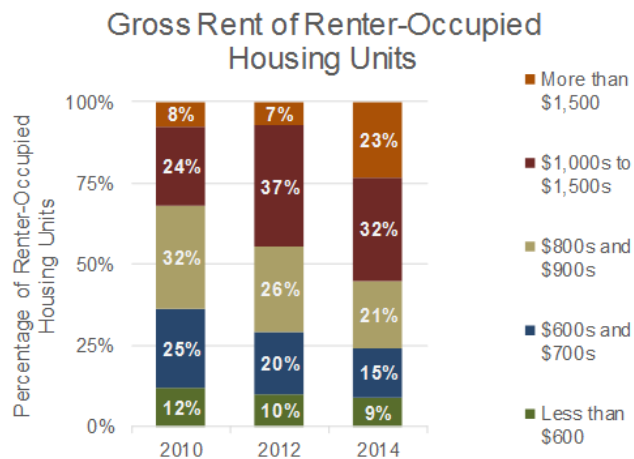
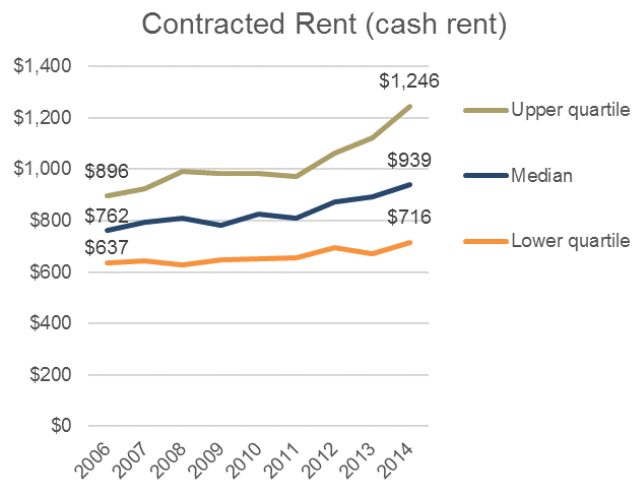
### HOUSING

Living in safe and affordable housing is a basic need for all Longmont residents.

#### Existing Knowledge

Since 2006, rents have increased, but not equally for all homes; the contracted rent of upper quartile rented homes increased by 28 percent, which was faster growth than median rentals (19% increase), and much faster than lower quartile rentals (11% increase).

Median home sale prices have climbed steadily since 2011, but at a slower rate in Longmont than other Boulder County towns. Total housing costs have increased since 2010, but are similar to 2005.



Low income households are dramatically more likely to be housing cost burdened than high income households, especially for renters. Indeed, 85 percent of renter households with incomes less than \$35,000 are housing cost burdened. Compared to owners, renters making between \$20,000 and \$35,000 are much more likely to be housing cost burdened.

The percentage of housing units in Longmont rented for under \$800 per month decreased by 33 percent between 2010 and 2014. Meanwhile, the percentage of homes rented for more than \$1,500 almost tripled.

According to the 2013 Longmont Rental Housing Market Analysis Update, there were 6,700 more renters than there were affordable and available rental units in Longmont. The deficit of affordable and available rental units spanned the household income spectrum, but the housing gap was greatest in the highest and lowest AMI levels. For households at 0% to 30% AMI, the gap was 64%. This means there was one affordable rental unit available for about every three that were needed (three renters are competing for one unit). For households at 81% AMI or greater, the gap was 73%. This means there is one affordable rental unit available for about every four that are needed (four renters are competing for one unit).

AMI Level	Rent Afford.	Renter Households	Units Available	Surplus/ Deficit of Units	Units Occupied by Higher Income Renters	Adjustment for Rent Burdened Households	Affordable and Available Units	Surplus/ Deficit of Affordable/Available Units
0 - 30%	\$544	3,974	1,514	-2,460	88	0	1,426	-2,548
31 - 50%	\$956	2,270	5,141	2,871	1,197	2,222	1,722	-548
51 - 60%	\$1,163	1,383	2,078	696	656	406	1,016	-366
61 - 80%	\$1,375	1,519	2,446	927	1,048	506	892	-627
100%	\$1,988	1,508	1,130	-378	502	259	369	-1,139
101% +	>\$1,988	2,085	707	-1,378	0	99	608	-1,477

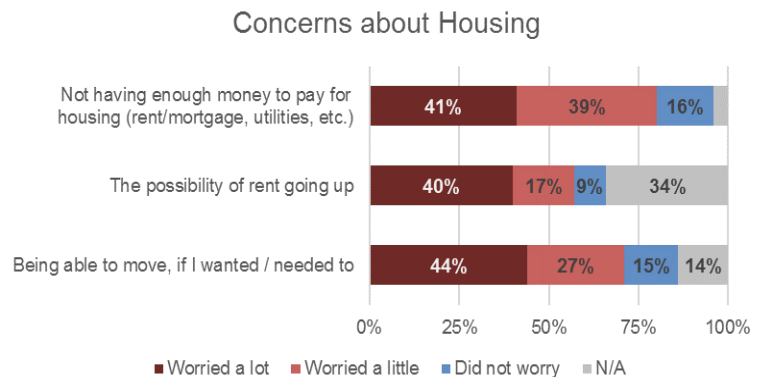
Community Strategies Institute

Residential building permits (units) in Longmont began dropping from a high of over 1,600 in 2001 to a low of less than 100 in 2009. This downturn in residential building in Longmont happened before the great recession. Residential building permits in Longmont hovered around 300 units per year between 2012 and 2015.

### Survey Findings

Based on our measure of housing insecurity (a composite of answers to seven housing related questions on the survey), we defined 62 percent of the low-moderate income households as having high housing insecurity, 25 percent as having moderate housing insecurity, and the remaining 12 percent as having low housing insecurity. Populations particularly vulnerable to housing insecurity included households with young children in the home, single parent families, people younger than 35, lower income households, and people who are in less than good health. Conversely, residents older than 65 had the least housing insecurity, on average.

About two in five survey respondents worried a lot about housing, and about 70 percent worried at least a little about being able to move if they wanted or needed to. Respondents who worried a lot did not necessarily pay more per month towards rent/mortgage than those who worried a little or not at all, although there is evidence that people who worried a lot about not being able to pay their rent/mortgage had moved more times in the past two years, on average, than did respondents who did not worry a lot about being able to pay their rent/mortgage.



About one-quarter of respondents plan to move out of Longmont in the next two years; their most common reason for moving was because of the high cost of living in Longmont. Roughly eight percent of respondents indicated they were evicted or forced to move from their home in the past year.



## Interview Findings

Across interviewees, housing was most frequently mentioned as the top priority for City funding, and nearly all agencies noted increases in requests for help obtaining affordable housing, or other impacts on their programs and services of the increasing need for affordable housing. Housing was reported as a critical issue affecting low and middle income households of many types: families with children, individuals with disabilities, seniors, immigrants, and so on.

“The biggest request we get is affordable housing. Housing, especially for people in the 30-40% AMI range. If they get SSI, they get \$733/month.”  
– *Service Provider*

“In this area, cost of living is becoming very high and it seems we’re needing to spend more on intervention. It’s a structural issue – no agency has control over how housing prices have risen, so we’re always intervening. Really key to stabilize housing: housing first program needs expansion, need affordable housing, need more case management because that really is key to supporting people and making sure they get the skills they need to keep their housing.”  
– *Service Provider*

Several interviewees noted that programs to keep people in their homes are of particular importance, and are very cost effective.

“It’s a game changer. We had people housed securely forever, but now 80 year olds are homeless. Some need to move to a new community to find something affordable. We can’t do anything without housing, it is our base. It is the best way to keep people independent. In Broomfield, there was an independent senior apt building, and they had a fire. 80% of the residents never made it back to independent status. Housing is linked to independence. They know the place, the footprint and how to get around. But they can’t figure out a new place. Housing is shelter and stability [for older people], in ways it is different to younger people.”  
– *Service Provider*

“Our most effective programming has been building out the continuum of housing support, from short to long term, but the cheapest cost has been expanding the eviction prevention and rapid rehousing. Families

are having a hard time managing housing, which is causing more vulnerability.”  
– *Service Provider*

A few noted that conflicts with landlords are an additional issue for low-income renters that affects their risk of eviction.

“[We need] better landlords – they need to be more sensitive – they’re upping rent, but not fixing, and [tenants] don’t want to complain because [they’ll] get kicked out.”  
– *Service Provider*

Housing was also portrayed as an issue of central importance to individual and family stability. Further, it was noted that housing issues have downstream impacts for the broader community.

“We have to address homelessness, and housing family stability. That overlaps in the school system. ... More families are seeking service and more are leaving the community. The ripple effect is it is hard to find a labor base of skilled and semiskilled labor [in Longmont].”  
– *Service Provider*

Consistent with the increase in demand for housing support, services were described as being at capacity, with waiting lists, or other inability to meet demand.

## FOOD

Access to adequate healthy food is a basic need for adults and children.

## EXISTING KNOWLEDGE

Community Food Share partners with a suite of Longmont organizations, including the OUR Center, St. Johns Church, Westview Church, and mobile pantries, to help supply food or food subsidies to any individual or family experiencing hunger or who might run out of food soon. Low income residents can get help accessing food from the Women Infants, and Children (WIC) program or the Supplemental Nutrition Assistance Program (SNAP) by applying with Boulder County; SNAP level of benefit depends on household income and composition and may require that the benefactor is working or training. In 2014, 1,547 children were enrolled in WIC at the Longmont clinic. Through the Harvest Bucks program, SNAP and WIC participants can receive up to \$20 of free food for every \$20 spent at farmer’s markets.

About 11 percent of Longmont households received food stamps in 2014, which was up from about seven percent in 2009. Households in Longmont are twice as likely to receive food stamps as households in Loveland or Boulder.

Boulder County recently surveyed SNAP enrollees and non-enrollees who are likely eligible, to understand why people might not enroll. They found some people believe they don't qualify, don't think the benefit is worth the time spent applying, are uncomfortable collecting benefits, and think others need the benefit more they do.

Youth in Longmont may be eligible for free or reduced cost breakfast and lunch at their schools, and Longmont has initiated a summer/afterschool meal program through the City's Children, Youth and Families division. The percentage of students who are eligible for free or reduced lunch is higher in Longmont (44%) than the St. Vrain District as a whole (32%).

<b>Students who are Free and Reduced Lunch Eligible: 2015 - 2016</b>		
<b>District</b>	<b>Number</b>	<b>Pct.</b>
Greeley 6	14,180	66%
Weld County RE-1	1,088	58%
<b>Longmont schools only</b>	<b>6,764</b>	<b>44%</b>
<i>Colorado</i>	<i>365,410</i>	<i>42%</i>
Adams 12 Five Star Schools	15,006	39%
Thompson R2-J	5,579	36%
St Vrain Valley RE 1J	9,683	32%
Jefferson County R-1	26,183	31%
Poudre R-1	8,947	31%
Boulder Valley RE 2	6,571	22%

### *Survey Findings*

Based on our measure of food insecurity, (a composite of two survey questions), we defined 36 percent of the low-moderate income households as being food insecure. Populations particularly vulnerable to food insecurity included households with three or more people living there, homes headed by single parents, people who are homeless, homes with children, people younger than 45, and people with a disability. Food insecurity was lowest for people 65 years or older, those with a bachelor's degree, and military veterans.

One quarter of respondents indicated that they had run out of food and didn't have money to get more, at least once in the past year, and about 30 percent said they get help, need help, or need more help paying for food or groceries.

### *Interview Findings*

None of the interviewees for this needs assessment singled out hunger or nutrition support as an area of current concern in terms of trends or gaps of unmet need. Many mentioned food referrals in an off-hand way that implied a perception that there are sufficient resources available to meet the need (e.g., If someone needs food, we send them to X). A need was noted, however, for nutrition education classes to be offered more often and to a broader audience.

## **HEALTHCARE**

### **HEALTH INSURANCE**

The percentage of residents with health insurance coverage has increased dramatically since 2012, much due to the expansion of Medicaid. Indeed, the percentage of Boulder County residents with Medicaid doubled between 2012 and 2015. About 11 percent of people in Boulder County are uninsured, which is lower than the 14 percent of Coloradans, overall who are uninsured. According to our survey data, about 88 percent of City residents currently have health insurance, and 61 percent have dental insurance. Among low-moderate income households, 78 percent have health insurance and 43 percent have dental insurance. Survey respondents who were homeless, who were not white, or were in households making less than \$30,000 were least likely to indicate that they have health insurance.

About 10 percent of people in Boulder County are publicly insured (including Medicare, Medicaid, and Child Health Plan Plus). In Longmont in 2015, there were 35,500 distinct clients enrolled in Medicaid, including all categories of medical assistance (e.g., CHP+, Long Term Care). This was up from 30,300 in 2014.

## PRIMARY CARE

Interviewees noted that medical service capacity in Boulder County has not kept up with the increase in the number of insured individuals, as well as population growth overall, so there are fewer doctors than needed and strains on the medical infrastructure. In addition, some expressed concerns that the low-income population is losing access to private providers who stop accepting public insurance because reimbursements don't meet market rates.

Several saw a need for more coordinated health care.

“[As the] healthcare system fragments, people need a single point of medical contact. Could Meals on Wheels be the designated point of contact? Sort of like a PCP, but in a community based kind of way. Right now, we are only looking at doing that (being a single point of medical contact) for low income unsupported older people.”

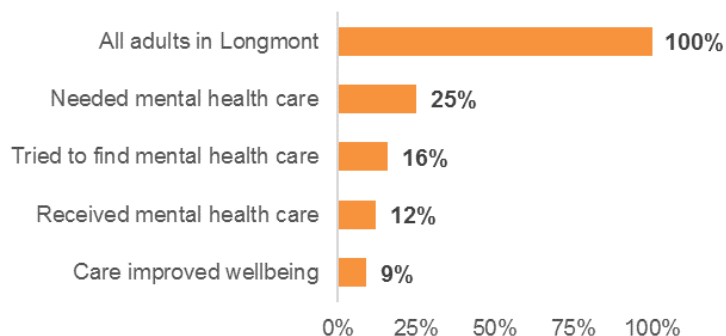
– *Service Provider*

## MENTAL HEALTH

According to the community survey data, about 35 percent of low-moderate income residents have faced a mental health problem (e.g., depression, anxiety, etc.) in the past 12 months, and about 30 percent had a day when their mental health was not good, in the past 30 days. About one-quarter of survey respondents said they are getting help for their mental health, that they need help, or need more help, which equates to about 6,400 low-moderate income residents needing mental health care. People who were homeless, young adults, and those with a disability were most likely to say they needed or wanted mental health care.

In terms of seeking mental health care, among the 25 percent who did need or want mental health care in the past year, about 70 percent did try to find mental health care when they needed it, suggesting there is still at least some stigma associated with seeking mental health care. Indeed, this was the largest gap between system steps. Further, stigma may also be artificially lowering the estimate of people who felt they needed or wanted mental health care. About 73 percent of people who sought mental health care indicated they did receive the care they needed, suggesting barriers such as access and availability may be challenges at this step. About 80 percent of those who received care said it did improve their well-being; this is the smallest step gap in the system.

### Mental Health Care System Leakage



Respondents who needed or wanted mental health care but did not complete all the steps in the system (i.e., they did not receive care that improved their wellbeing), were asked why not. Among those who responded, there was not one dominant reason. Almost 30 percent cited cost as the barrier, and 30 percent cited quality (e.g., counseling was not helpful). One-quarter cited access (e.g., long waitlist, didn't fit schedule, etc.), and about 37 percent cited another reason not listed above.

Based on these data, there does not appear to be one major point of failure in the mental health care system; rather, there appears to be moderate failures and needs at each step. With that said, the largest gap was between need and seeking care, so aiming resources to close that gap (e.g., efforts to reduce stigma or address misconceptions) could be beneficial.

In the past 12 months, about one-third of low-moderate income people in Longmont had noticed someone in Longmont having a mental health crisis and 11 percent were unsure. Overall, about 28 percent of low-moderate income people know what to do if they notice someone having a mental health crisis. Among people who had noticed someone having a mental health crisis, only one-third said they knew what to do while two-thirds said they did not know what to do or were unsure.

	Total	Do you know what to do if you noticed someone was having a mental health crisis?		
		Yes	No / don't know	Total
<b>Base</b>	<b>329</b>	<b>28%</b>	<b>72%</b>	<b>100%</b>
<b>Have you seen someone in Longmont who was having a mental health crisis?</b>				
<b>Yes</b>	<b>32%</b>	35%	65%	100%
<b>No / Don't know</b>	<b>68%</b>	25%	75%	100%

### Interview Findings

Many organizations believe that more mental health services are needed, especially for uninsured individuals and Spanish-speaking families, and several providers are, or are contemplating, adding counseling services at their organizations. For example:

- > OUR Center is on the verge of getting a county-funded full-time interventionist to provide counseling services.
- > Mental Health Partners has expanded services to catch up with Medicaid expansion, and has the resources to triage immediately, and get into interim care like group sessions, but has a wait list for individual or residential therapy.
- > Mental Health Partners also has Spanish-speaking providers, but believes awareness of their services is low in the monolingual Spanish-speaking community.
- > Hopelight would like to hire more counselors, but lacks funding.

Some noted a particular need to better address the needs of individuals in a cycle of mental health issues, substance use disorders, and problem behavior resulting in jail time.

“Our least effective efforts are trying to address the overlap between chemical users, mental health, and jail. That is a merry-go-round.”  
– *Service Provider*

However, there are efforts being made to address this cycle. In particular, Mental Health Partners provides the Early Diversion Get Engaged (EDGE) program, which is an effort to dispatch mental health professionals on applicable police calls in order to divert individuals with mental health or substance use needs from the emergency room or jail. Additionally, they engage in high utilizer round tables with representatives from the hospital and jail.

The consequences of unmet mental health needs include greater law enforcement involvement, family instability, and downstream impacts throughout the human services system.

“Huge for police – a lot of people call police if there is a mental health issue going on. Huge impact to city services, schools, other nonprofits.”  
– *Service Provider*

## SUBSTANCE USE

According to survey results, five percent of low-moderate income adults indicated they have faced an alcohol or drug problem in the past year, and two percent were unsure. Among these respondents, almost all had high housing insecurity. Males, young respondents, and those with less than a bachelor’s degree were more likely than others to have faced an alcohol or drug problem. There was some evidence that single parents were more likely to have faced an alcohol or drug problem, although this pattern was slight.

About five percent indicated they needed help to quit using drugs or alcohol, which represents about 1,300 adults that need help. About half of these people are currently getting help while half are not.

Substance use disorder was also noted as an increasing trend, especially in teens and young adults, and one that can be central to addressing a variety of needs. Several also noted its comorbidity with mental health issues, and how in some cases substance use may be an individual’s way of self-medicating for mental health problems.

For individuals with private insurance or sufficient resources, Longmont is reported to have a lot of private practitioners, private therapists, private substance abuse groups, and a private methadone clinic that can be accessed. But for Medicaid and other low-income residents, Mental Health Partners may be their only option, with some services, such as the Detoxification Program, only available in Boulder. Further, the Transitional Residential Treatment program is reported to be always full with a long wait.

“Addiction has so many tendrils. Having many more substance abuse prevention, intervention, treatment options – create a community informed approach to working on those issues. Not just, ‘addiction is a thing over there’ but ‘How is my drinking affecting my family, etc.’. It

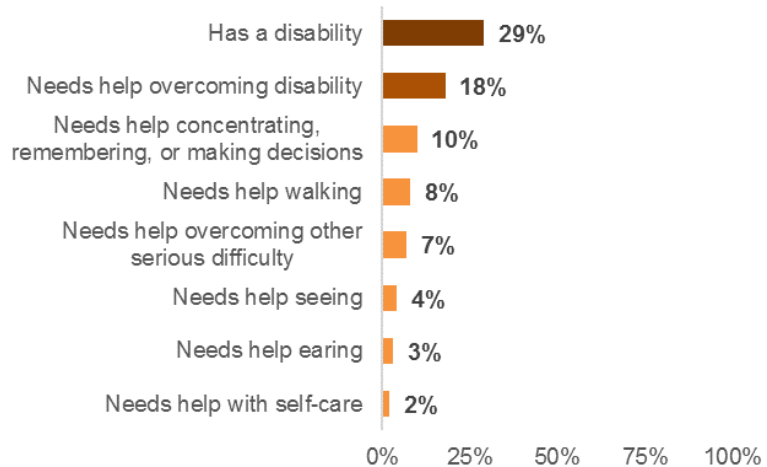
would help with health care, violent crime, a subset of the homeless population. It's a big barrier to people getting other help."

– *Service Provider*

## DISABILITY

According to the U.S. Census Bureau, about 25 percent of all Longmont adults have a disability. Based on the survey data, about 30 percent of low-moderate income adults indicated that they have a disability, and 18 percent reported needing help to overcome their disability. The most people who needed help, needed help with concentrating, remembering, and making decisions, followed by walking. Among those who need help with their disability, 33 percent are getting it; thus, about 3,300 people are not getting help or the additional help they need to actively participate in the community.

### Need / May Need Help With Disability



## FAMILY SERVICES

For parents, self-sufficiency is clearly driven by child care.

### Existing Knowledge

In Boulder County, a single parent with one preschooler and one school-age child needs income of \$67,800 to be self-sufficient. A single parent with one preschooler needs to make twice as much as a single adult to be self-sufficient. A single parent with one preschooler will pay as much towards child care as housing, while a single parent with two kids might pay more than one-third of his/her income on child care alone.

In Longmont, the average annual cost for full-time facility-based child care was \$13,400 for infants and \$10,600 for preschoolers in 2014.

According to the 2014 Community Need and Resource Assessment for Head Start Programs Serving Boulder County, early care and education program slots were only available for 36 percent of Longmont's children under 3 who are living in poverty, resulting in an estimated unmet need of 359 children.

## Survey Findings

Thirty-eight percent of homes with at least one child younger than six have no adults living in the home who are available to care for the child. Young children in low-moderate income households are most likely to go to a licensed daycare, head start, or kindergarten, but many are cared for by family members who are not the children's parents, and relatively few are cared for by someone other than a daycare or family member. On average, young children are cared for at a daycare three and one-half days per week, which is almost twice the 1.9 days per week they are cared for by a non-parent family member. Children are cared for by someone other than a daycare or family member less than one day per week, on average.

## Interview Findings

Interviewees pointed to a network of services needed to stabilize and strengthen families, including early childhood education, parenting support, support for those caring for elder family members, and crisis intervention. Several indicated that this should be a top priority for City funding. As one pointed out, “the healthier families you have, the healthier the community is (they can pay for elders, pay taxes, etc.)”.

“Stabilize the most unstable families in Longmont (young parents with young children, with single heads of household, with domestic violence, chemical use, etc.). That would be a good priority. That would be an efficient use of resources.

The other really big need is access to quality early education. We've learned about investments in early education. Family instability, for families with 0-5 year old kids, bring problems later without investments on the front end. Market rates for child care have gone up, but we provide subsidies, so what is the right market level of low-mid income child care? That is a question for the community.”

– *Service Provider*

Longmont Children, Youth and Families indicated that parent engagement classes were a successful resource in need of more funding. Similarly the OUR Center indicated that they would like to offer parenting classes more often than current resources allow.

Family services was an area where interviewees felt there was a need to balance prevention and intervention efforts. Several pointed to the benefits of programs for children (e.g., early education, truancy prevention, literacy programs) in reducing downstream problems for those children by increasing academic success, preventing incarceration, increasing self-sufficiency, and so on. However, they also noted the impact that family stresses have on the ability of children to be able to benefit from those programs. Said one, “You want as much as possible [to do] preventive stuff, but they're so much connected. If you invest all money in early child stuff, and they go home to a family reeling from toxic stress ... part of me wants to say you gotta do 50/50 [prevention/intervention] because they're both that important.”



## VULNERABLE POPULATIONS

The purpose of this section is to determine which populations show high vulnerability. We calculated the average size of the personal safety net, average number of life challenges, and the average number of needs for various segments. This table is ordered by populations most vulnerable, based on the sum of each group’s average number of life challenges plus their average number of needs, minus their average size of personal safety net.

By using this method, we ranked the homeless population as the most vulnerable. On average, people who are homeless have the smallest personal safety net and they have a high average number of needs. The City of Longmont commissioned a separate Homeless Services Assessment in 2016, which provides detailed information about the needs of homeless individuals in Longmont. This report is available at: <https://www.longmontcolorado.gov/home/showdocument?id=18101>. The second most vulnerable segment is single parent families, who have the highest average number of needs and the second highest number of life challenges. Adults younger than 35 are the third most vulnerable population. Even though they have a relatively small average number of life challenges, they have a high average number of needs. All three of the most vulnerable populations have needs that are greater than the needs of the overall population; this disparity is consistently greatest for finding affordable housing and paying for housing.

Other notes of interest: People with a disability have more need for help getting and paying for food and more need for legal help than the overall population. Non-U.S. citizens clearly have the smallest average safety net, however they are not ranked higher due to their low average number of life challenges and relatively low average number of reported needs. This could reflect some unwillingness to report needs. Additional discussion of challenges and services for foreign-born residents is presented later in this section.

Females are ranked as being more vulnerable than males, and non-white respondents are ranked as more vulnerable than white respondents, although no segment by race/ethnicity, gender, or education level was ranked very high. Military veterans, those with a bachelor’s degree, and respondents age 65 and over were ranked as the least vulnerable of the segments examined.

**Ranking of Overall Vulnerability Status, by Population**

Category	Segment	Average size of safety net	Average number of life challenges	Average number of needs	Greatest disparity	Second greatest disparity
Housing status	Homeless (all intercept surveys)	2.4	3.6	4.9	Help finding affordable housing	Help paying for housing
Family type	Children in home; single parent	3.4	3.2	5.1	Help paying for housing	Help finding affordable housing
Age	Younger than 35	3.9	2.5	4.1	Help finding affordable housing	Help paying for housing
Disability	Has a disability	3.8	2.5	3.6	Help paying for food	Legal help

Citizenship status	Not a U.S. Citizen	2.7	1.8	3.1	Help learning English	Help paying utility bills
Home type	Children at home	4	2.3	3.9	Help paying for housing	Help finding affordable housing
Household income	\$0 to \$29,999	3.6	2.2	3.4	Help paying utility bills	Help paying for housing
Health status	Fair, bad, or very bad	3.7	2.5	3.2	Help paying utility bills	Help paying for food
Race/ethnicity	Non-white	3.7	1.8	3.2	Help learning English	Help finding child care that matches my work schedule
Education level	Less than bachelors	4.2	2.1	2.8	Help paying utility bills	Help findings affordable housing
Benefit status	Receives public benefits	4.2	1.9	3	Help paying utility bills	Help paying for food
Gender	Female	4.5	2	2.9	Help paying for housing	Help paying for food
Age	35 to 64	4.5	1.8	2.8	Help finding affordable housing	Help for problems my kids are having
Family type	Children in home; not single parent	4.5	1.5	2.8	Help paying for housing	Help finding affordable housing
Race/ethnicity	White	4.9	1.8	2.3	Help to quit using drugs or alcohol	Help for problems my kids are having
Gender	Male	4.6	1.6	2.1	Legal help	Help learning English
Veteran status	Veteran	4.8	1.2	1.8	Help to quit using drugs or alcohol	Transportation
Education level	Bachelors or higher	5.7	1.1	1.8	Help finding or getting mental health care, such as counseling or medication	Help getting health insurance, finding or going to a doctor, or paying for health care
Age	65 or older	5.2	1	1	Help going places	

## *Foreign-Born Residents*

12,000 Longmont residents were born outside the United States; about 31 percent of these have since become naturalized citizens. Compared to the native resident population, foreign born residents are more likely to be married, are more likely to be in the labor force, and they are more likely to work in service occupations. Thirty percent of foreign born families are experiencing poverty, which is far greater than the eight percent of native families experiencing poverty, equating to about 3,400 foreign born individuals living below the poverty line as of 2014. The foreign born median household income is about \$40,000, which is about \$23,000 less than the income of the native population, even though foreign born families have more workers per household.

Interviewees outlined several trends in services for immigrants and non-English speakers in Longmont. They indicated that Spanish-language services are increasingly available, although more are needed in some areas, and there is believed to be increasing need for services in languages other than English.

Said one provider, “We have gotten better at the language and cultural component (we could always have more front line Spanish speaking employees), but we also need to look at other pockets of the community that are growing. 85-90% of our team is bilingual, but all in Spanish, not other languages. Is there a growing Indian population, or refugee population, and we need those skills?”

Still, some barriers to access were noted for this population. Many programs and services are not available to undocumented immigrants because of restrictions placed on federal (and other) funding. In addition, many of those who are undocumented or have a pending immigration process may be fearful of seeking services.

# THE HUMAN SERVICES SYSTEM

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While it is relatively easy to compartmentalize service area needs by key populations as described above, there are other influencers on human services. Interviewees pointed to a number of system level trends that may affect how capably and efficiently needs can be met.

## FUNDING CHALLENGES

Interviews with service providers uncovered a number of perceived trends in the funding environment that are believed to affect service provision in Longmont. In particular:

- > The past 10 years have been a struggle for nonprofits as a struggling economy brought cuts to funding, while demand for services increased.
- > Longmont organizations are believed to receive less funding from private donations compared to Boulder.
- > Some nonprofits have experienced mission creep as they stretch to compete for available funding.
- > Some believe the City of Longmont has allocated too few dollars to too many things and, as a consequence, has funded organizations that are not critical to the human services network.

## OUTREACH & SYSTEM NAVIGATION

Our survey found that about 20% to 25% of Longmont residents need assistance finding or getting services. This finding is consistent with interviewees' perceptions that there is a need for greater outreach and system navigation.

Many providers rely on referrals from other providers and word of mouth to reach those in need of services. However, some service providers are increasing their outreach efforts to ensure awareness of their services (for example, Longmont Senior Services is getting a part-time marketing specialist and partnering with Boulder County Aging to do more marketing). Many feel that awareness may be lowest among monolingual-Spanish speakers, as well as the broader community (particularly middle-income residents) who have never entered the service network. However, many note that they would not have the capacity to meet all of the need in the broader community if they were to improve outreach there.

Many providers offer some kind of system navigation assistance in the form of navigators, resource staff, patient advocates, community outreach workers, or case managers. A number of providers said they either currently, or have plans to, embed staff at other providers to help capture people in need of their services.

“There is definitely a need for more outreach. We need to help people know what they qualify for, and we need to help them complete the paperwork. There is an equal need for both outreach (e.g., helping people know what they qualify for) and administrative help (e.g., completing paperwork).”  
– *Service Provider*

“[The primary barrier to receiving service is] bureaucratic complexity. We have a lot of human services offered, but it takes a lot of steps to get them. People need to know where to go. I’m an outsider, in that I’ve not been in Longmont for a long time, so I looked in with fresh eyes, and all the providers think they have easy-to-get services, but they don’t. Residents at this level, who need services, they need a voice, a person, to help them. They need it to be easier, and they need someone to help.”

*– Service Provider*

Co-location of services is a trend that is viewed positively and believed to streamline referrals and build trust between service providers.

“All of us [providers need to] feel comfortable to refer one another. That trust we need to have of one another. Collective impact – County did such a good job with the HUB, breaking down silos, and now they all have to collaborate – taking that model and expanding it into community. We’re learning.”

*– Service Provider*

## **COLLABORATION**

A need for meaningful collaboration between service providers was a common theme across interviews. Some argued simply that strong collaborative partnerships would help nonprofits to share costs and increase the services delivered when funding is scarce, others made a deeper case for the benefits of alignment of vision and strategies to effectively meet needs. Reforming the funding process could help to change the way providers approach collaboration.

“If the human service system made collaboration easy and beneficial it would make a huge difference. Collaborating is very difficult right now because we all have stakeholders that want things, and goals that may not align with collaborative partners. ...

What’s kinda hard right now is the way we access human service funding – we all go do our own little presentation and ask for what we know we need and ... it feels like we’re competing with each other.”

*– Service Provider*

Providers believe collaborative efforts are the best way to effectively meet needs and help community members move toward self-sufficiency.

“Human service systems should be linked up, they must be data driven, evidence driven, and more in a sophisticated way. That is a pressure on the system. Regardless of service area, we need common fact-based approaches, so we aren’t wandering around without getting at the root cause. The trends are moving forward positively.

There needs to be more targeted partnerships, around what is trying to be achieved, for who. Efforts around self-sufficiency, we have proven in a sophisticated way, the need for collaborative partnerships, measure to outcomes, ... and coordinating care, so [reaching self-sufficiency] becomes less about each separate initiative.” – *Service Provider*

Many feel there are good efforts toward collaboration, but that a system of collaboration has not been fully developed in Longmont.

“There are collaboratives [such as the St. Vrain Community Council and the Human Services Alliance of Boulder County] who are working on thinking through broader issues of coordination and collaboration and need for services.” – *Service Provider*

Many expressed interest in greater integration with the business community as well, primarily for matching job training services to available jobs, but also for communicating to business owners about community needs and opportunities (such as tax incentives for hiring people with disabilities).

“The workforce pipeline needs to be expanded. The gap between employment sector needs, and the skills and capacity of those who need jobs, needs to shrink. I’d like to see sophisticated mapping of employment opportunities (ones with moderate income) and low to moderate income populations flowing into these jobs. We should be working with education and health care systems on specifically what we need to train people to get them into those jobs. ... The community based sectors should prepare people for those opportunities in partnership with employers. The entity is going to hire the most qualified, but Longmont can build the local base.” – *Service Provider*

## COLLABORATION TO CREATE A SAFETY NET OF SERVICES

Interviewees also pointed to the importance of having a strong safety net of services in order to help people connect to all of the services they need, and to ensure a consistent experience for all people. Collaboration among organizations could help develop and strengthen such a safety net.

“When folks come to us sometimes we can meet everything they need, but often they need housing support, they have mental health issues, they are parenting in a domestic violence situation – none of these issues exist in a vacuum, so what I think the City’s priority should be is preserving a strong safety NET of services. So, something where we can all work together. Everybody accesses in some different way... It’s the net that is important. We can’t do this by ourselves.”

– *Service Provider*

“We need to build a community pathway. That is the most important thing to do. Integrating findings and data, and taking advantage of strengths. People come into needing human services at various levels of crises, some who are very vulnerable, who are missing a bunch of stuff (no job, housing, insurance, etc.), the system needs to rapidly open the door and stabilize them, then shift to housing and a path to employment. These steps should be the same for all people, across all organizations. The door should be one door. The pathways should be common. Move their capacity up so they are out of crisis and into stability.”

– *Service Provider*

## REGIONAL COLLABORATION

Longmont is part of a strong regional network that supports a large volume of commuting to jobs, housing, and services. For example, roughly 40,000 Longmont residents have a job, yet *most* of these working residents commute out of Longmont to their job. Consistent with this regional network, interviewees noted how service provision is impacted by the regional nature of both clients and funding sources.

“Even though in we have a clinic in Longmont, we serve people at that clinic from in Longmont, outside of Longmont, Weld, people living in Boulder who work in Longmont. We serve Longmont people in Boulder. It’s not the silo it used to be. Virtually all of us in the human services sector are serving people from all over the county. That’s just

the nature of what’s happened with affordable housing issues – made us more a transient population in the county.” – *Service Provider*

Additionally, the regional nature of funding is seen as an important dimension in collaborative efforts.

“It would be really helpful if the City of Longmont would work more closely with Boulder County and City of Boulder informing coordinated objectives, strategic objectives. The county is using the ‘Pillars of Stability’ for their human services funding and efforts, and if we could all align under those pillars we could form common strategies that would be more efficient than Longmont trying to focus on this, and Boulder on something else, and the County on something else. If we were all aligned on best practices to address whatever we’re addressing, and had stability of funding from our local governments and common objectives we’re trying to achieve, that would be pretty terrific.”

– *Service Provider*

In addition, Boulder County plays a strong role in coordinating services throughout the county. Many organizations we spoke with indicated that their best practices or outcome measures were part of county wide plans, such as Age Well Boulder County or the Efforts-to-Outcomes database.

Overall, outreach and navigation redundancies across organizations, along with a desire for collaboration across the safety net of both Longmont and the region, suggest that there is a need for more coordinated efforts at incentivizing and making it easier for organizations to work together.

## **PREVENTION VS. INTERVENTION**

Interviewees often expressed a desire to focus more on prevention, but an obligation to provide intervention or treatment. Some noted that the right balance depended on the issue; for example, programs to address gang activity used to be heavily focused on intervention, but as that problem has gotten under control, now programs are more balanced between prevention and intervention. And in some cases, such as providing services for individuals with a disability, or older individuals, many needs are not seen as preventable at all; therefore, the focus has to be on direct services. Several interviewees noted that prevention, where possible, often can do more with less money, whereas intervention is more expensive. For example, in the substance use arena, primary care providers could administer the Screening Brief Intervention and Referral to Treatment (SBIRT) protocol at very low cost and high impact. On average, interviewees who suggested a global prioritization for resource allocation between prevention and intervention gave priority to intervention, often suggesting around 75 or 80 percent of funding for intervention.

## **BEST PRACTICES & OUTCOME MEASURES**

Interviewees named best practices in their service areas and outcome measures they are tracking, and the identified practices and measures were specific to each area. As we only interviewed a subset of service providers, it can be expected that the range of practices and measures in place throughout the community is



very diverse. Many pointed to a program or practice model they are following (e.g., Bridges Out of Poverty, Housing First, Centers for Independent Living best practices, Strengths-Based Case Management, Adult Learning Theory, etc.). For outcomes tracking, Boulder County interviewees, as well as the OUR Center, are using the County's Efforts-to-Outcomes (ETO) database, and the Self-Sufficiency Matrix tool (in the ETO database) that scores clients on their strength in each of 10 domains of self-sufficiency, and then can track improvements over time.

# CONCLUSIONS AND RECOMMENDATIONS

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The impetus of this research was to help Longmont officials *address the most critical needs and/or make the greatest impact on the root cause(s) of the most prevalent social issues in the Longmont community*. The city plans to address these social issues and meet these needs by supporting human services *that assist the most vulnerable residents*.

Thus, our conclusions and recommendations return to these initial goals. The conclusions identify prevalent social issues, needs, and gaps, as well as the most vulnerable residents. We then recommend ways to meet needs, fill gaps, prioritize services for the most vulnerable, and address the bigger picture of the human service system. These conclusions and recommendations are primarily based on all phases of this research (i.e., environmental scan, survey of low-moderate income households, interviews with service providers, community and stakeholder feedback) and consideration of other past or concurrent research (i.e., city satisfaction survey and homelessness services assessment).

## CONCLUSIONS

### Q: What are the most prevalent social issues in Longmont?

#### → Poverty

- ⇒ Thirteen percent of Longmont residents (12,000 people) are experiencing poverty. Since 2009, the percentage of residents in poverty has fluctuated slightly, but has slowly trended upwards.
- ⇒ Hispanic families are disproportionately in poverty. Families with a Hispanic householder are three times more likely to be experiencing poverty than families with a white householder. About 20 to 25 percent of Longmont families with a Hispanic or Latino householder are experiencing poverty.
- ⇒ Females are disproportionately in poverty, especially *older females*. Among residents in poverty, almost two-thirds (64%) are female. There are twice as many females older than 45 experiencing poverty than there are males over 45 experiencing poverty.
- ⇒ Single parents are disproportionately in poverty. Single-parent households make up about half of all households in poverty, but only about 15 percent of households not in poverty. About one-quarter of households in poverty are headed by a single-mom, compared to one-fifth of households not in poverty.

#### → Housing

- ⇒ Housing insecurity is common. Sixty-two percent of low-moderate income households had high housing insecurity, 25 percent had moderate housing insecurity, 41 percent worried a lot about not having enough money for housing, and 44 percent worried a lot about not being able to move if they wanted or needed to.
- ⇒ Low income households spend a lot of their money on housing, resulting in less money available to spend on other needs. Close to all households with annual incomes less than \$35,000 spend 30 percent or more of their income on housing costs, this is true for owned and rented homes. Comparatively, only two to three percent of households with incomes greater than \$75,000 spend 30 percent or more of their income on housing costs.

- ⇒ Rents and home purchase prices are increasing. The percentage of homes rented for under \$800 decreased by 33% between 2010 and 2014.

### → Jobs and Earnings

- ⇒ Jobs have not fully recovered from the great recession. The number of Longmont residents with a job remained flat from 2010 to 2014, and had not recovered to the 2006 peak, even as resident population increased.
- ⇒ Employment is clearly a regional issue. Longmont residents are increasingly working outside of Longmont, and more workers commute out of Longmont than into Longmont. Roughly 30,000 people work in the city of Longmont: one-third of them live in Longmont and two-thirds commute in from other communities. The percentage of Longmont workers who also live in Longmont has steadily decreased since 2006.
- ⇒ Females earn less money than males. A typical female in Longmont with less than a high school diploma earns about 72% of what a typical Longmont male earns with the same education (not controlling for other factors such as hours worked). The sex earnings gap decreases for residents with a high school diploma/GED, although males typically still earn more.

### → Food Insecurity

- ⇒ Food insecurity exists. Thirty-six percent of the low to moderate income households are food insecure, 25 percent had run out of food in the past year and didn't have money to get more.

## Q: What are the most prevalent needs?

### → Healthcare

- ⇒ Healthcare is a prevalent need. Help getting health insurance, finding or going to a doctor, or paying for health care is the most prevalent need (i.e., the most people who get or need this type of help). About 10,000 low-moderate income adults currently get or need this help.

### → Housing

- ⇒ Help finding affordable housing and help paying for housing are also prevalent needs. Over 9,000 adults currently get or need this help. About 8,500 get or need help paying for food and paying for utility bills.

## Q: What are the most prevalent unmet needs and gaps?

### → Housing

- ⇒ Help finding affordable housing is the most prevalent unmet need (i.e., the most people who have this need that is unmet). About 8,000 low-moderate income adults need help finding affordable housing but are not getting the help they need. Help paying for housing and help paying for utilities are the second and third most prevalent unmet needs, respectively.
- ⇒ The supply-demand gap for housing help is very large. Only 15 percent of those needing help findings affordable housing are getting the help they need. Additionally, 19 percent of the need

for help paying for utilities is being met and only 21 percent of the need for help paying for housing is being met.

### → Learning English & Legal Help

- ⇒ There is a very large supply-demand gap for help learning English and for legal help. Although needing help learning English and getting legal help are not the most prevalent needs (2,000 adults need help learning English and 3,000 adults need legal help), only 17 percent of people who need to learn English are getting the help they need, and 22 percent of people who need legal help are getting it.

## Q: Who are the most vulnerable residents

### → Homeless

- ⇒ People experiencing homelessness are very vulnerable. Homeless people have, on average, a high number of basic needs they need help meeting, a high average number of recent setbacks, and a small personal safety net. Recognize that 45 percent of residents with high housing insecurity experienced a mental health problem and 42 percent experienced a serious health problem in the past 12 months. Only 31 percent of residents with high housing insecurity have a savings account with more than \$100 and only 19 percent have a retirement account.

### → Single Parents

- ⇒ Single-parent households typically have a high number of unmet needs. They have significant need for help finding affordable housing, where the unmet need far exceeds help currently received. They also need help paying for child care (although many single-parents are getting this help currently) and finding care that matches work schedules. About 25 percent of single-parents need legal help, but fewer than one percent are getting this help. Single parents have typically experienced a high number of recent setbacks: half have experienced divorce/separation and half had recent mental health problems.

### → Young Adults (18-35)

- ⇒ Young adults typically have fewer recent setbacks compared to other vulnerable populations and have bigger personal safety nets. However, they also have a high number of unmet needs, especially finding affordable housing and paying for housing costs. Also, just 33 percent of young adults who need help paying for food are getting that help.

### → Have a Disability

- ⇒ Among residents with a disability, almost 30 percent need help from a lawyer (far greater than help needed by those without a disability), but only three percent of people with a disability are getting legal help. Only 32 percent of residents with a disability have a savings account with more than \$100.

### → Non-Citizens

- ⇒ Typical non-citizens are vulnerable mostly due to small safety nets. Only 37 percent of non-citizen residents have health insurance, which is far lower than citizens. Only nine percent of

non-citizens have dental insurance and 29 percent have home/renter's insurance; these rates are low compared to citizens. Non-citizens have experienced, on average, far fewer recent setbacks compared to other vulnerable populations.

## RECOMMENDATIONS

### TO MEET THE MOST PREVALENT NEEDS

- ➔ Help residents find affordable housing
- ➔ Help residents pay for housing related costs (housing and utilities)
- ➔ Help residents pay for food

### TO FILL THE GREATEST GAP IN NEEDS

- ➔ Help residents find affordable housing
- ➔ Help residents learn English
- ➔ Help residents pay for housing related costs (housing and utilities)
- ➔ Help residents get legal help

### TO PRIORITIZE SERVICES FOR THE MOST VULNERABLE POPULATIONS

#### ➔ **Homeless**

- ⇒ Help with housing, especially finding affordable housing, where the unmet need far exceeds help currently received.
- ⇒ Help them recover from physical and mental health problems.
- ⇒ Help them build personal safety nets, especially cash savings.

#### ➔ **Single-parents**

- ⇒ Help with housing. Chiefly, help single-parents find affordable housing.
- ⇒ Continue to help with child care and increase help if possible, including help paying for child-care and finding care that matches work schedules.
- ⇒ Help single-parents get legal help.
- ⇒ Help them recover from recent setbacks such as divorce.

#### ➔ **Young Adults (18-35)**

- ⇒ Help with housing, especially help paying for utilities.

- ⇒ Help decrease food insecurity.
- ➔ **Have a Disability**
  - ⇒ Help them access legal help.
  - ⇒ Help them maintain cash savings.
- ➔ **Non-citizens**
  - ⇒ Help them build personal safety nets, especially insurance plans.

## TO ADDRESS THE BIG PICTURE

- ➔ Support policy changes that can impact needs (e.g., reduce needs or lessen the negative interaction of multiple needs) and/or increase the ability of organizations to meet those needs. For example, support policies that gradually, rather than sharply, reduce services or benefits to avoid *cliff-effects* (services or benefits are cut completely when an income threshold is surpassed).
- ➔ Strengthen the personal safety nets of vulnerable populations through asset building. Among the most vulnerable populations, personal safety nets are typically not comprehensive or strong enough to help overcome setbacks. Asset building is a proven strategy for increasing self-sufficiency and breaking the cycle of poverty. Resources on asset building include:
  - ⇒ CFED’s [Assets and Opportunity Initiative](#) (includes outcome measures and policy status by state)
  - ⇒ Boulder County’s [Personal Investment Enterprise \(PIE\)](#)
- ➔ Support evidence-based practices that have been demonstrated to improve outcomes. For example, two evidence-based services that improve outcomes for those with severe mental illness and substance use disorders include [Assertive Community Treatment \(ACT\)](#) and [Integrated Dual Disorder Treatment \(IDDT\)](#). Resources for identifying evidence-based practices for a variety of issues including behavioral health, criminal justice, and education can be found through the [Substance Abuse and Mental Health Services Administration website](#).
- ➔ Recognize that needs and gap estimates in this report are influenced by the type and level of services currently provided; current services were based, in part, on previous needs assessments and prioritizations. Shifting limited support away from some current services with relatively infrequent need (e.g., “Help with problems my kids are having”) to services addressing the most prevalent needs (e.g., housing, utilities, food, etc.) could result in an increased prevalence of the formerly infrequent needs.

# APPENDIX A: SURVEY AND INTERVIEW METHODOLOGY

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This needs assessment was based on data collected from three significant research projects: an environmental scan of existing demographic data and local reports, a community survey of low and moderate income households, and interviews with local service providers. This section describes the methodology of the survey and interview components.

## COMMUNITY SURVEY

*Goal:* Conduct a community survey targeting low and moderate income households to best understand the prevalence of critical needs and any barriers to receiving services.

*Research mode:* Mail survey, with a parallel intercept survey of homeless residents coordinated through service providers.

*Sampling:*

Mail Survey

We used a cluster stratification sampling technique to select 2,700 households in Longmont. The study area was first clustered by block groups (a geography that is larger than a city block, but smaller than a census tract, as designated by the U.S. Census Bureau) that are estimated by the Census Bureau to have a median household income of less than \$43,000 and a above to below poverty ratio of less than seven to one. Eight block groups in Longmont met these criteria, and all households within these block groups were eligible for sampling. Next, we used Census data to determine the proportion of low-moderate income households by housing type (i.e., single family homes, apartments, and mobile homes) in Longmont. Prioritizing the selection of households with the lowest assessed values, we used the household type proportions to pull a matching stratified sample of addresses from our study area. The Boulder County Assessor parcel data was our sampling frame. Because another mail survey had recently been conducted in the city, we excluded households that had received this other survey. Finally, because the parcel data did not include unit numbers for apartment buildings, we contracted with a vendor to pull an address-based sample of apartment units in the study area. The sampling plan resulted in a list of 2,700 low to moderate valued households, in known low-income neighborhoods, that also represented the housing type proportions of low-moderate income households in Longmont.

Intercept Survey

To ensure the survey results represented homeless residents, who would be unlikely captured in the mail survey, the City of Longmont gave the questionnaire to five human service agencies that provide services to homeless residents.

*Total surveys completed:*

Of the 2,700 surveys mailed to households, 130 were returned to Corona as undeliverable. Surveys mailed to apartments were returned as undeliverable at a higher rate than single family households, mostly due to the apartments being vacant. 391 usable questionnaires were returned from the mail survey, and 57 usable questionnaires were collected from homeless service providers, for a total of 448

surveys available for analysis. The response rate for the mail survey was 15 percent, which is typical for a community survey.

Housing Type	Surveys distributed	Surveys collected
Single-family residential	1,238	216
Condominiums	87	15
Apartments	1,093	110
Mobile homes	150	32
<i>Homeless service providers</i>	57 <i>(minimum)</i>	57
<b>Total</b>	<b>2,625</b>	<b>448</b>

*Weighting:*

Mail survey responses were reviewed to look for potential non-response bias that could affect the results (i.e., disproportionately high or low response rates from certain segments, such as by gender or age). We found that in general, older residents, lower income residents, and single parents were more likely to respond than would be expected based on their presence in the population. To control for potential bias, we decided to statistically adjust the data so it more accurately reflected the known population based on data from the U.S. Census.

We calculated two weights for each respondent. Weight one was developed so that results could represent all households in Longmont with income less than \$50,000 per year. Respondents with household income under \$50,000 were weighted by household income (\$0 to \$14,999; \$15,000 to \$29,999; \$30,000 to \$49,999), age (18 to 45, 45 to 64, 65 and older), and household type (households without children, single parent households, two parent households). Traditional weighting (i.e., cell weighting) was not possible because population estimates of household type by household income and age were not available. Therefore, we used a process of iterative marginal weighting (i.e., raking or RIM weighting) to develop unique weights for respondents; 12 iterations were performed to achieve convergence.

Weight two was developed so that results could represent the entire population of Longmont, regardless of income. All respondents were weighted by household income (\$0 to \$14,999; \$15,000 to \$29,999; \$30,000 to \$49,999; \$50,000 or more) and age (18 to 45, 45 to 64, 65 and older) using a cell weighting method. We targeted lower income areas for the survey, resulting in an undersample of households with income of \$50,000 or more per year. Raking to household type was not undertaken because of very small cell sizes in the sub-categories of the undersampled income range.

In our analysis, weights adjusted each respondent’s representation in the survey data. Respondents with traits that were underrepresented in the group of survey participants were weighted more heavily than the responses of people whose traits



were overrepresented among the survey participants. This weighting process results in our survey findings representing a much more complex, but also more accurate analysis than would a mere tabulation of the raw data.

*Statistical strength:*

The overall margin of error for results representing the population of households making less than \$50,000 annually was  $\pm 6\%$  at a 95 percent confidence level. This margin of error has been corrected for the weighting effect, which increases the margin of error in proportion to the size of the applied weights. The overall margin of error for results representing the population of all households was  $\pm 6\%$  at a 95 percent confidence level. This margin of error has been corrected for the weighting effect, which increases the margin of error in proportion to the size of the applied weights.

*Analysis:*

After weighting the data, we tabulated all closed-ended questions from all responses and by key segments where sample size allowed. Segments were chosen based on their relevance to the research goals and contributions to the findings. We analyzed and reported quantitative data with descriptive statistics such as percentages and means, and we reviewed open-ended data and coded responses into categories where appropriate. Results from all questions, including cross-tabulations by various segments and verbatim responses to open-ended questions can be found in the accompanying Excel file.

## INTERVIEWS

*Goal:*

Interview key people in the Longmont human services community to understand issues and trends influencing needs for services, and services provided; where there are perceived gaps in service provision (e.g., services not available in the city, services at capacity, services that lack awareness, etc.); how providers believe the City should prioritize and allocate resources in terms of services, approach (prevention vs. intervention); what are the best practices and outcome measures being used by providers.

*Research mode:*

Conduct ten, thirty-minute phone interviews with community human service providers. Interviews were conducted in October and November 2016.

*Respondent segments:*

Directors or other key staff at targeted organizations

Participating Organizations
Boulder County Circles
Boulder County Housing & Human Services
Boulder Valley Women's Health Center
Center for People with Disabilities
El Comite
Hopelight
Longmont Children, Youth & Families
Longmont Senior Services

Mental Health Partners
OUR Center

*Recruiting:* Organizations were selected through collaboration with City of Longmont to identify providers serving a broad spectrum of needs, and those would could provide a big picture view of needs across the services system. Contact information was provided by City of Longmont. The City sent an initial email announcing the project and requesting participation. Corona Insights followed up by email and/or phone to schedule an interview.

*Execution:* An interview guide was developed by the research team. Interviewers typed verbatim responses to each interview question, to the extent possible.

*Analysis:* The research questions used to develop the interview guide were used to structure the analysis as well. As interviewees may have addressed a particular research question in response to any interview question, analysis of research questions looked across entire interview transcripts (as opposed to restricting analysis of particular research questions to particular guide questions). The analysis process was iterative, beginning with reading through all the interview transcripts to become familiar with the content. Then, for each research question, relevant passages were labeled with a code that captured the relevant idea or concept expressed. A spreadsheet was constructed entering each new code on a row with each interviewee on a column and copying relevant passages into the cell corresponding to that code and interviewee. Next, the set of codes, and passages labeled with common codes, were reviewed to identify broader themes or patterns. At this analysis step, some codes were further divided, and some were combined, to better capture the ideas expressed. Themes were then reviewed against the transcripts and refined to best fit the data. Throughout the analysis process, peer debriefing with a senior associate at Corona who was not involved in the project was utilized. The peer initially reviewed the transcripts and the analysis spreadsheet to provide feedback on the codes and themes developed, and then after the report was drafted, she reviewed and provided feedback on the reporting of results.

## APPENDIX B: SECONDARY DATA SOURCES

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The environmental scan was conducted by reviewing or analyzing data from various sources that project staff believed was the best combination of relevance, accuracy, and recency. Data specific to Longmont was always prioritized over data that represented a broader geography. We also conducted two informal interviews with service providers to better understand food insecurity issues. Primary sources are described below.

### LOCAL REPORTS AND DATASETS DERIVED FROM FEDERAL DATA OR PROGRAMS

- Self-sufficiency Standard for Colorado 2015, from the Colorado Center on Law and Policy

The self-sufficiency standard is a measure of financial need. In many respects, it is a more appropriate measure of demand for this project than the Federal poverty level. A shortcoming of the self-sufficiency standard is that estimates are available only at the county level, which likely overestimates the standard for Longmont.

- Food Insecurity, from the Community Food Share of Boulder and Broomfield Counties

Food insecurity data is derived from home interviews conducted by the Census Bureau on behalf of the U.S. Department of Agriculture in 2013, then estimated to local census tracts using ACS data (5-year estimate 2009-2013). This data is “model” data, meaning the estimates are based on a mathematical combination of regional food insecurity and local demographic data, but it is the most relevant, accurate, and recent data available.

- Food Assistance Survey Results 2016, from Boulder County Housing and Human Services

BCHHS conducted a survey of current SNAP enrollees, former SNAP enrollees, and current Medicaid enrollees never enrolled in SNAP to understand their experiences with SNAP and common barriers to applying for food assistance.

### LOCAL REPORTS AND DATASETS DERIVED FROM STATE DATA

- Graduation Rate, Drop-out Rate, and Student Eligibility for Free and Reduced Lunch, from the Colorado Department of Education
- Boulder County Health Indicators, from the Colorado Health Institute and/or Boulder County Health Compass
- Community Health Indicators (e.g., mental health hospitalizations, teenage pregnancy), from the Colorado Department of Public Health and Environment

Some personal health data are collected from confidential telephone surveys with Colorado residents by the Department of Public Health and Environment. Some health access and availability data are collected from licensure information from the Colorado Department of Regulatory Agencies and the Colorado Divisions of Registrations. Data support the state’s Health Assessment and Planning System.

## LOCAL REPORTS AND DATASETS DERIVED FROM LOCAL DATA

- ➔ 2013 Healthy Kids Colorado Survey: St. Vrain Valley School District – High School, Boulder County Public Health (BCPH), Boulder County Healthy Youth Alliance (HYA), Boulder Valley School District (BVSD), and St. Vrain Valley School District (SVVSD) have collaborated to implement the YRBS biennially since 2001.

St. Vrain Valley School District discontinued participation in the Youth Risk Behavior Survey in 2013. Boulder County Public Health still conducts this survey with Boulder Valley School District students. SVVSD has not replaced this data collection tool with another option.

## LOCAL REPORTS AND DATASETS DERIVED FROM MULTIPLE DATA SOURCES

- ➔ The Status of Children in Boulder County 2015.

This report is produced by the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County. It was also supported by the Boulder County Community Services Department, Boulder County Public Health, and the City of Boulder Human Services Department.

- ➔ The Community Need and Resource Assessment for Head Start Programs Serving Boulder County 2014, by Augenblick, Palaich, and Associates.

This community need and resource assessment for Head Start and Early Head Start eligible children and families in Boulder County was required by the U.S. Department of Health and Human Services, Office of Head Start.

- ➔ Longmont Area Housing Market Analysis 2012, by Community Strategies Institute.
- ➔ Longmont Rental Housing Market Analysis Update 2013, by Community Strategies Institute.
- ➔ Boulder County Permanent Supportive Housing Study 2016, by Community Strategies Institute.
- ➔ Envision Longmont Comprehensive Plan 2016
  - ⇒ Community Profile 2015
  - ⇒ The Comprehensive Plan Housing Element Update was created by Economic and Planning Systems, a subcontractor for the comprehensive plan project. Much of the Community Profile findings were derived from this report.

## FEDERAL DATASETS AVAILABLE AT THE LOCAL LEVEL

- ➔ American Community Survey (ACS), from the U.S. Census Bureau (e.g., Census Data)
  - > The ACS publishes estimates about the population that are subject to a margin of error – a range of estimates that the true value of the population is likely to fall within – due to the survey methodology. Nonetheless, the ACS is generally considered to be the most comprehensive, accurate, and reliable demographic data source publicly available.

- > The Colorado State Demographer’s Office relies on ACS data to help create their population projections and other profiles.
  - > Whenever possible, we pulled display data specific to Longmont (the Census calls this place data), but sometimes data were not available at the city level, and therefore our next best option is to display data representing all of Boulder County.
- Longitudinal Origin-Destination Employment Statistics (LODES), from the Center for Economic Studies, a division of the U.S. Census Bureau.

LODES data are annual employment statistics linking home and work locations at the Census block-level (i.e., the smallest census level). These data are based on state unemployment insurance reporting and account information and federal worker earnings records; they are accessed from an online platform ([www.OnTheMap.gov](http://www.OnTheMap.gov)). To improve generalizability of the estimates, our analysis sometimes includes all homes and jobs in Longmont (census designated place) plus all homes and jobs within one mile of Longmont.

- Quarterly Census of Employment and Wages 2015, from the U.S. Bureau of Labor Statistics

These data estimate average weekly and annual pay by 20 industry types for private and government employers (non-profits are included in the private category). Data were only available at the county level. In some cases, we averaged two or three sub-industries together to create one top-level estimate for each industry. We believe these are the most accurate and current wage data publicly available.

# APPENDIX C: SURVEY INSTRUMENT

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## Living in Longmont

1. Where do you currently live? (Mark all that are true for you.)

<input type="checkbox"/> In a home I own	<input type="checkbox"/> In a home that someone in my family owns	<input type="checkbox"/> In a home I rent	<input type="checkbox"/> Public housing or subsidized housing
<input type="checkbox"/> I live with family or relatives	<input type="checkbox"/> I live with friends or other non-relatives I know	<input type="checkbox"/> I am homeless	<input type="checkbox"/> Other: _____

2. How many other people currently live with you? \_\_\_\_\_ (if none, write "0")

3. Do you have everything you need to "get by" without help from others?  Yes  No  I don't know

4. How much have you worried about the following, in the past 12 months?

	Worried a lot	Worried a little	Did not worry at all	Does not apply to me
Not having enough money to pay for housing, including rent/mortgage, utilities, taxes, insurance, and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The possibility of rent going up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to move, if I wanted to or needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How much do you pay per month for rent / mortgage for the home you live in? \$ \_\_\_\_\_ (If nothing, write "0")

6. In the past two years, how many times have you moved to any different home? \_\_\_\_\_ (If none, write "0")

7. Within the past 12 months, did you miss or were late paying your rent/mortgage, because you could not afford it?  
 No  Yes, one time only  Yes, more than once  I don't know  Does not apply to me

8. Do you plan to move out of Longmont in the next two years?  Yes  No (If "No", skip to question 10)

9. Why do you plan to move out of Longmont in the next two years? Mark all of the reasons that are true for you.

<input type="checkbox"/> A family reason	<input type="checkbox"/> A job reason	<input type="checkbox"/> A home or housing reason	<input type="checkbox"/> It costs too much to live here	<input type="checkbox"/> I could make more money somewhere else	<input type="checkbox"/> Another location is better
<input type="checkbox"/> Some other reason (Please describe below)					

## Making Ends Meet

10. Do you have ...?	Yes	No	I don't know	Does not apply to me
A checking or spending account at a bank or credit union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A savings account with more than \$100?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A reliable car and car insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A retirement savings account? (e.g., 401K, 403B, Roth IRA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home or renter's insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends who live close and could help you if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Have you taken a pay-day loan, because you had to, in the past 12 months?  Yes  No  I don't know
12. Counting yourself, how many people in your home age 18 or older make money at a job? \_\_\_\_\_ (If none, write "0")
13. Do you typically have enough money to pay for the things you need?  Yes  No  I don't know
14. What would you do in the future if you did not have enough money to pay for the things you needed? (Describe below)

15. Have you faced any of the following in the past 12 months?	Yes	No	I don't know	Does not apply to me
Serious health problem, illness, or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ran out of food and didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problem (e.g., depression, anxiety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked for a job, but did not get one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evicted or forced to move from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You or someone in your home lost a job or was laid off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce, separation, or break-up of a serious relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of your spouse, partner, serious boyfriend or girlfriend, or a close family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People acting with violent or aggressive behavior in your home, including abuse from a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you currently get or need any of the following types of help? If you currently get some help, but need more help than you are getting, mark both columns 1 and 2. If you have no need for help, mark column 4.	1 I currently get help	2 I need help, or need more help	3 I don't know	4 I have no need
Help paying for child care, such as CCAP or CPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding child care that matches my work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help for problems my kids are having	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help getting health insurance, finding or going to a doctor, or paying for health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding or getting mental health care, such as counseling or medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help to quit using drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help going places, such as someone driving me to the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help from a lawyer or a legal expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help getting food and groceries because I can't pay for them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding a home I can afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help paying rent or making housing payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help paying utility bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help learning to read, write, or speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other form of help (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you need assistance finding or getting any of the types of help listed above?  Yes  No  I don't know.



18. Mark each benefit that you (or a family member or partner who lives with you) receive?	<input type="checkbox"/> Social Security	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP or food stamps	<input type="checkbox"/> TANF	<input type="checkbox"/> LIEAP	<input type="checkbox"/> Medicare/Medicaid
	<input type="checkbox"/> None of the above					

**About Your Health**

19. How is your health, in general?     Very good     Good     Fair     Bad     Very bad

20. In the box below, please mark all that are true for you.

<input type="checkbox"/> Deaf or serious difficulty hearing	<input type="checkbox"/> Blind, or serious difficulty seeing, even when wearing glasses	<input type="checkbox"/> Serious difficulty walking or climbing stairs	<input type="checkbox"/> Difficulty dressing or bathing	<input type="checkbox"/> Because of a physical, mental, or emotional condition, serious difficulty concentrating, remembering, or making decisions
<input type="checkbox"/> Other serious difficulty ( <i>please describe</i> ): _____				
<input type="checkbox"/> None of the above ( <i>if none of the above, skip to question 24</i> )				

21. Do you need help to overcome the difficulties you marked above?     Yes     No     I don't know

22. If you do need help, do you get the help you need to overcome the difficulties you marked above?  
 Yes     No     I don't know

23. Do you currently receive SSI or SSDI (disability payments)?     Yes     No     I don't know

24. Have you had a day when your mental health was not good, in the past 30 days?     Yes     No     I don't know

25. Did you need or want mental health care in the past 12 months?	If Yes → If No, skip to question 30 ↓	26. Did you try to find mental health care when you needed it?	If Yes → If No, go to question 29 ↓	27. Did you receive the mental health care you needed?	If Yes → If No, go to question 29 ↓	28. Did the mental health care you received improve your wellbeing?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

29. If you answered "No" to questions 26, 27, or 28 above, why did you answer "No"? (*Describe below*)

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30. In the past 12 months, have you seen someone in Longmont who you thought was having a mental health crisis?  
 Yes     No     I don't know

31. Do you have a plan, or do you know what you would do, if you noticed someone was having a mental health crisis?  
 Yes     No     I don't know

32. What was the most significant challenge you faced in the past year, and what could have helped make things easier for you?

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**About You and Your Family**

33. How many children younger than 6 live with you, at least sometimes? \_\_\_\_ (If none, write "0" and skip to question 37)

Answer the following as it is usually true for child younger than six who live with you.

	<b>Go to a licensed daycare, preschool, Headstart, or kindergarten for at least four hours, one day per week?</b>	<b>Are cared for by a family member who is <u>not</u> the parent or guardian for at least four hours, one day per week?</b>	<b>Are cared for by someone other than a daycare or family member, for at least four hours, one day per week?</b>
34. How many children living with you...	____ (# of children) <i>If none, write "0"</i>	____ (# of children) <i>If none, write "0"</i>	____ (# of children) <i>If none, write "0"</i>
35. How many days each week do children living with you...	____ (days per week) <i>If none, write "0"</i>	____ (days per week) <i>If none, write "0"</i>	____ (days per week) <i>If none, write "0"</i>
36. How much do you pay for all children living with you who...	\$____ (per week) <i>If nothing, write "\$0"</i>	\$____ (per week) <i>If nothing, write "\$0"</i>	\$____ (per week) <i>If nothing, write "\$0"</i>

37. How many people living in your home are between 6 and 18 years old? \_\_\_\_ (If none, enter "0")

38. Are you a single parent?  Yes  No  Other : \_\_\_\_\_  Does not apply to me

39. What year were you born? \_\_\_\_\_ (please enter a 4-digit year, such as 1970)

40. Are you ...  Male  Female

41. Are you in the U.S. Military or are you a veteran of the U.S. Military?  Yes  No

42. Are you a U.S. Citizen?  Yes  No

43. What is the highest level of education that you have completed? (Check the highest level only)

- Less than a high school diploma    
 High school diploma/GED    
 Some college or technical/vocational school    
 Associate's degree    
 Bachelor's degree    
 Graduate degree

44. How would you describe your race or ethnicity? (Check all that apply.)

- White / Caucasian / Anglo    
 Black / African American    
 Native American / American Indian  
 Hispanic / Latino    
 Asian / Pacific Islander    
 Other \_\_\_\_\_

45. Did you do any work for pay during the past twelve months?  Yes  No  I don't know

46. How much money do you usually make per month, before taxes? \$ \_\_\_\_\_ /month (If none, write "\$0")

47. What is your total yearly household income, before taxes (add up income from all members of your household)?

- \$0 to \$14,999    
 \$15,000 to \$29,999    
 \$30,000 to \$49,999    
 \$50,000 to \$74,999    
 \$75,000 or more

## APPENDIX D: ENVIRONMENTAL SCAN

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# Longmont Needs Assessment: Environmental Scan

Secondary Data Analysis & Document Review  
2016



# Objectives

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- ➔ Review existing trend data (Longmont specific when available) on poverty and economic conditions.
- ➔ Review local and countywide recent needs assessment documents.
- ➔ Use local and countywide data to identify developing social and economic trends and make projections for the next five years.

# Quick Facts

Longmont rents and home purchase prices are increasing. Most renters earning less than \$35,000 are housing cost burdened (i.e., they spend 30% or more of their income on housing).

Child care and housing are the costs with the greatest impact to self-sufficiency: a single parent with one preschooler needs to make twice as much as a single adult to be self-sufficient.

Female workers living in Longmont make lower earnings than males, especially at higher education levels. The Longmont workforce has steadily gotten older: the proportion of the workforce 55 or older doubled between 2002 and 2014.

The percentage of households in Longmont receiving food stamps is twice as high as the percentage in Loveland and the City of Boulder: about 11 percent of Longmont households received food stamps in 2014, which was up from about seven percent in 2009.

Employment is clearly a regional issue: three-quarters of working Longmont residents commute out of Longmont for work, and two-thirds of people working in Longmont commute in from other communities.

The percentage of Longmont residents living below the poverty line trended upwards since 2005, but dropped slightly between 2012 and 2014. Income inequality, a measure of the gap between rich and poor, increased slightly between 2013 and 2014.

# Contents

## Recognizing the Struggle to Make Ends Meet

- ➔ How many residents are living in poverty and who are they?
- ➔ What does it take to be a self-sufficient household in Boulder County?

## Working Towards a Better Place

### ➔ Education

- > How many residents have less than a high school diploma? less than a bachelor's degree?
- > What are the high school graduation and drop-out rates?

### ➔ Jobs

- > What industries and types of jobs are growing or shrinking?
- > What is the unemployment rate?
- > Where are people working relative to where they live?

### ➔ Wages

- > How do wages differ by industry? To what extent does wage inequality exist?
- > Is the economy improving for all people equally?

### ➔ Child care for Working Parents

- > What is the typical cost of child care?

### ➔ Transportation

- > How has car insurance cost changed since 2014?

# Contents (continued)

## Meeting Basic Needs

### ➔ Housing

- > How have housing costs changed over time?
- > Are residents housing cost burdened?

### ➔ Food Insecurity

- > How many people experience food insecurity and where do they live?
- > How many children are eligible for FRL, and where do they go to school?

### ➔ Healthcare

- > How does health insurance status vary by age and income? How has health insurance status changed over time?
- > How prevalent are mental health hospitalizations? How common is substance abuse? How common is teen pregnancy?

## Protecting Vulnerable Populations

### ➔ Fixed Income

- > How many residents have a disability?
- > How many residents are older adults?

### ➔ Foreign-Born

- > How does the foreign-born population differ from the population of U.S. born residents?



# Data Sources

The environmental scan relies on data from various sources. Corona pulled, analyzed, and reported available data that we believe is the best combination of relevance, accuracy, and recency. We also conducted two informal interviews with service providers to better understand food insecurity issues. We primarily relied on the sources described below and on the next slides.

## ➔ Local reports and datasets derived from federal data or programs

- > Self-sufficiency Standard for Colorado 2015, from the Colorado Center on Law and Policy
  - The self-sufficiency standard is a measure of financial need. In many respects, it is a more appropriate measure of demand for this project than the Federal poverty level. A shortcoming of the self-sufficiency standard is that estimates are available only at the county level, which likely overestimates the standard for Longmont.
- > Food Insecurity, from the Community Food Share of Boulder and Broomfield Counties
  - Food insecurity data is derived from home interviews conducted by the Census Bureau on behalf of the U.S. Department of Agriculture in 2013, then estimated to local census tracts using ACS data (5-year estimate 2009-2013). This data is “model” data, meaning the estimates are based on a mathematical combination of regional food insecurity and local demographic data, but it is the most relevant, accurate, and recent data available.
- > Food Assistance Survey Results 2016, from Boulder County Housing and Human Services
  - BCHHS conducted a survey of current SNAP enrollees, former SNAP enrollees, and current Medicaid enrollees never enrolled in SNAP to understand their experiences with SNAP and common barriers to applying for food assistance.

## ➔ Local reports and datasets derived from state data

- > Graduation Rate, Drop-out Rate, and Student Eligibility for Free and Reduced Lunch, from the Colorado Department of Education
- > Boulder County Health Indicators, from the Colorado Health Institute and/or Boulder County Health Compass
- > Community Health Indicators (e.g., mental health hospitalizations, teenage pregnancy), from the Colorado Department of Public Health and Environment
  - Some personal health data are collected from confidential telephone surveys with Colorado residents by the Department of Public Health and Environment. Some health access and availability data are collected from licensure information from the Colorado Department of Regulatory Agencies and the Colorado Divisions of Registrations. Data support the state’s Health Assessment and Planning System.

# Data Sources (continued)

## ➤ Local reports and datasets derived from local data

- > 2013 Healthy Kids Colorado Survey: St. Vrain Valley School District – High School, Boulder County Public Health (BCPH), Boulder County Healthy Youth Alliance (HYA), Boulder Valley School District (BVSD), and St. Vrain Valley School District (SVVSD) have collaborated to implement the YRBS biennially since 2001.
  - St. Vrain Valley School District discontinued participation in the Youth Risk Behavior Survey in 2013. Boulder County Public Health still conducts this survey with Boulder Valley School District students. SVVSD has not replaced this data collection tool with another option.

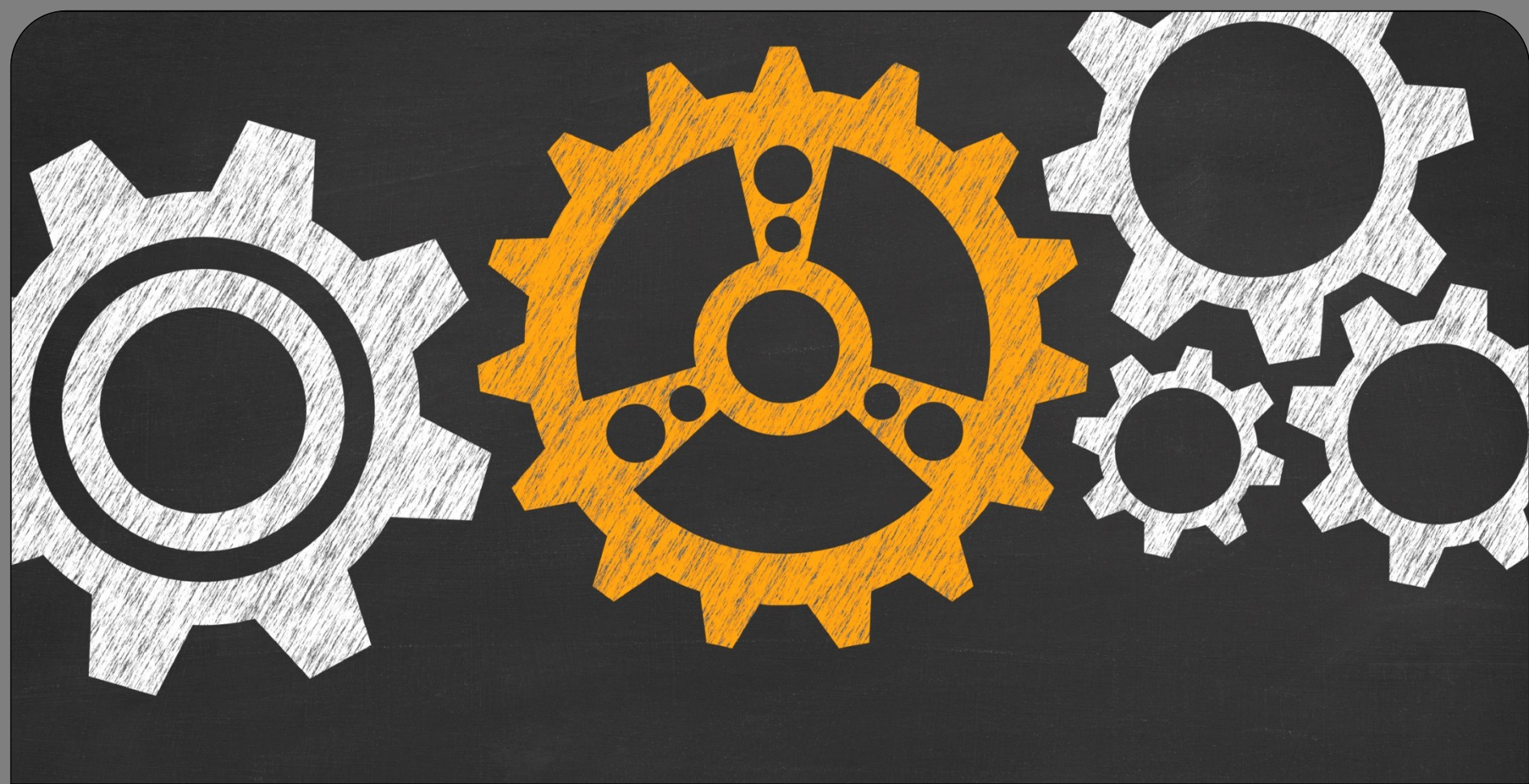
## ➤ Local reports and datasets derived from multiple data sources

- > The Status of Children in Boulder County 2015. This report is produced by the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County. It was also supported by the Boulder County Community Services Department, Boulder County Public Health, and the City of Boulder Human Services Department.
- > The Community Need and Resource Assessment for Head Start Programs Serving Boulder County 2014, composed by Augenblick, Palaich, and Associates.
  - This community need and resource assessment for Head Start and Early Head Start eligible children and families in Boulder County was required by the U.S. Department of Health and Human Services, Office of Head Start.
- > Longmont Area Housing Market Analysis 2012, was composed by Community Strategies Institute.
- > Longmont Rental Housing Market Analysis Update 2013, was composed by Community Strategies Institute.
- > Boulder County Permanent Supportive Housing Study 2016, was composed by Community Strategies Institute.
- > Envision Longmont Comprehensive Plan 2016
  - Community Profile 2015
  - The Comprehensive Plan Housing Element Update was created by Economic and Planning Systems, a subcontractor for the comprehensive plan project. Much of the Community Profile findings were derived from this report.

# Data Sources (continued)

## ➔ Federal datasets available at the local level

- > American Community Survey (ACS), from the U.S. Census Bureau (e.g., Census Data)
  - The ACS publishes estimates about the population that are subject to a margin of error – a range of estimates that the true value of the population is likely to fall within – due to the survey methodology. Nonetheless, the ACS is generally considered to be the most comprehensive, accurate, and reliable demographic data source publicly available.
  - The Colorado State Demographer's Office relies on ACS data to help create their population projections and other profiles.
  - Whenever possible, we pulled display data specific to Longmont (the Census calls this place data), but sometimes data were not available at the city level, and therefore our next best option is to display data representing all of Boulder County.
- > Longitudinal Origin-Destination Employment Statistics (LODES), from the Center for Economic Studies, a division of the U.S. Census Bureau.
  - LODES data are annual employment statistics linking home and work locations at the Census block-level (i.e., the smallest census level). These data are based on state unemployment insurance reporting and account information and federal worker earnings records; they are accessed from an online platform ([www.OnTheMap.gov](http://www.OnTheMap.gov)). To improve generalizability of the estimates, our analysis sometimes includes all homes and jobs in Longmont (census designated place) plus all homes and jobs within one mile of Longmont.
- > Quarterly Census of Employment and Wages 2015, from the U.S. Bureau of Labor Statistics
  - These data estimate average weekly and annual pay by 20 industry types for private and government employers (non-profits are included in the private category). Data were only available at the county level. In some cases, we averaged two or three sub-industries together to create one top-level estimate for each industry. We believe these are the most accurate and current wage data publicly available.



# Recognizing the Struggle to Make Ends Meet

Poverty • Self-Sustainability

# Longmont Residents Experiencing Poverty

Poverty can be defined in absolute or relative terms. Absolute poverty is a standard that does not change geographically or over time. Conversely, relative poverty is defined in relation to the quality of life experienced by others in the community, and relative poverty levels should increase as a place gets richer. The U.S. Census Bureau uses a hybrid calculation to determine poverty, one that does not change geographically (the federal poverty level is the same throughout the country), but does adjust somewhat over time for inflation and varies by family characteristics.

*“The U.S. Census Bureau determines poverty status by comparing pre-tax cash income against a threshold that is set at three times the cost of a minimum food diet in 1963, updated annually for inflation using the Consumer Price Index, and adjusted for family size, composition, and age of householder. ‘Family’ is defined by the official poverty measure as persons living together who are related by birth, marriage, or adoption. Thresholds do not vary geographically.”*

~ Institute for Research on Poverty, University of Wisconsin-Madison

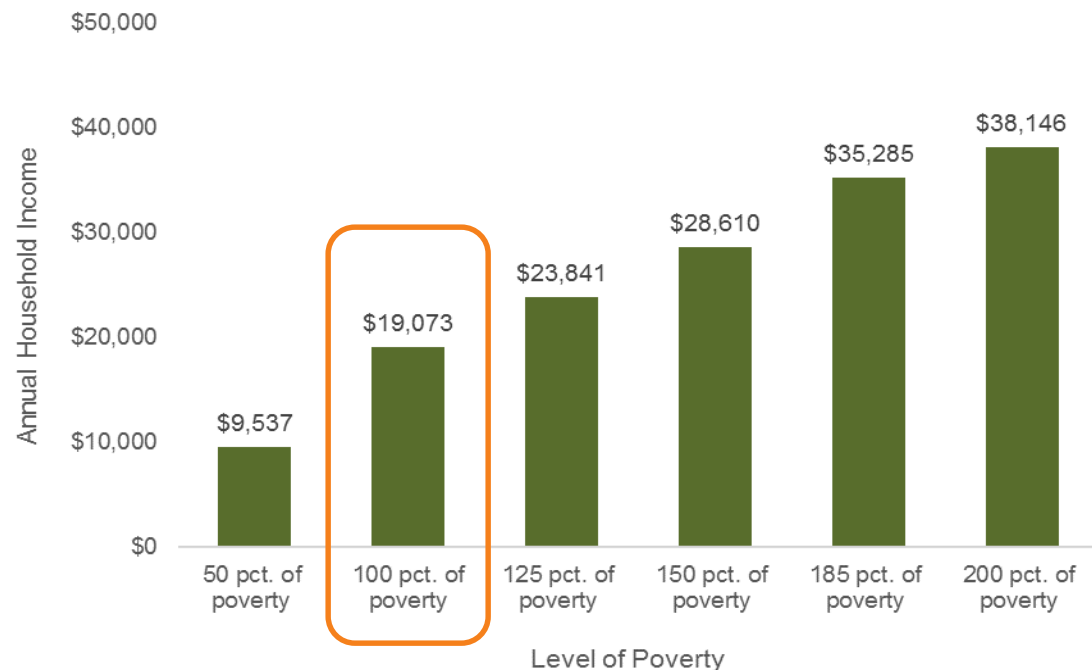
Regardless of which definition is used, reducing poverty in Longmont, therefore, requires understanding the economic, social, political, and cultural context in which people live.

A single parent with two kids under 18 years with an annual household income of \$19,000 in 2014 would be at the 100 percent of poverty level. If this parent had an income twice as large (i.e., \$38,000) they would be at the 200 percent of poverty level.

Poverty thresholds differ by household size. As family size and number of children under 18 increases, so do the poverty thresholds. For example, a single parent with three kids under 18 could make \$24,091 and be at the 100 percent of poverty level.

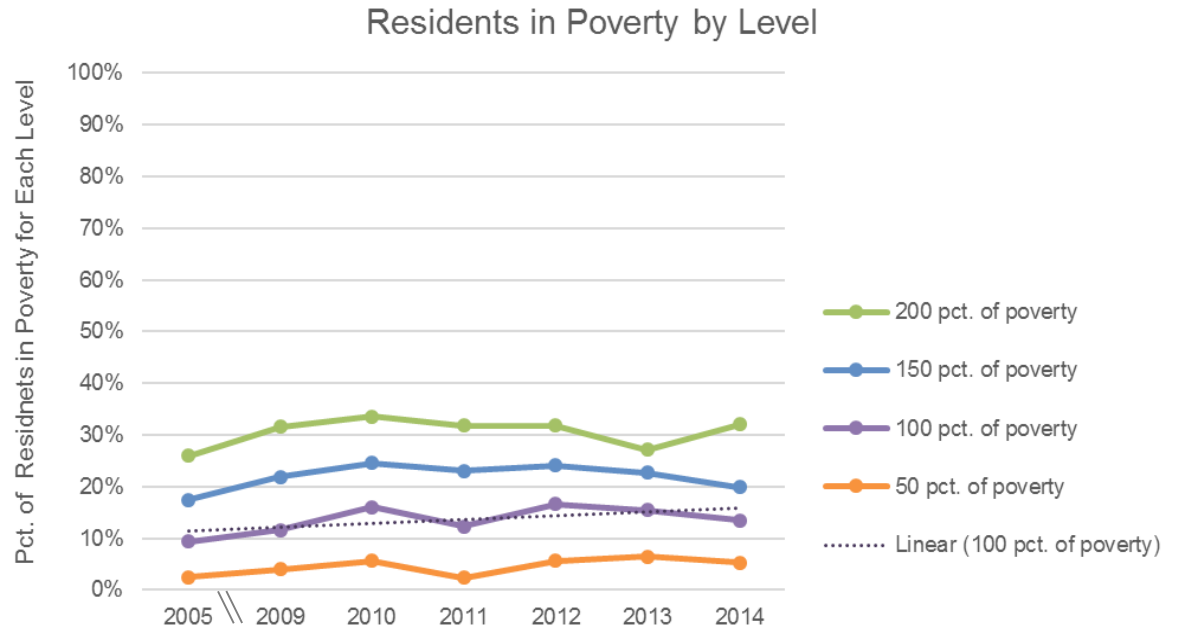
The [complete poverty threshold table](#) is in Appendix B.

Household Income Thresholds in 2014 to Define Poverty Status for a Three Person Family



The percentage of Longmont residents living below the poverty line has trended upwards since 2005 (dotted line).

However, the percentage of Longmont residents living in poverty has dropped slightly since 2012. Comparing 2013 and 2014, there was a decrease in the percentage of residents in poverty at the 150 percent and 200 percent levels. If this trend remains steady or increases in 2016 and beyond, there may be more need for services for households with moderately low, but not extremely low, incomes.

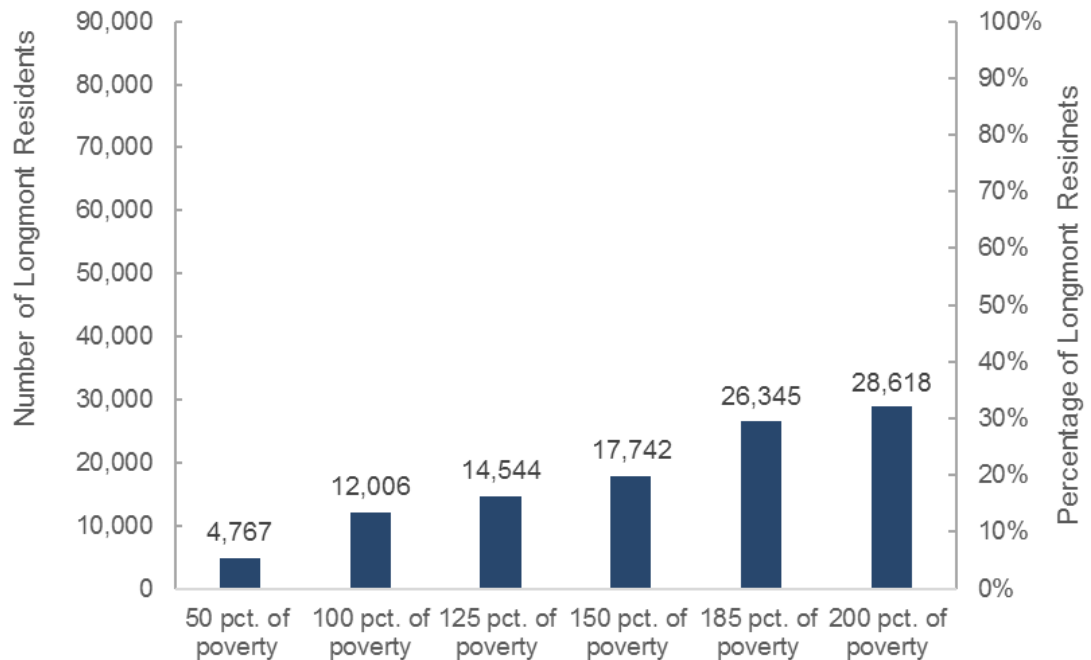


13% of Longmont residents (12,000 people) live below the national poverty level.

About 28,000 residents (more than 30% of the population) live at or below 200% of the poverty level.

Residents of Hispanic or Latino origin are more than two times as likely to be experiencing poverty than white residents (shown on next slide).

Residents by Poverty Level



Number of Residents in Each Poverty Level (Cummulative)

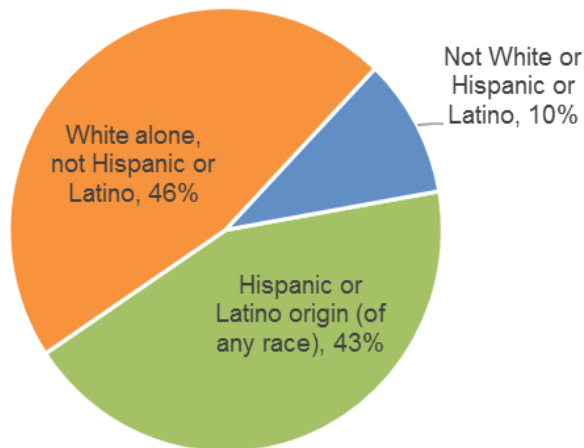


Among Longmont residents experiencing poverty, most are white (not Hispanic or Latino) or they are Hispanic or Latino. Most Longmont residents in poverty are younger than 45. Among older populations in poverty, most are females.

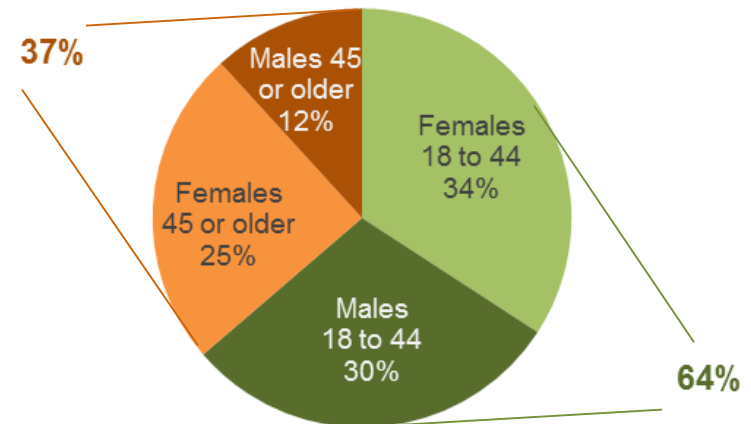
**90% of Longmont residents in poverty are White - not Hispanic, or they are Hispanic or Latino.**

**64% of Longmont residents in poverty are younger than 45. 59% of those in poverty are female.**

Residents in Poverty, by Race and Ethnicity



Residents in Poverty, by Sex and Age Group

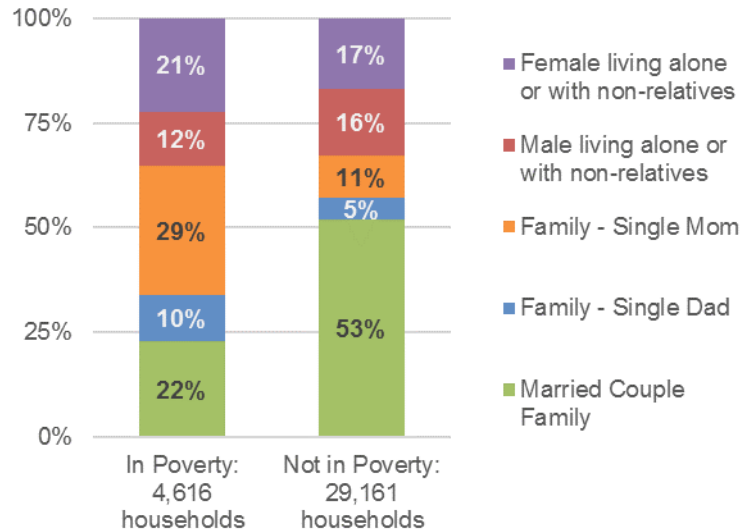


In 2014, females living alone or with non-relatives and single mom families made up the largest groups experiencing poverty. Residents living alone or with non-relatives make up a greater proportion of those in poverty than they did in 2010. Likewise, the proportion of single dads in poverty increased. Conversely, the proportion of married couple families in poverty decreased to less than half of the 2010 percentage.

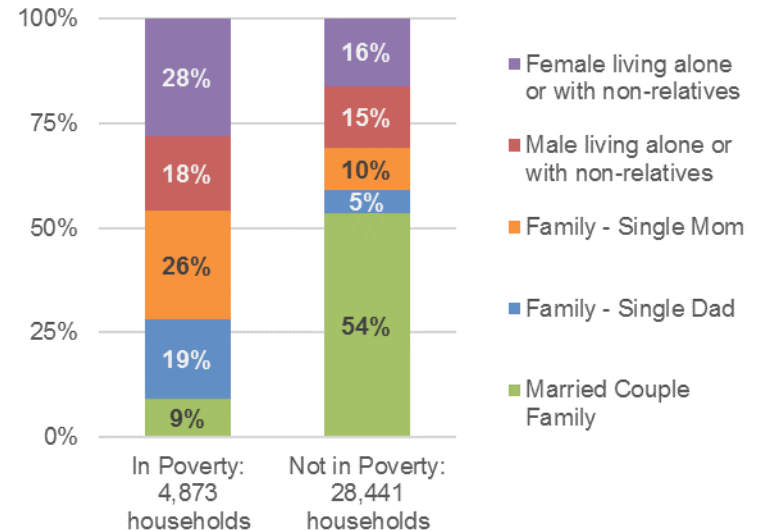
## 2010

## 2014

Household Types for Households Above and Below the Poverty Level



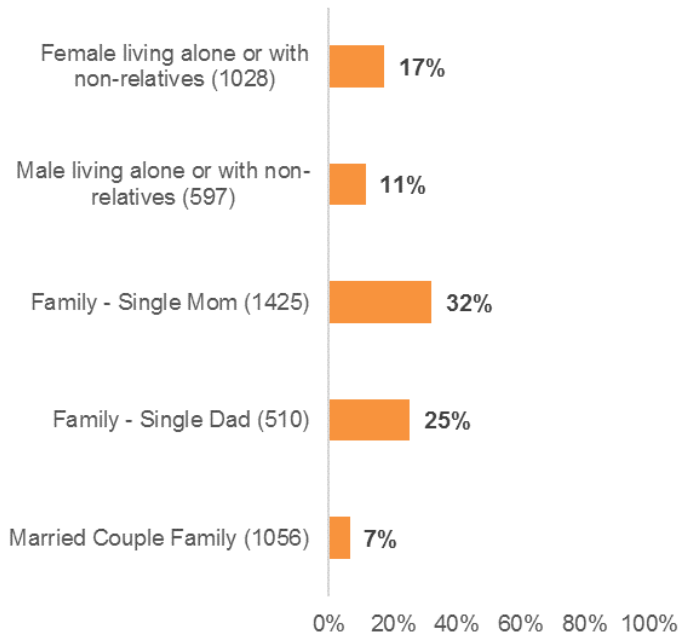
Household Types for Households Above and Below the Poverty Level



The likelihood of living in poverty in Longmont is highest for single dad families, among whom, more than one in three is in poverty. Between 2010 and 2014, the likelihood of living in poverty increased by 50% for single dad families and for non-family male head of households.

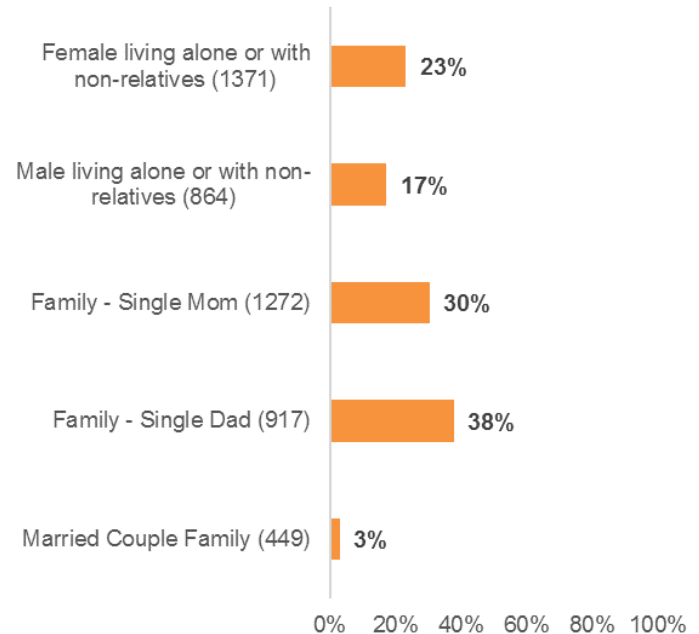
## 2010

Likelihood of Living in Poverty by Household Type



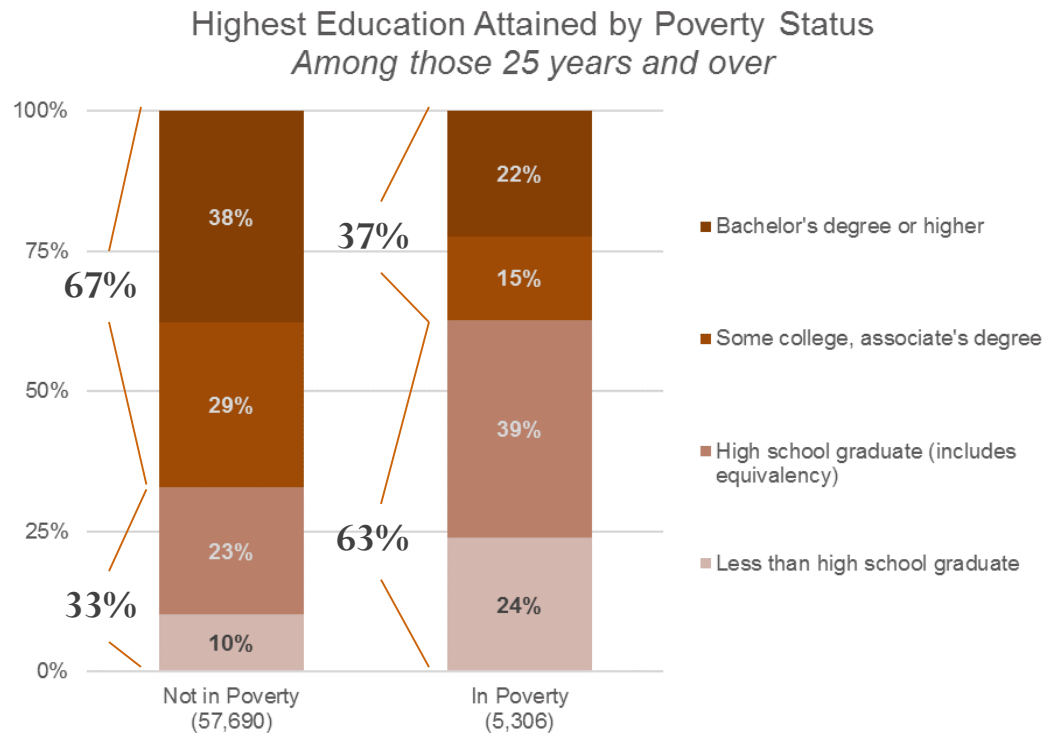
## 2014

Likelihood of Living in Poverty by Household Type

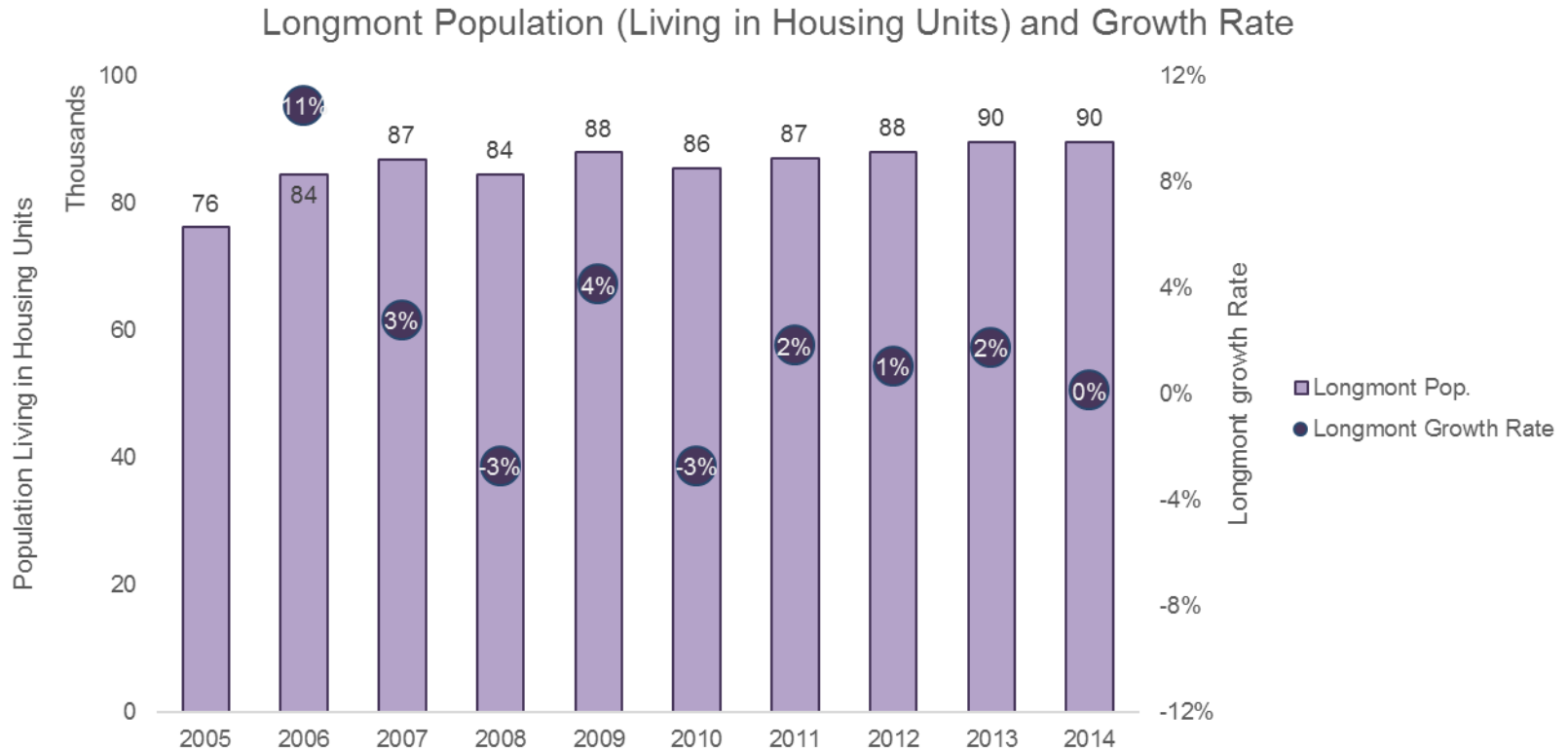


Numbers in brackets represent the number of households in poverty

63% of Longmont residents experiencing poverty have no college experience. However, college education does not eliminate poverty, as 37% of residents in poverty have at least some college experience, and 1 in 5 have a bachelors degree or higher.



# Longmont's Population has grown 1% per year on average since 2006



# Income Requirements of Self-Sufficient Families

The self-sufficiency standard is the minimum annual income needed to support a family without assistance. The Colorado Center on Law and Policy annually estimates the standard for each Colorado County, accounting for several different family types. The standard accounts for typical living costs such as housing, food, health care, and child care if applicable, as well accounting for tax benefits and credits.

*“For most workers throughout Colorado, the Self-Sufficiency Standard shows that earnings well above the official Federal Poverty Level are nevertheless far below what is needed to meet families’ basic needs.”*

~ Colorado Center on Law and Policy

The self-sufficiency standard in Boulder County is one of the highest in the state.

Annual Income Needed to be Self-Sufficient, by Household Type  
*Assortment of Counties*

County	One Adult	One Adult One Preschooler	One Adult One Infant One Preschooler	One Adult One Preschooler One School-Age	Two Adults One Preschooler One School-Age
Summit	\$29,567	\$59,595	\$84,161	\$69,740	\$78,254
Douglas	\$30,723	\$59,280	\$81,621	\$70,626	\$78,084
<b>Boulder</b>	<b>\$28,209</b>	<b>\$56,718</b>	<b>\$79,794</b>	<b>\$67,837</b>	<b>\$75,906</b>
Jefferson	\$26,214	\$51,828	\$71,263	\$62,468	\$70,216
Denver	\$21,916	\$47,914	\$68,182	\$57,409	\$63,069
Larimer	\$22,775	\$46,552	\$64,800	\$56,887	\$64,331
El Paso	\$20,780	\$42,614	\$57,988	\$51,699	\$58,829
Mesa	\$19,295	\$36,778	\$48,950	\$46,050	\$52,964
Prowers	\$17,426	\$35,914	\$46,828	\$40,765	\$48,621
Alamosa	\$19,097	\$32,205	\$43,521	\$39,504	\$48,099
Yuma	\$17,428	\$31,261	\$40,796	\$36,148	\$43,997
Bent	\$17,133	\$27,501	\$35,554	\$32,530	\$40,448

In Boulder County, a single parent with one preschooler and one school-age child needs income of \$67,800 to be self-sufficient.

Detailed Costs and Benefits in Boulder County, by Household Type

The self-sufficiency standard assumes that all adults work to support their families, and their household costs reflect applicable work related expenses.

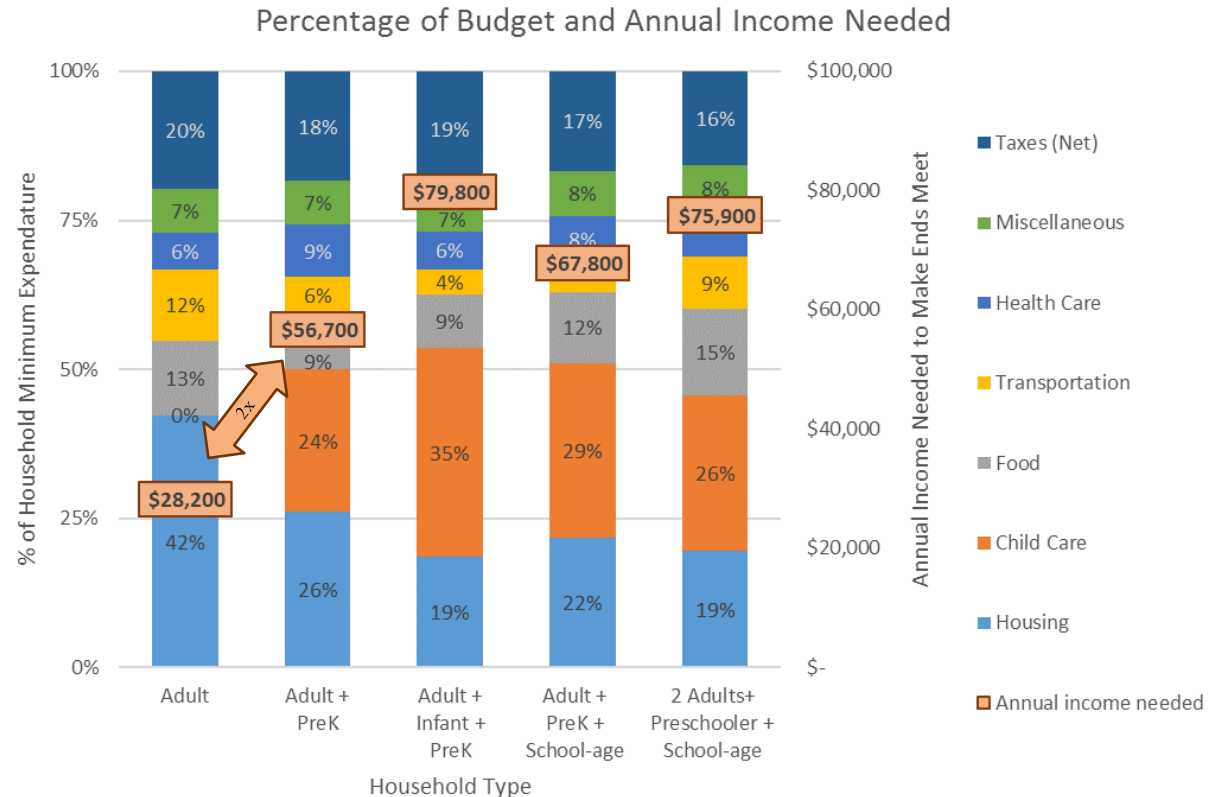
	Monthly Costs	Adult	Adult + Preschooler	Adult + Infant + Preschooler	Adult + Preschooler + School-age	2 Adults+ Preschooler + School-age
Costs	Housing	\$996	\$1,232	\$1,232	\$1,232	\$1,232
	Child Care	\$0	\$1,129	\$2,338	\$1,654	\$1,654
	Food	\$295	\$448	\$587	\$675	\$926
	Transportation	\$279	\$287	\$287	\$287	\$544
	Health Care	\$146	\$413	\$423	\$434	\$485
	Miscellaneous	\$172	\$351	\$487	\$428	\$484
	Taxes	\$464	\$1,001	\$1,562	\$1,209	\$1,267
Benefits	Earned Income Tax Credit (-)	\$0	\$0	\$0	\$0	\$0
	Child Care Tax Credit (-)	\$0	-\$50	-\$100	-\$100	-\$100
	Child Tax Credit (-)	\$0	-\$83	-\$167	-\$167	-\$167
<b>Annual Self-Sufficiency Wage</b>						
		\$28,209	\$56,718	\$79,794	\$67,837	\$75,906



In Boulder County, a single parent with one preschooler needs to make twice as much as a single adult to be self-sufficient.

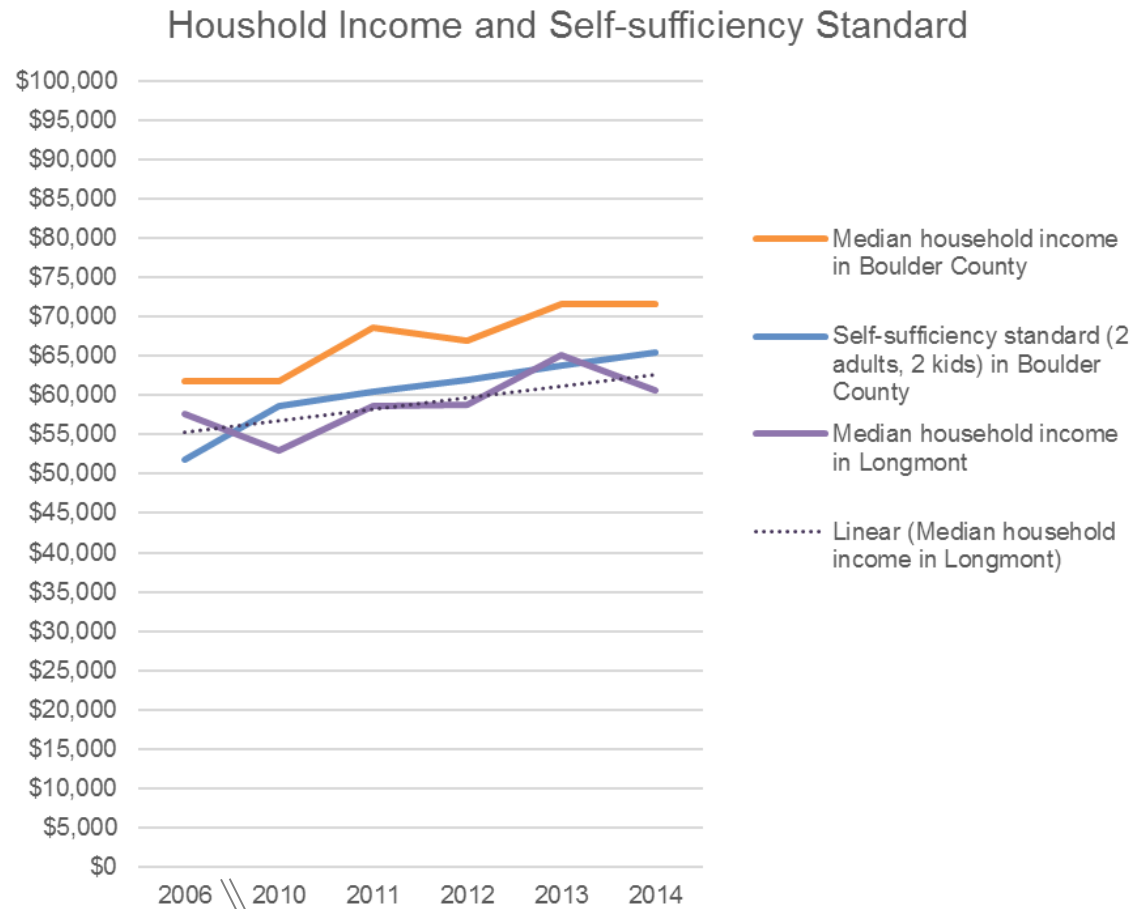
A typical working single parent with one preschooler pays one quarter of his/her income on housing and one quarter on child care.

A single parent with two kids might pay more than one-third of his/her income on child care alone.



The median annual household income in Longmont was typically below the self-sufficiency standard of Boulder County. However, the rate of household income growth in Longmont was about the same as the rate of the self-sufficiency standard in Boulder County.

As seen elsewhere in this report, the cost of living (e.g., housing and child care) is higher in Boulder than Longmont, suggesting the self-sufficiency standard in Longmont is likely lower than for the entire county.





## Working Towards a Better Place

Education • Jobs • Wages • Child care • Transportation

# Education

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The higher the education level a resident has, the less likely they are experiencing poverty. Helping residents achieve their educational potential can help lift people out of poverty and help fight generational poverty.

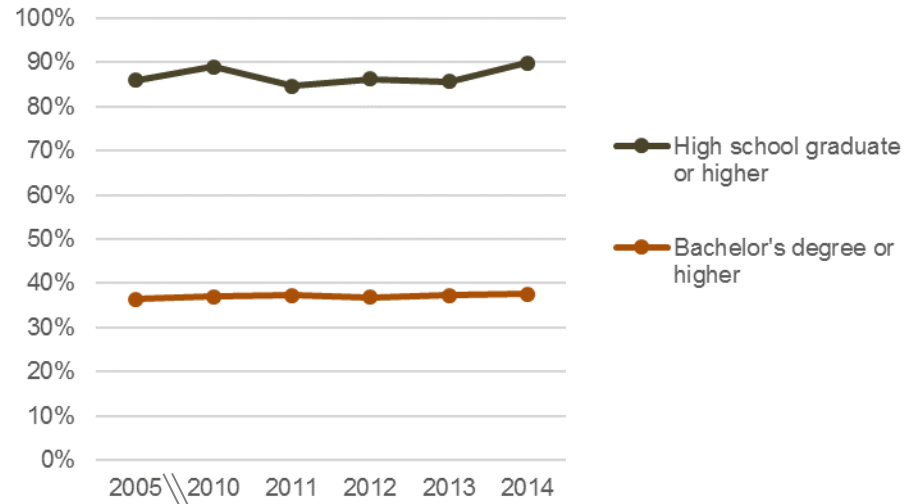
More information about education is available on the following slides

- [Education and Poverty](#)
- [Education by Earnings by Sex](#)
- [Free and Reduced Price School Lunch Eligibility](#)

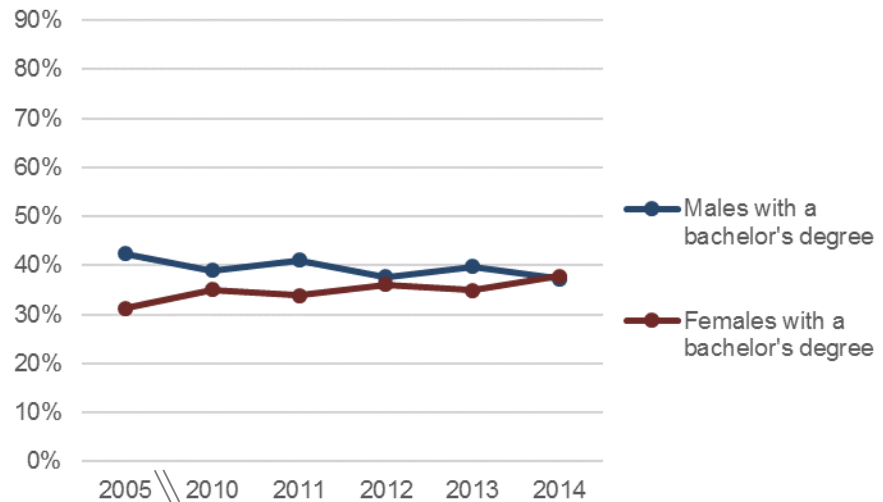
➔ Longmont residents' education levels have increased slightly since 2005, and there was an uptick in 2014 in the percentage of people with at least a high school diploma.

➔ Since 2005, the percentage of Longmont males with at least a bachelors degree has slightly decreased, while the percentage of females with at least a bachelors has increased by seven percentage points.

### Educational attainment



### With a Bachelor's degree, by gender



Males and Hispanic or Latino students have the lowest high school completion rates among the three Longmont high schools, with the exception of Longmont High where 91 percent of males completed.

2014-15	Total Dropout Rate	All Students Completion Rate	Female Completion Rate	Male Completion Rate	White Completion Rate	Hispanic or Latino Completion Rate
Longmont High School	1.8%	91%	91%	91%	94%	84%
Silver Creek High School	1.2%	90%	92%	88%	91%	85%
Skyline High School	3.3%	80%	82%	77%	90%	70%
<b>ST VRAIN VALLEY DISTRICT</b>	<b>1.6%</b>	<b>84%</b>	<b>88%</b>	<b>79%</b>	<b>89%</b>	<b>70%</b>

Source: Colorado Department of Education

**According to the 2013 Healthy Kids Colorado Survey, among high school students in St. Vrain Valley School District...**

- ➔ 98% of high school students thought it was important to finish high school
- ➔ 94% of high school students thought it was important to go to college

# Jobs

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In Longmont, job growth was flat between 2010 and 2014, although unemployment steadily declined during that time. Employment is clearly a regional issue, with few people both living **and** working in Longmont. Some industries such as manufacturing and educational services, and to a lesser extent construction, have seen significant up and down-swings in terms of Longmont residents working these jobs over the past decade.

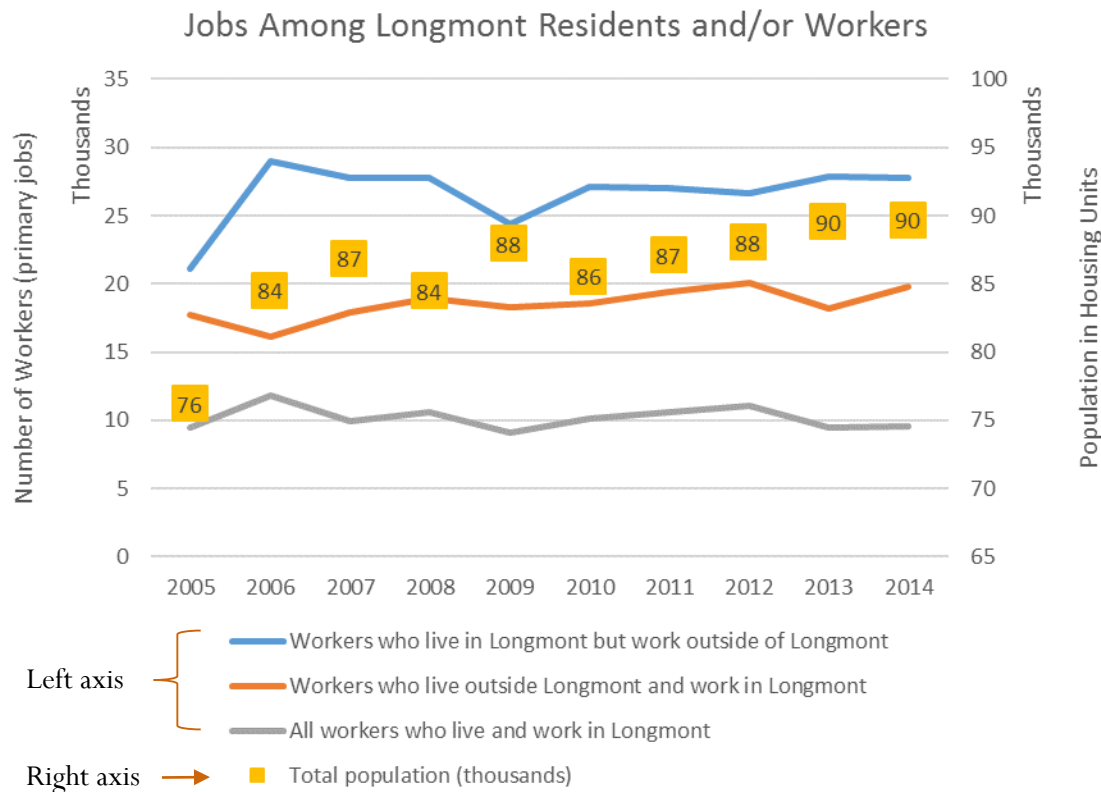
The number of Longmont residents holding a primary job (blue line) remained flat from 2010 to 2014, and had not recovered to the 2006 peak, even as resident population climbed.

The number of workers who commute into Longmont for their primary job (orange line) increased slightly but steadily between 2006 and 2011, and remained around 20,000 in 2014.

The number of Longmont residents who have a primary job in Longmont (gray line) has generally remained flat since 2005.

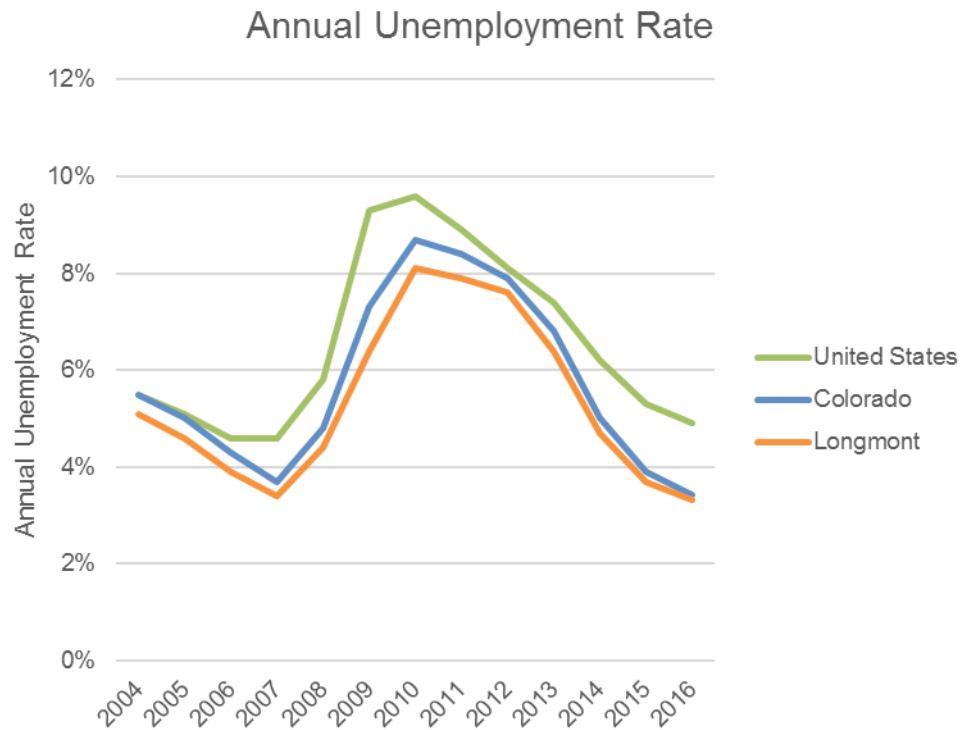
Considering Longmont residents with jobs increased during that time, a smaller proportion of resident workers are working in Longmont than in 2005 (i.e., more residents are commuting out of town).

Work commute patterns offered by CSI are the same as shown here. Patterns offered by LEDP differ from these, mostly due to how LEDP assigned workers to their home towns.





Decreasing unemployment in Longmont has paralleled decreases statewide, and have outpaced the national rate of decline.

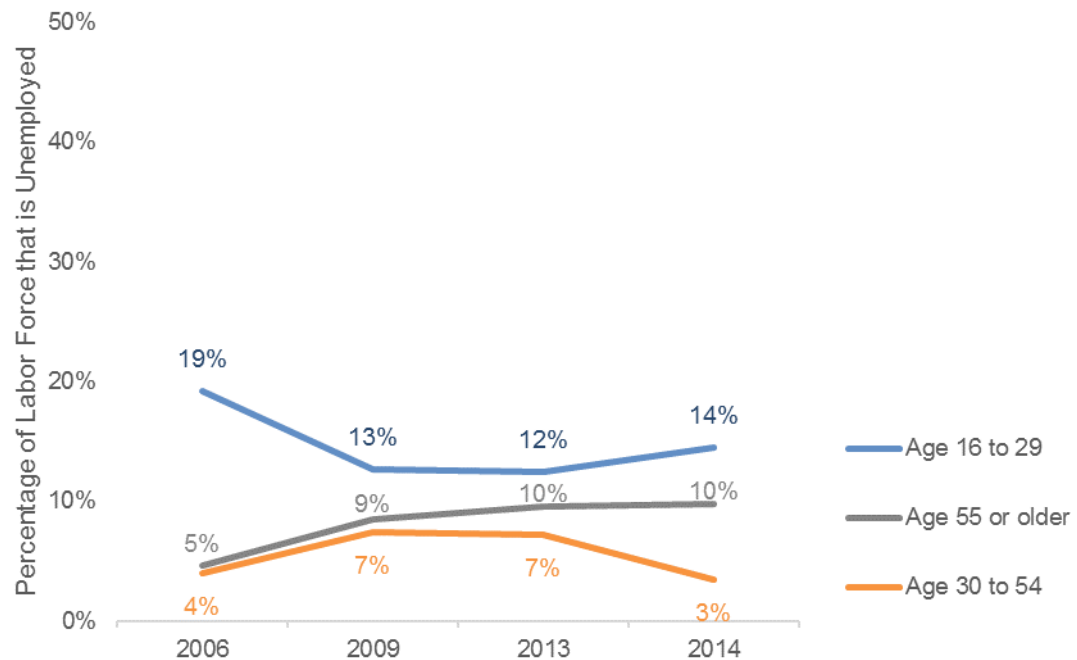


\* 2016 rate is the average rate Jan. – May 2016

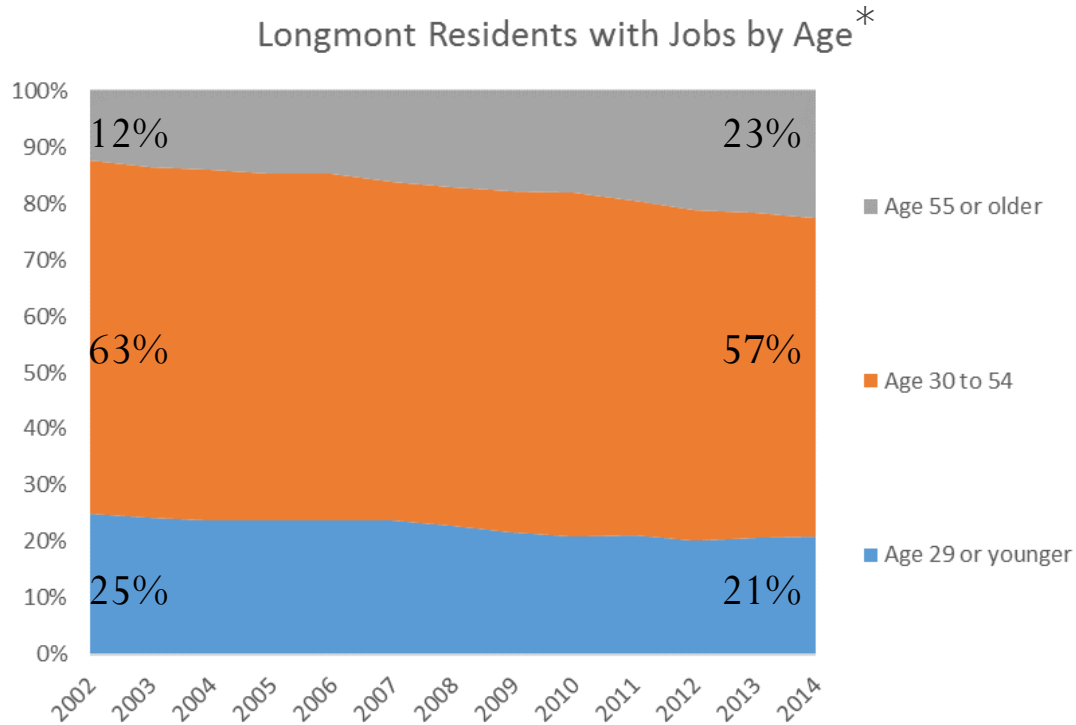
## Unemployment levels in Longmont diverged by age group during the recovery from the recession.

Longmont residents age 30 to 54 and residents 55 and older experienced higher unemployment during the recession. Unemployment among residents 30 to 54 has returned to pre-recession levels, but unemployment among older residents remains high. While the unemployment rate for young workers dropped during the recession, we presume that was mostly due to these younger residents dropping out of the workforce.

Unemployment Within Labor Force, by Age



The Longmont workforce has steadily gotten older since 2002.



\* Includes workers living within one mile outside Longmont City boundary

Roughly 40,000 Longmont residents have a job, and most of these working residents commute out of Longmont to their job.

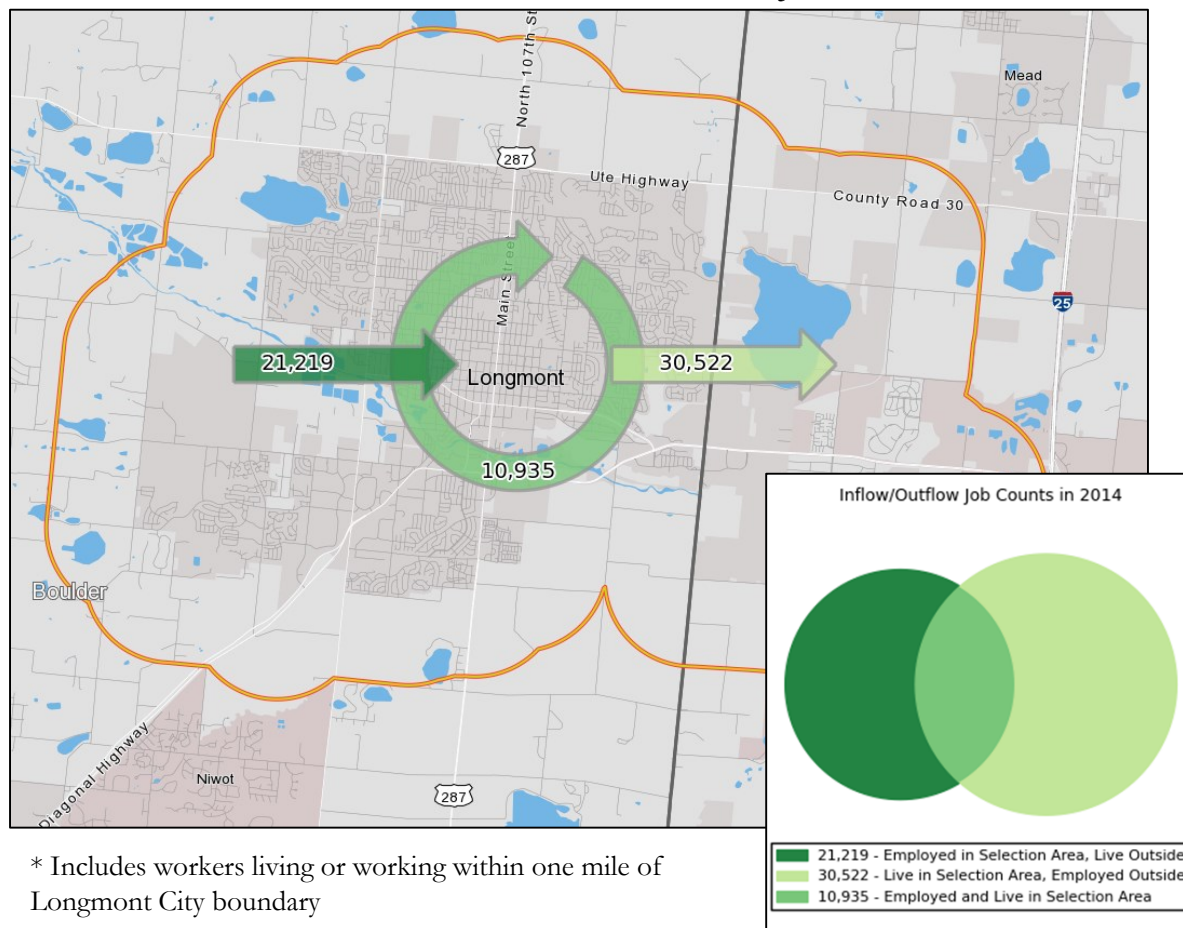
Employment is clearly a regional issue, and more workers commute out of Longmont than into Longmont.

Among Longmont residents with jobs, one-quarter work in Longmont, while three-quarters commute out of Longmont for work.

Roughly 30,000 people work in the city of Longmont, and one-third of them live in Longmont and two-thirds commute in from other communities.

Therefore, transportation systems that help with inter-city commuting are essential.

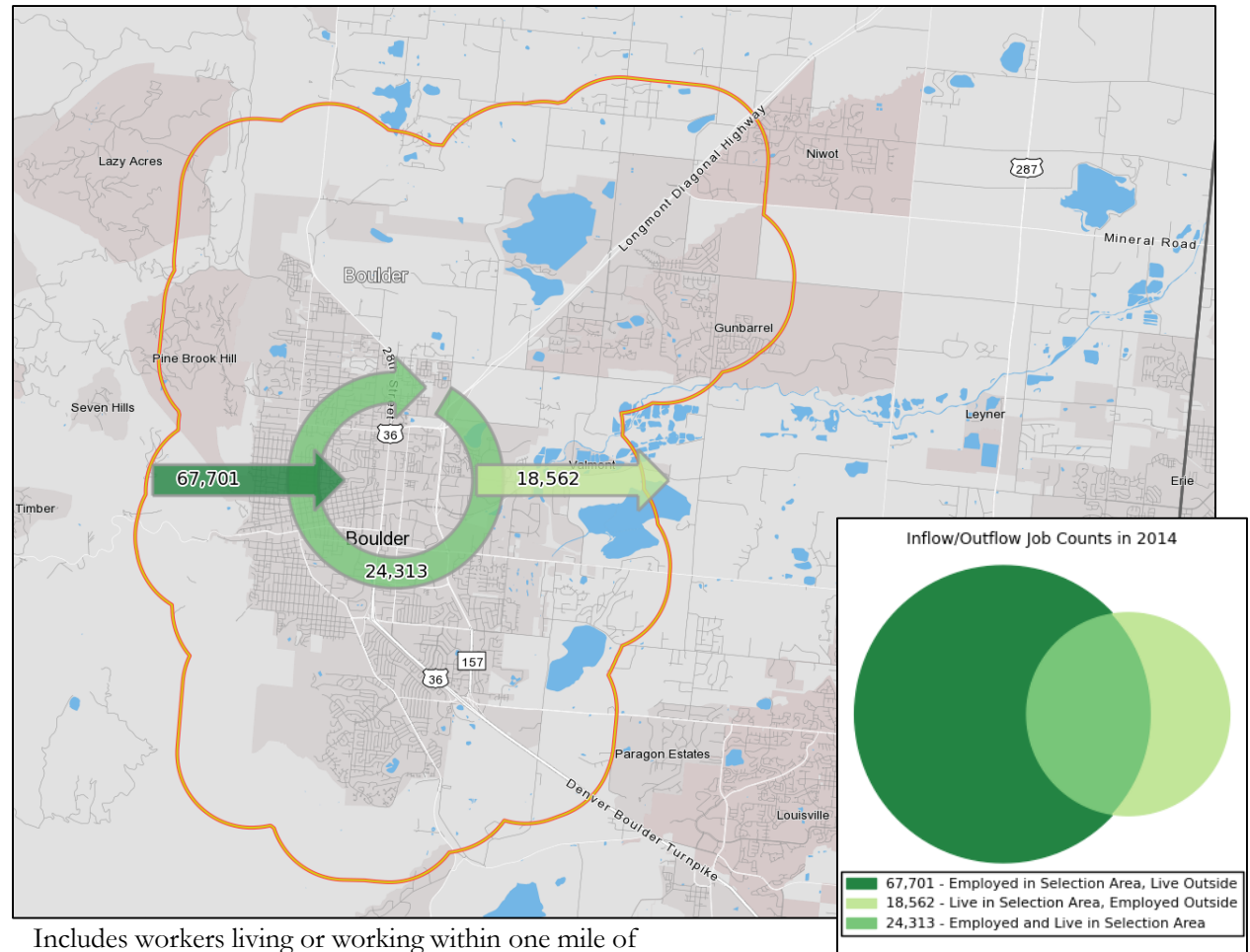
Workers and Home Location Relative to Job Location\*



\* Includes workers living or working within one mile of Longmont City boundary

In comparison, among the 43,000 Boulder residents with a job, most work in Boulder

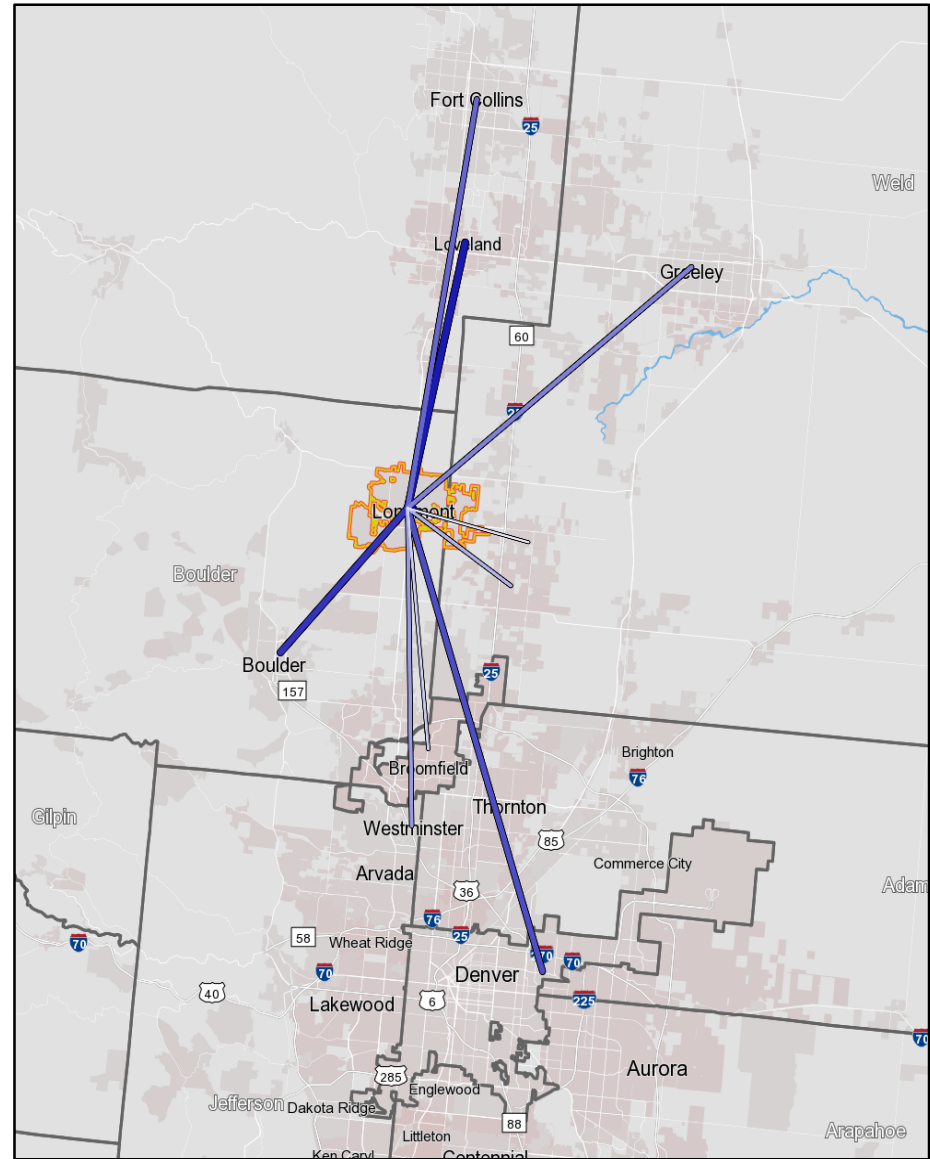
Compared to Longmont, many more people commute to Boulder than commute away from Boulder.



Includes workers living or working within one mile of Boulder City boundary

2014 Longitudinal Origin-Destination Employment Statistics  
U. S. Census Bureau, Center for Economic Studies: Boulder

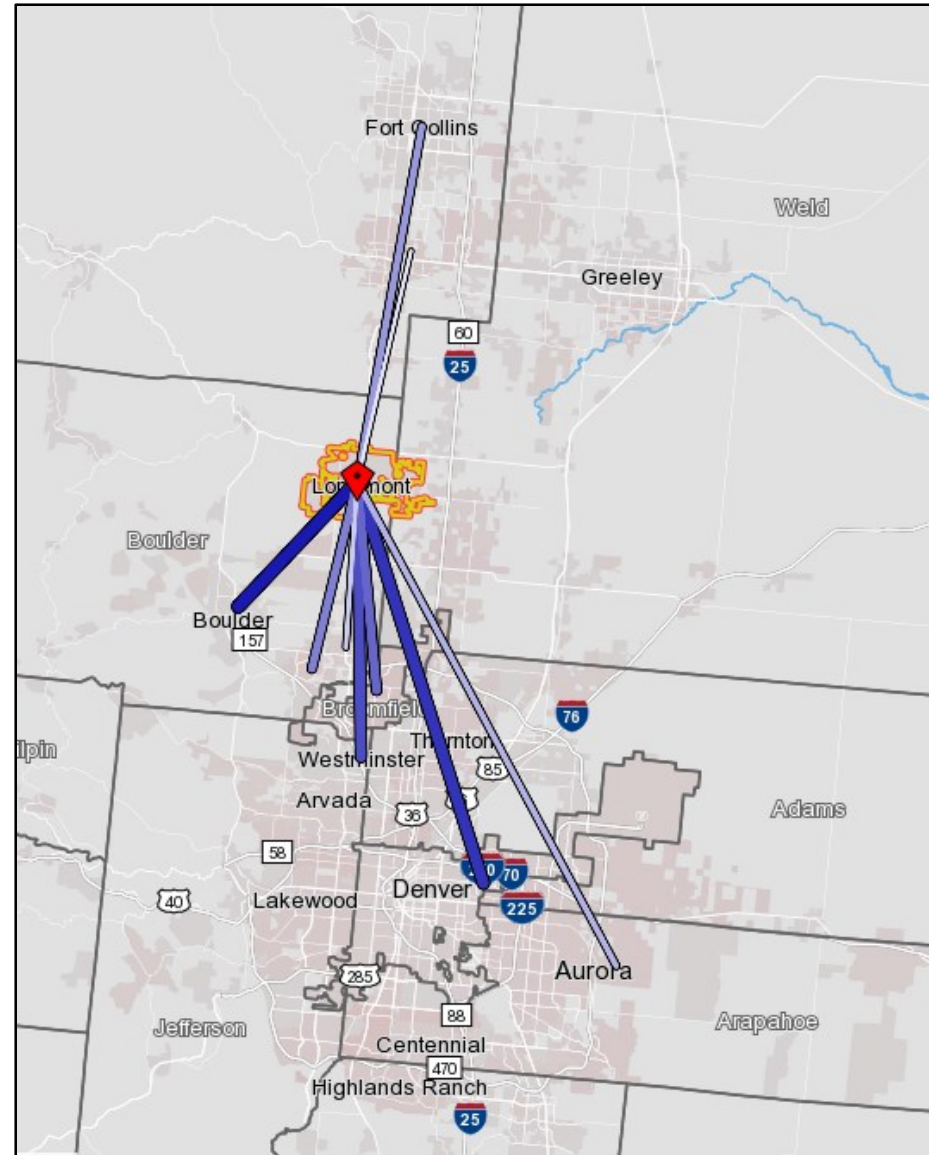
Most people who commute to Longmont to work live in Boulder, Loveland, and Denver, while fewer come from Greeley, Fort Collins, Broomfield and Westminster.



Most Longmont residents who commute away from Longmont work in Boulder, or Denver, while fewer go to Westminster, Broomfield, Louisville, Fort Collins, Aurora, Lafayette, and Loveland.

Express buses link Longmont commuters to Boulder, Denver, Lafayette, and Broomfield. Local buses link Longmont to the other cities mentioned above.

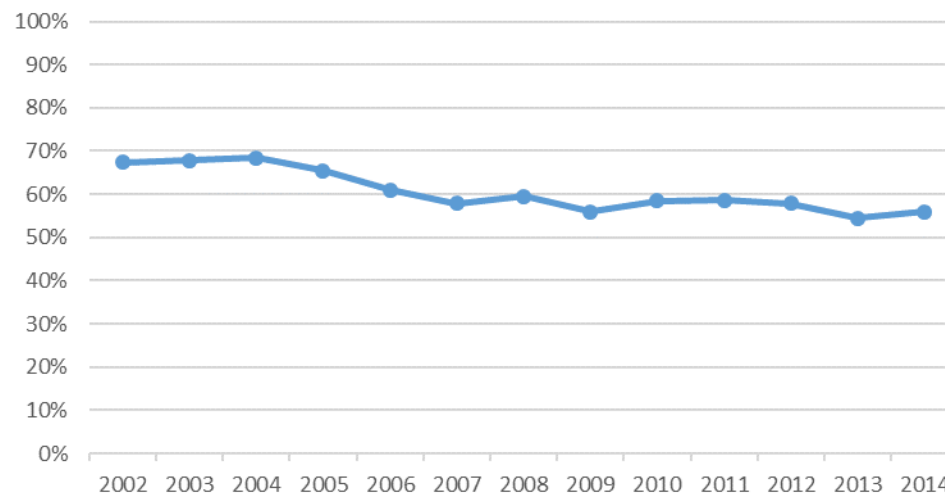
[Click here to see bus ridership on regional routes.](#)



Longmont residents working within Boulder County decreased between 2004 and 2009, but remained mostly constant between 2009 and 2014

Denver County is the most common work location outside of Boulder County, followed by Weld, Adams, and Jefferson.

Percentage of Working Longmont Residents with their Primary Job in Boulder County \*



\* Includes workers living within one mile outside Longmont City boundary. Primary job is the highest paying job for each worker.



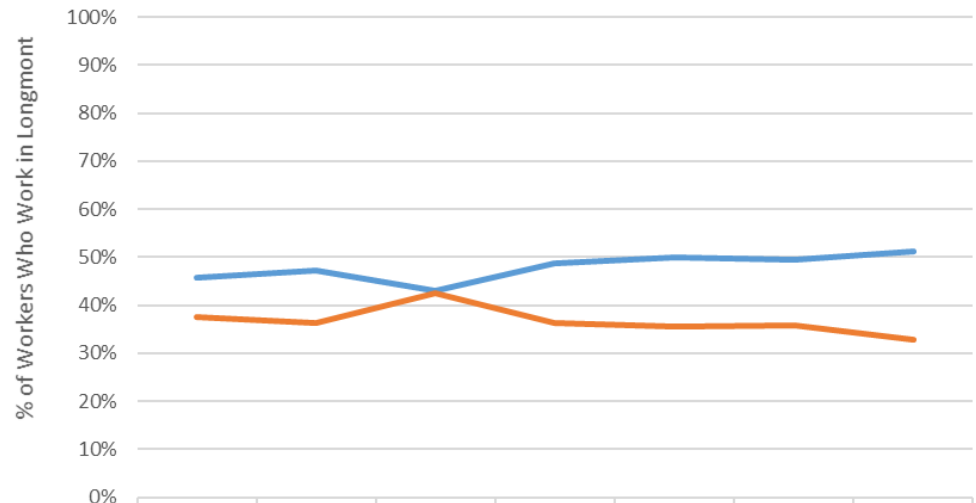
$\frac{2}{3}$  of those who work in Longmont live elsewhere, but they commute from a wide variety of other places.

Among workers who work in Longmont, 33% percent live in Longmont, down from 37% in 2002. Other places where Longmont workers live include:

- 4% in Loveland
- 4% in Boulder
- 3% Denver
- 3% Fort Collins
- 2% Greeley

51% live in another city, town, or unincorporated area.

Where Workers Who Work in Longmont Live, by Year



	2002	2004	2006	2008	2010	2012	2014
Live elsewhere, including unincorporated	46%	47%	43%	49%	50%	49%	51%
Lives in Longmont	37%	36%	43%	36%	36%	36%	33%
Lives in Loveland	5%	5%	3%	4%	4%	4%	4%
Lives in Boulder	3%	3%	4%	4%	4%	4%	4%
Lives in Denver	3%	4%	3%	3%	3%	3%	3%
Lives in Fort Collins	3%	3%	2%	2%	2%	2%	3%
Lives in Greeley	2%	2%	2%	2%	2%	2%	2%

Compared to statewide, Longmont residents had a high proportion of Manufacturing jobs in 2014.

However, as seen in the next slide, the proportion of Longmont residents with Manufacturing jobs have been steadily declining since 2003.

Longmont also has a high proportion of Professional, Scientific, and Technical Service jobs compared to Colorado.

[Appendix A shows sub-industry classifications for select industries.](#)

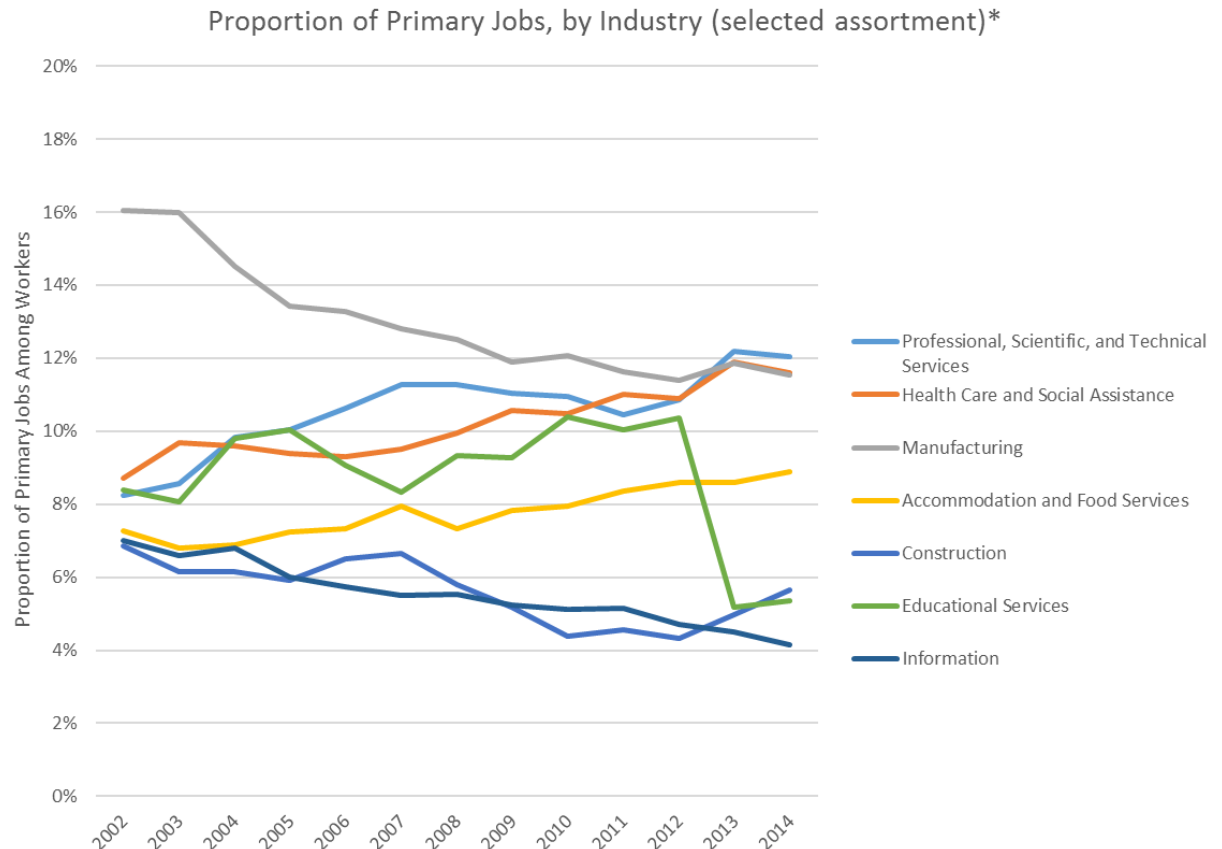
	Proportion of Jobs by Industry, 2014		
	Colorado	Longmont	Difference
Professional, Scientific, and Technical Services	9%	12%	3.3%
Health Care and Social Assistance	13%	12%	-0.9%
Manufacturing	6%	12%	5.2%
Retail Trade	10%	10%	-0.4%
Accommodation and Food Services	10%	9%	-0.6%
Administration & Support, Waste Management and Remediation	6%	7%	0.8%
Construction	6%	6%	-0.4%
Educational Services	9%	5%	-3.1%
Public Administration	6%	5%	-0.5%
Wholesale Trade	5%	4%	-0.1%
Information	3%	4%	0.9%
Finance and Insurance	5%	3%	-1.5%
Other Services (excluding Public Administration)	3%	3%	-0.2%
Transportation and Warehousing	3%	2%	-0.8%
Real Estate and Rental and Leasing	2%	2%	-0.3%
Management of Companies and Enterprises	2%	1%	-0.4%
Arts, Entertainment, and Recreation	2%	1%	-0.6%
Mining, Quarrying, and Oil and Gas Extraction	2%	1%	-0.5%
Agriculture, Forestry, Fishing and Hunting	1%	1%	0.2%
Utilities	1%	0%	-0.3%

\* Includes workers living within one mile outside Longmont City boundary

The proportion of workers living in Longmont with Manufacturing jobs steadily decreased between 2003 and 2014.

The proportion of workers living in Longmont with jobs in Educational Services; Information; and Construction industries have declined.

The industry with the greatest proportional job gain was Professional, Scientific, and Technical Services; followed by Health Care and Social Assistance; and then Accommodations and Food Services.



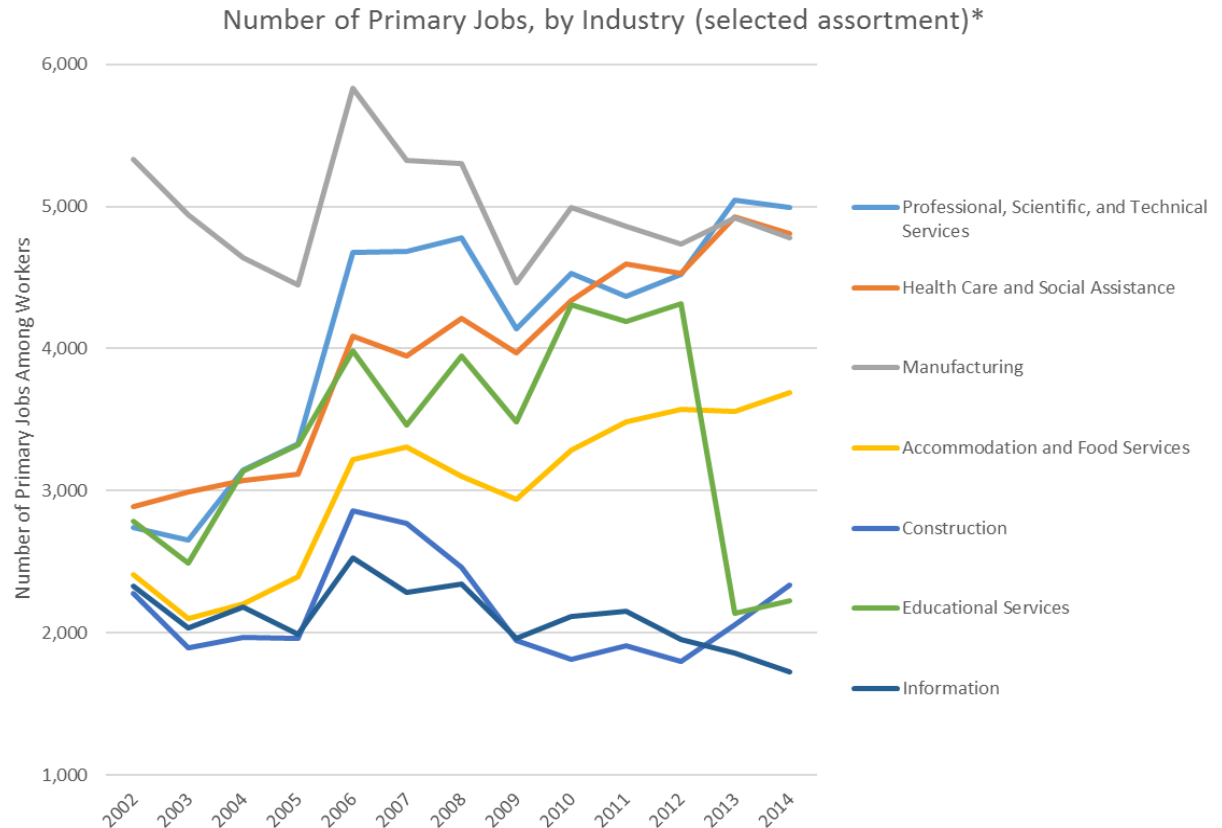
\*Includes workers living within one mile outside Longmont City boundary. Data represents Longmont residents, not that jobs are in Longmont (indeed, three quarters of Longmont workers commute to other communities.)

However, the number of manufacturing jobs went up and down over time; in 2014, the number of manufacturing jobs was slightly lower (-135) than the median from the previous 12 years.

The variation in these data can make year-to-year comparisons misleading. Comparing the number of jobs per industry in 2014 to the median of all previous years for that industry is a better measure.

The number of Health Care and Social Assistance jobs in 2014 was 800 more than the median. The number of Professional, Scientific, and Technical Service jobs and the number of Accommodation and Food Service jobs were both up about 500 compared to their respective medians.

Education services was down 1,200 jobs compared to its median, and Information was down 400.



\*Includes workers living within one mile outside Longmont City boundary. Data represents Longmont residents, not that jobs are in Longmont (indeed, three quarters of Longmont workers commute to other communities.)

# Wages

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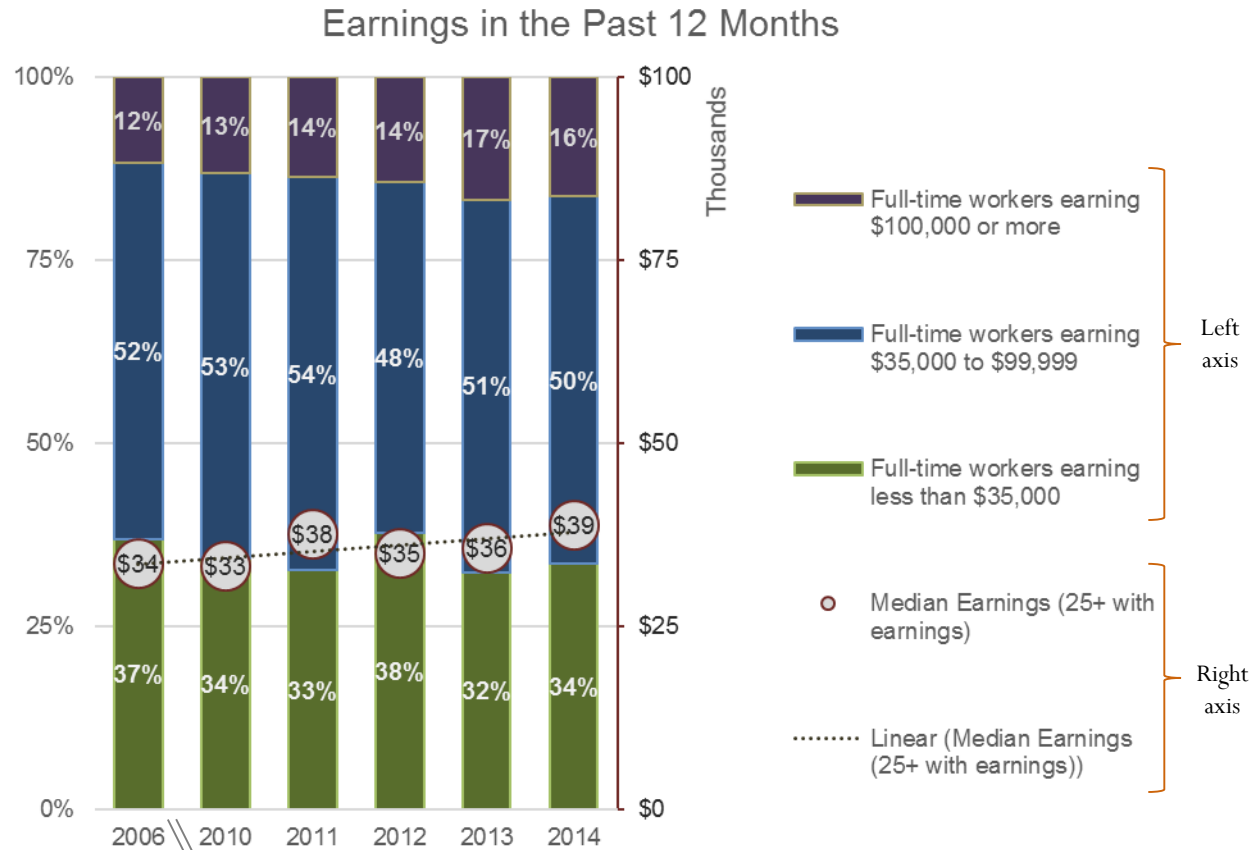
“While the statewide unemployment rate has dropped every year since 2010, wages have been mostly stagnant over that same period.”

~ *State of Working Colorado 2015-16* report

Following statewide trends, unemployment in Longmont has steadily decreased since 2010. Median earnings varied but generally increased between 2010 and 2014, with earnings peaking in 2014. Colorado’s minimum wage is \$8.31 per hour. Working full-time year round at this wage sums to \$17,343, which is more than \$10,000 below the self-sufficiency standard for one adult in Boulder County.

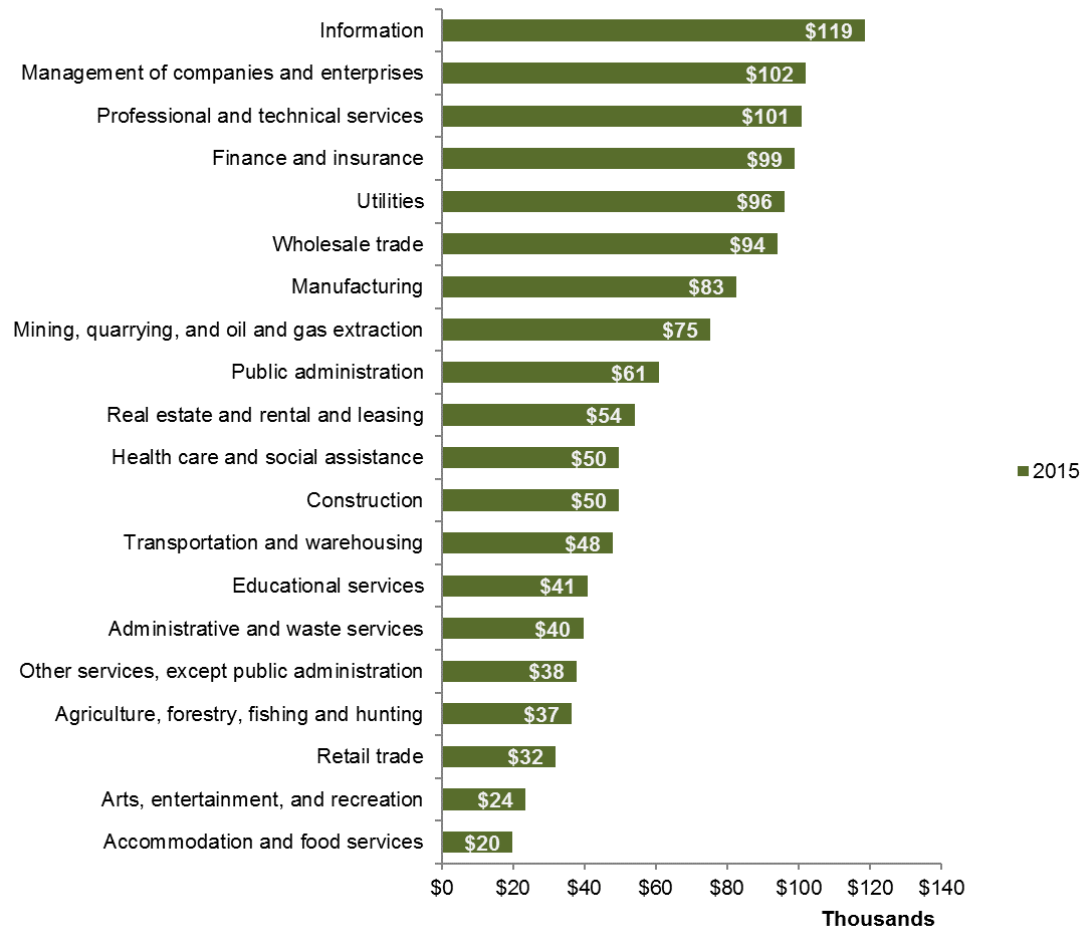
Among Longmont residents working full-time, there is evidence of a proportional loss of middle class workers. Among Longmont residents 25 years or older with earnings, their median earnings generally climbed slowly between 2010 and 2014.

The proportion of resident workers earning upper-middle class and upper class incomes (\$100,000 or more) increased from 2010 to 2014. The proportion of resident workers earning lower class incomes (less than \$35,000) generally stayed the same. There was a proportional loss of middle class income workers (earning \$35,000 to \$99,999), although this trend is slight.



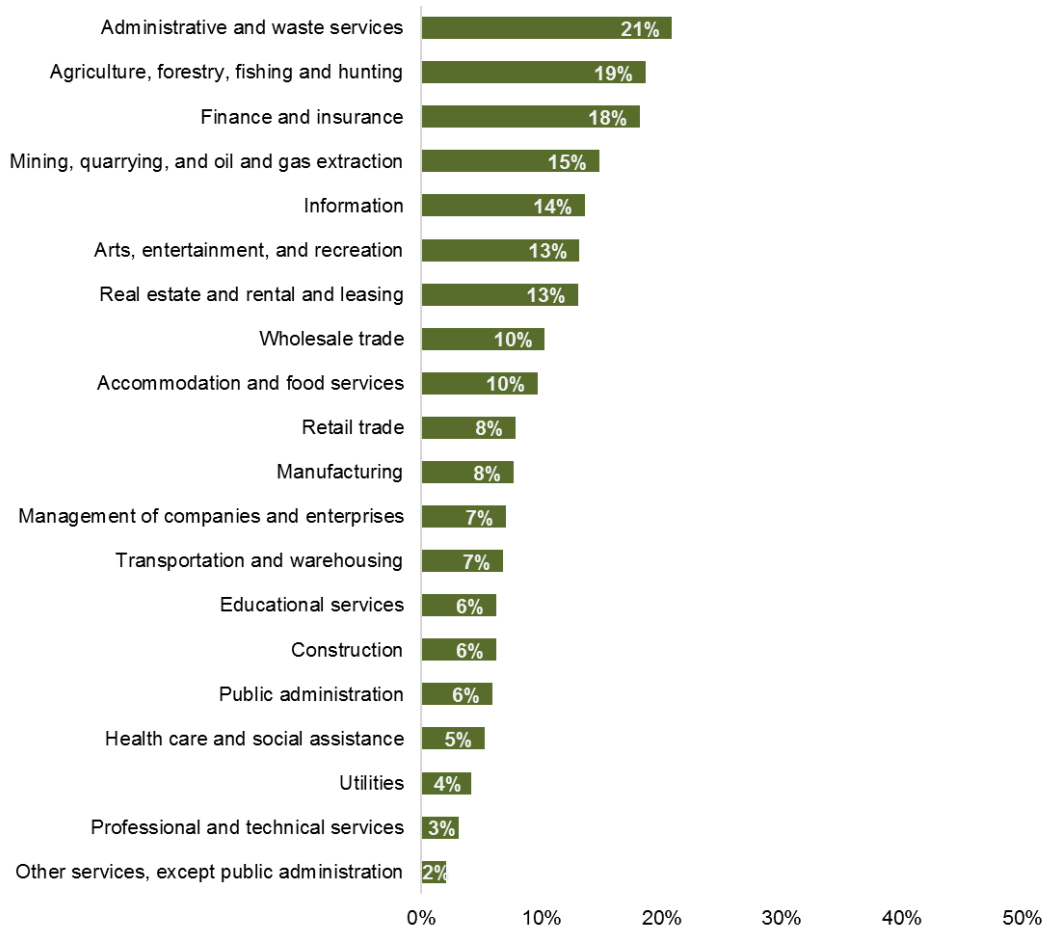
Annual pay by industry varies widely in Longmont, with accommodation and food service, retail, agriculture, education, and administration being the lowest paying industries.

Average Annual Pay by Industry



Percent annual wage increases between 2013 and 2015 varied, with no clear pattern of wage gains based on wage in 2013 (i.e., percentage of wage increases aren't skewed towards lower or higher paying industries).

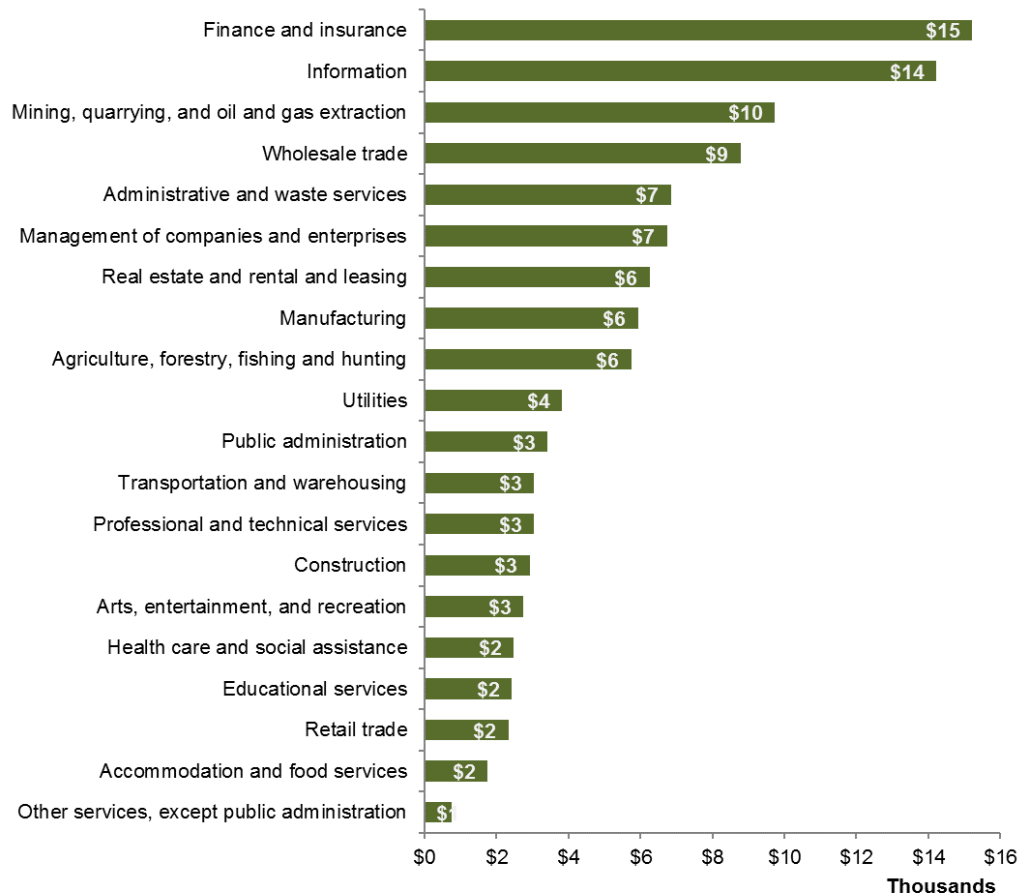
Percentage Wage Increase, by Industry (2013 to 2015)





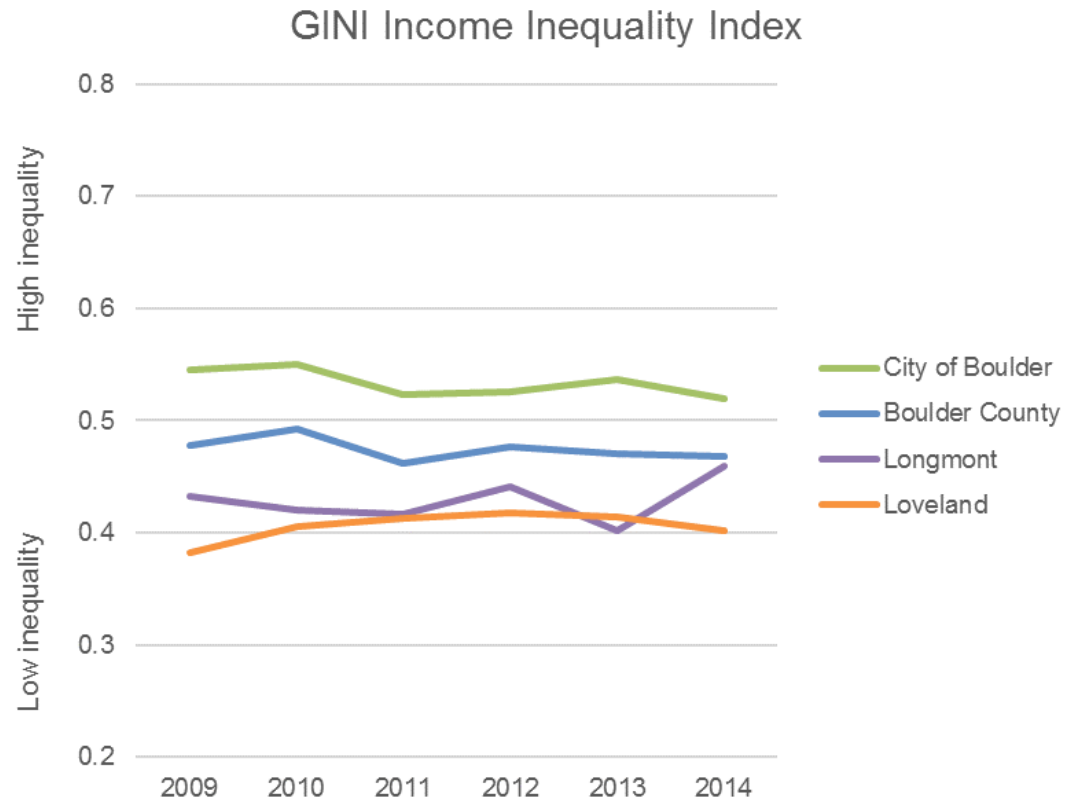
Raw annual wage increases between 2013 and 2015 were skewed towards industries with higher 2013 average wages. Lower wage industries such as accommodation, food service, retail, education, and health and social assistance saw raw annual increases of about \$2,000.

Raw Annual Wage Increase (2013 to 2015), by Industry



## Income inequality ticked up in Longmont between 2013 and 2014.

The Census Bureau defines the Gini index as “a statistical measure of income inequality ranging from 0 to 1. A measure of 1 indicates perfect inequality, i.e., one household having all the income and rest having none. A measure of 0 indicates perfect equality, i.e., all households having an equal share of income.”



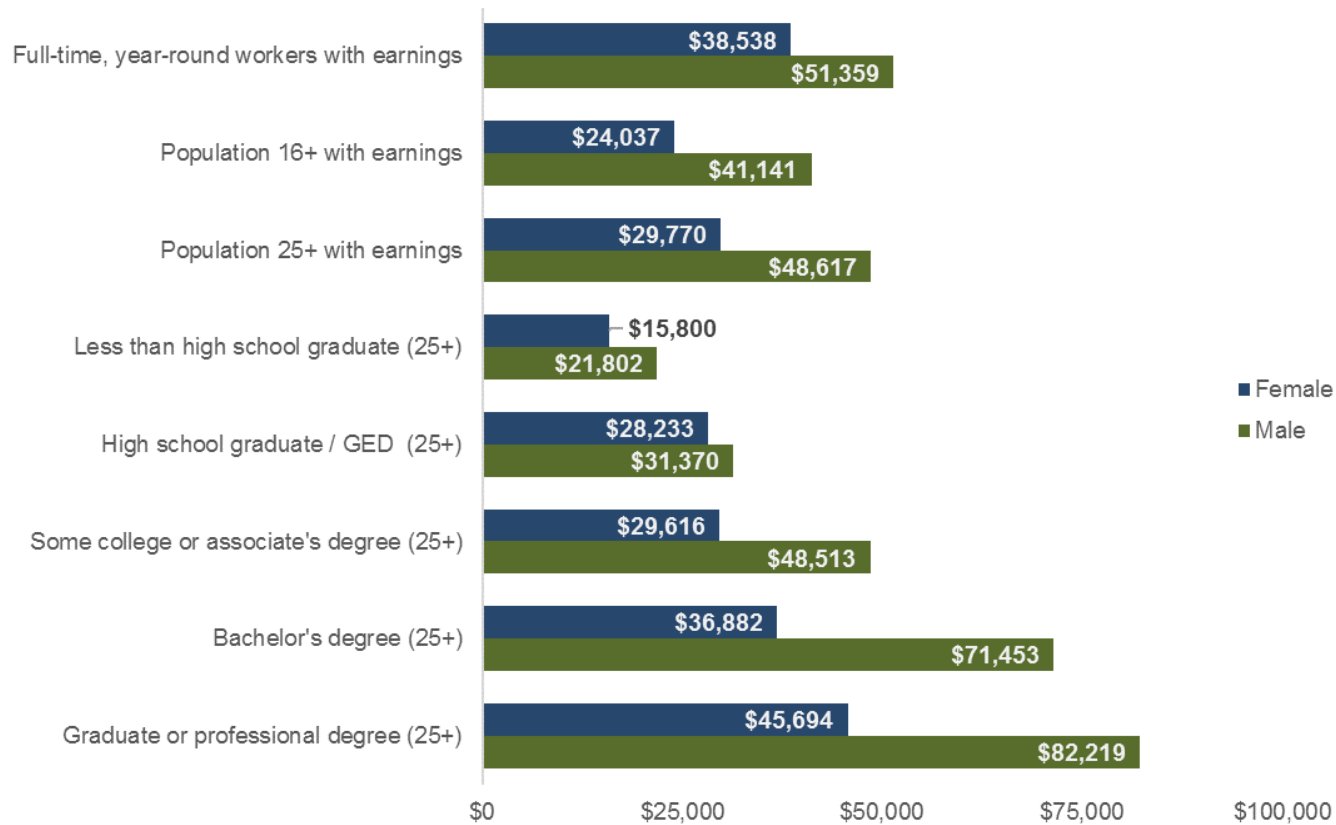
Overall, education levels in Longmont among males is similar to that of females, but median earnings are much higher for males than females, across all education levels.

	Educational Attainment		
	Total	Male	Female
<i>Population 25 years and over</i>			
Less than 9th grade	5%	6%	4%
9th to 12th grade, no diploma	5%	6%	4%
High school graduate (includes equivalency)	23%	23%	23%
Some college, no degree	22%	22%	22%
Associate's degree	7%	6%	9%
Bachelor's degree	24%	22%	25%
Graduate or professional degree	14%	16%	13%
Percent high school graduate or higher	90%	88%	92%
Percent bachelor's degree or higher	38%	37%	38%

	Median Earnings by Highest Level of Education Attained in past 12 months*			
	Total	Male	Female	Earning Difference: Females less Males
Population 25 years and over with earnings	\$38,867	\$48,617	\$29,770	-\$18,847
Less than high school graduate	\$18,256	\$21,802	\$15,800	-\$6,002
High school graduate (includes equivalency)	\$30,223	\$31,370	\$28,233	-\$3,137
Some college or associate's degree	\$36,974	\$48,513	\$29,616	-\$18,897
Bachelor's degree	\$50,966	\$71,453	\$36,882	-\$34,571
Graduate or professional degree	\$65,248	\$82,219	\$45,694	-\$36,525

In Longmont in 2014, the earning gap by sex grew as educational attainment increased.

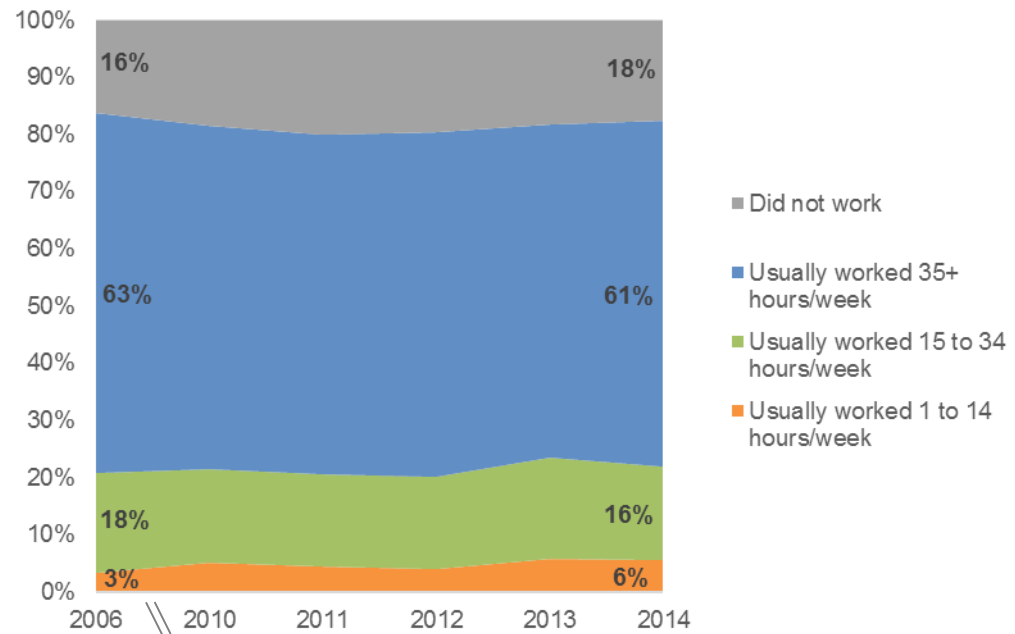
Median Annual Earnings Among Residents with Earnings, by Sex



22% of the Longmont residents of typical working age usually worked fewer than 35 hours per week. Generally, there was little change between 2010 and 2014 in proportion of hours worked.

Typically, part-time workers make less per hour than full-time workers. According to the *State of Working Colorado 2015-16* report, 16 percent of part-time workers statewide said they wanted more work, in 2014.

Typical Hours Worked Among Longmont Residents Age 16 to 64



# Child Care for Working Parents

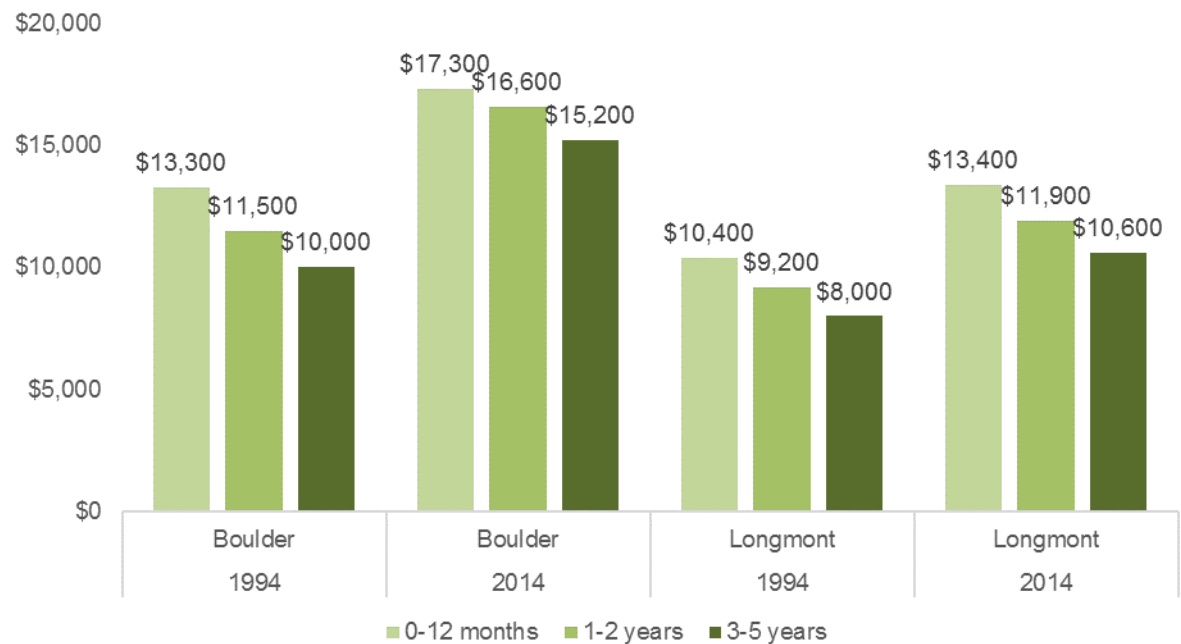
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Child care allows able parents to work and earn the income needed to support their families. However, child care can be expensive, especially when two children need care, and can cost more than housing. Some parents decide that caring for their children instead of working is more economical than working and paying for child care. Supply of child care may also be limited, especially care of infants. While child care is only applicable to a relatively small proportion of the total population, it is a critical need for many families, especially in low and moderate income households.

## Childcare cost is generally lower in Longmont compared to Boulder.

Based on a full-time child care schedule with one week vacation, the average cost for infant childcare in Longmont in 2014 was almost \$13,400 and about \$10,600 for preschool aged children.

Average Annual Cost for Full-time Facility-based Child Care, by City and Year, in 2014 Dollars



At Wild Plum Head Start and Early Head Start centers, about 40% of families had a parent with less than a high school diploma, and about 15% of families had no parents who were employed.

Characteristics of Families in Head Start and Early Head Start in Boulder County, 2013-2014 Enrollment Year

	Boulder County Head Start	Wild Plum Center Head Start	Wild Plum Center Early Head Start
<b>Total families (cumulative)</b>	181	186	79
<b>Two-parent families</b>	54%	56%	67%
<b>One-parent families</b>	46%	44%	33%
<b>Education: highest level completed by parent(s)/guardian(s) was less than high school diploma/GED</b>	42%	43.5%	40.5%
<b>Job training/school: at least one parent/guardian*</b>	20%	17%	20%
<b>Employment: at least one parent/guardian employed*</b>	83%	85%	85%

\* At the time of enrollment.

Sources: Boulder County Head Start and Wild Plum Center for Young Children and Families, Program Information Reports for 2013-14 Enrollment Year.



## 450 CPP slots are allocated to St. Vrain Valley School District

Colorado Preschool Program Slots, by School District, Boulder County, 2013-14 School Year

School District	# slots funded by 2013-14 state CPP allocation*	# additional CPP slots	Total # slots
Total BVSD	334	114**	448
Total St. Vrain Valley	300	150***	450
<b>Total, both school districts</b>	<b>634</b>	<b>264</b>	<b>898</b>

\* Preschool allocations only; does not include kindergarten allocations. Includes portions of both districts outside of Boulder County.

\*\* Funded by BVSD

\*\*\* Funded by ECARE.

Sources: Colorado Department of Education, <http://www.cde.state.co.us/cpp/allocations.htm>; Boulder Valley School District Preschool Program; St. Vrain Valley School District Preschool Program.

*The Community Need and Resource Assessment for Head Start Programs Serving Boulder County 2014* report concluded the following.

- ➔ In the 2013-2014 school year, it is estimated that early care and education program slots were only available for 36% of Longmont's children under 3 who are living in poverty, resulting in an estimated unmet need of 359 children. This estimate is based on several assumptions, but suggests there is a significant need for more early child care for families experiencing poverty.
- ➔ Children who attended Wild Plum sites tended to live in clusters around those sites, although a number lived on the west side of Longmont, where there are no sites.

# Transportation

## Paying for Personal Transportation

Average annual cost to insure a car with liability protection in Longmont is \$1,250 (\$104/month), up from \$1,064/year (\$88/month) in 2014. Car insurance in Longmont is about \$10 per month cheaper than the Colorado average.<sup>1</sup>

## Transit

A contract that is currently providing free bus service within Longmont is scheduled to end in 2016.

## Transit Dependency

Among the 41,600 Longmont residents who worked away from home, 1.2 percent (about 500 workers) had no vehicle available at home. Almost half of the workers with no vehicles available took public transportation to work.<sup>2</sup>

Almost half of households in Longmont are housing plus transportation cost burdened (i.e., housing plus transportation costs are greater than 45% of household income); however, this proportion is smaller than in many neighboring cities.

	Longmont		Berthoud		Tri-City*		Louisville		Loveland	
< 40 %	7,734	28.1%	0	0.0%	2,058	9.5%	0	0.0%	2,058	10.5%
40 to 45 %	7,301	26.5%	643	9.1%	3,025	14.0%	643	9.1%	3,025	15.5%
45 to 50 %	5,014	18.2%	2,458	34.7%	<b>7,288</b>	<b>33.6%</b>	2,458	34.7%	6,417	32.8%
50 to 60 %	6,597	24.0%	<b>3,838</b>	<b>54.2%</b>	6,885	31.8%	<b>3,838</b>	<b>54.2%</b>	<b>6,601</b>	<b>33.8%</b>
60 + %	858	3.1%	141	2.0%	2,415	11.1%	141	2.0%	1,452	7.4%
<b>Total</b>	<b>27,504</b>	<b>100.0%</b>	<b>7,080</b>	<b>100.0%</b>	<b>21,671</b>	<b>100.0%</b>	<b>7,080</b>	<b>100.0%</b>	<b>19,553</b>	<b>100.0%</b>

Source: Center for Neighborhood Technology, Housing and Transportation Index,

\*Tri-City refers to Dacono, Firestone, and Frederick

Bus ridership for is higher on regional routes than local routes.

Longmont Transit Ridership		
Route	To/From	2014 Average Monthly Ridership (Weekday)*
<b>RTD</b>		
323	Local Service - Skyline Crosstown	3,747
324	Local Service - Main Street Crosstown	8,390
326	Local Service - Westside Crosstown	3,327
327	Local Service - Eastside Crosstown	2,059
BOLT	Regional Service - Longmont/Boulder	35,752
J	Regional Service - Longmont/East Boulder/CU	5,350
L	Regional Service - Longmont/Denver	25,645
Call-n-Ride	Local Demand Response Service	3,903
<b>TransFort</b>		
FLEX	Regional Service - Longmont/Fort Collins	892
<b>Via</b>		
Via Longmont	Paratransit Service	3,359

*\*Average based on RTD ridership data from January through November 2014 as December data was unavailable; FLEX data from August 2014 through April 2015; Via data for January through December 2014.*



## Meeting Basic Needs

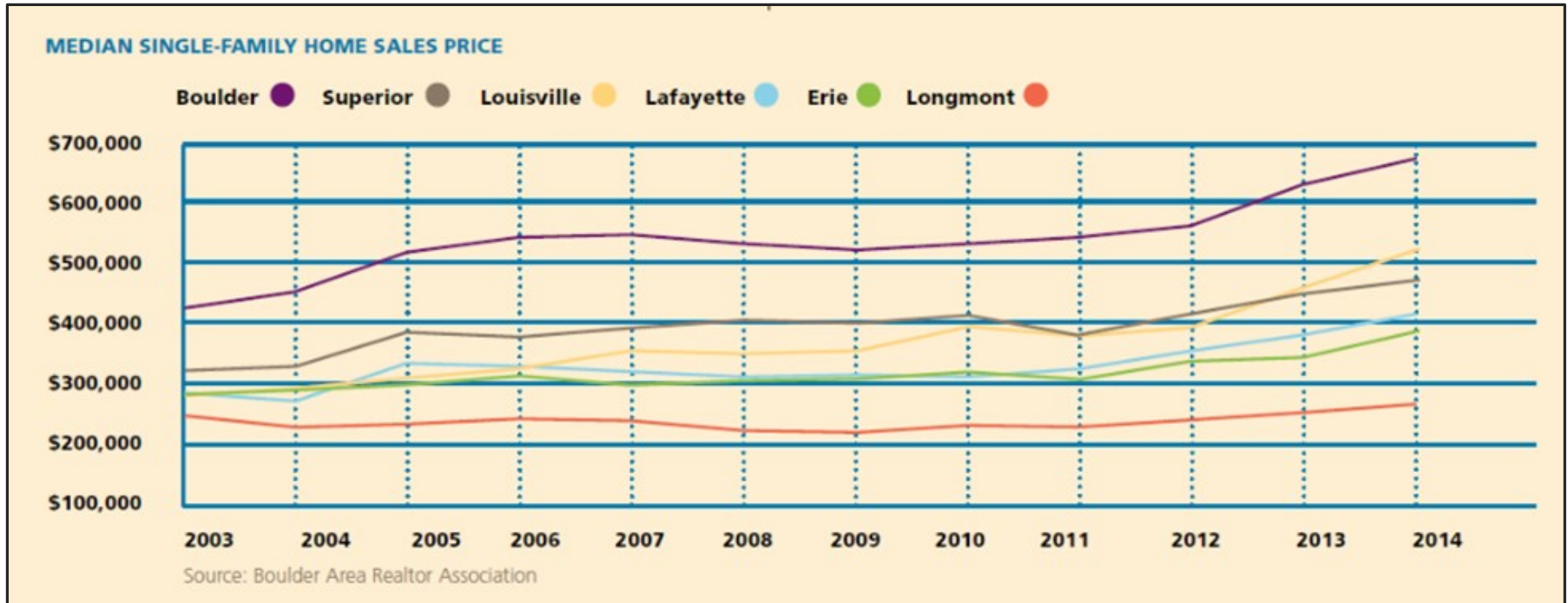
Housing • Food • Healthcare

# Housing

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Living in safe and affordable housing is a basic need for all Longmont residents. Since 2006, rents have increased, but not equally for all homes. Median home sale prices have climbed steadily since 2011, but at a slower rate in Longmont than other Boulder County towns. Total housing costs have increased since 2010, but are similar to 2005. Low income households are dramatically more likely to be housing cost burdened than high income households.

Median Single-Family Home Sales Prices have increased in Longmont since 2009, but not as quickly as in other Boulder County towns.



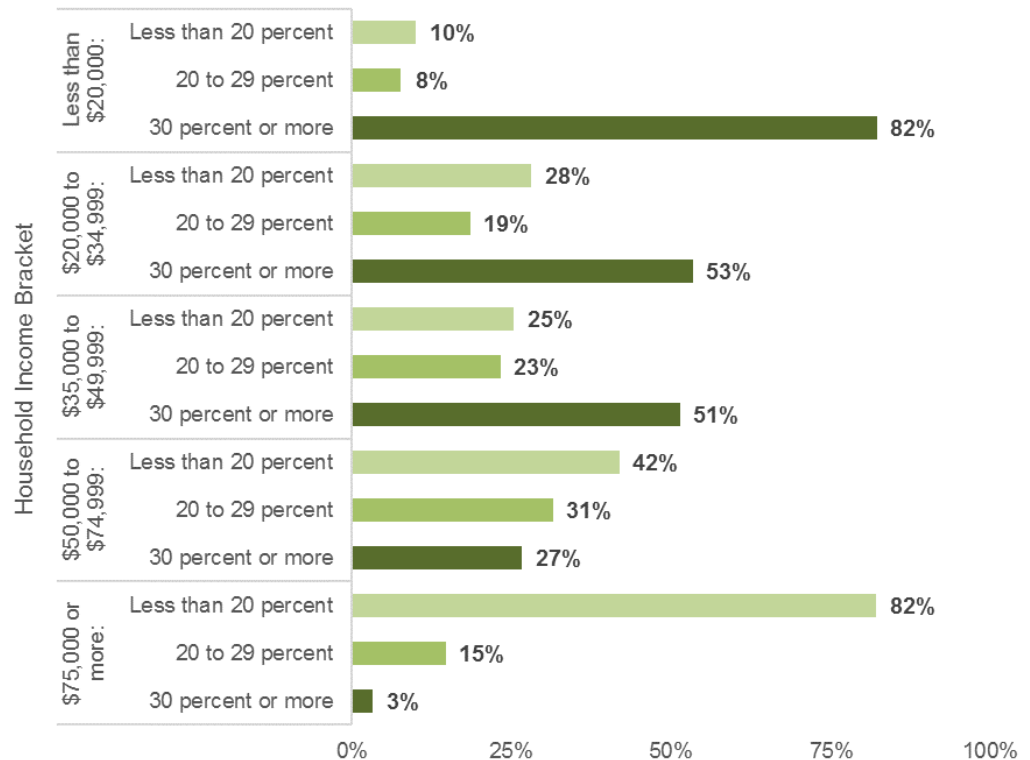


Among Longmont home owners, the likelihood of housing cost burden decreases as household income increases.

Households that spend 30 percent or more of their income on housing costs are considered *housing cost burdened*.

Owned households with incomes less than \$50,000 are more likely than not to be housing cost burdened.

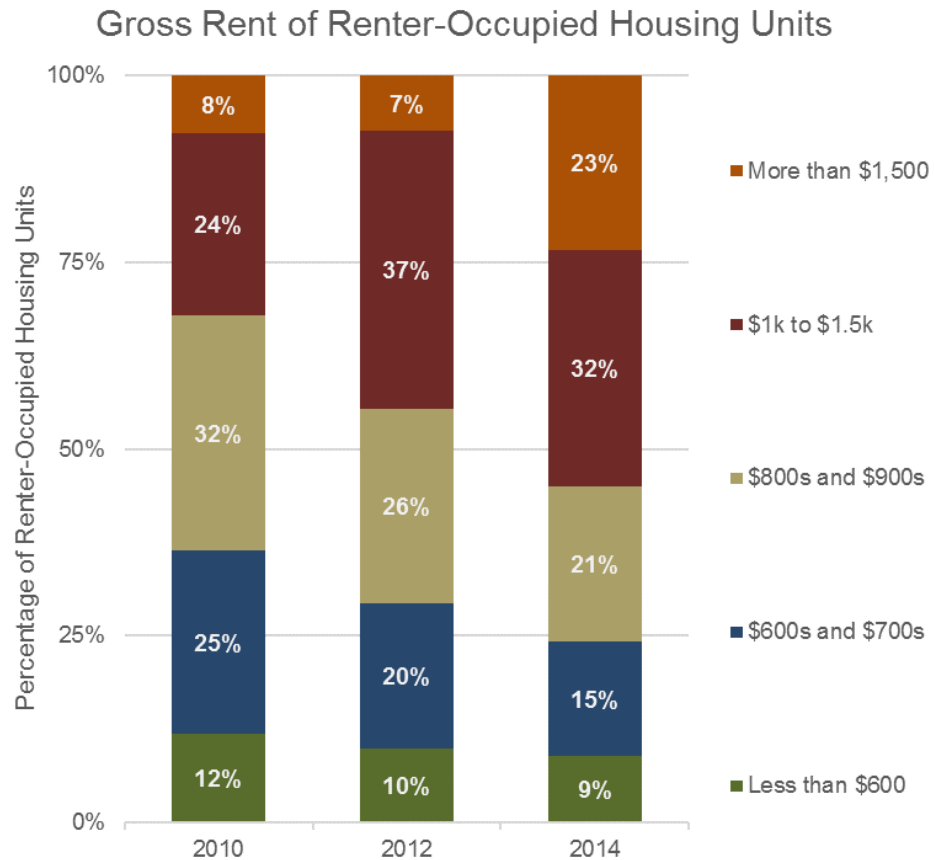
Owner-occupied Housing Units:  
Percentage of housing cost within income brackets



The percentage of housing units in Longmont rented for under \$800 per month has shrunk dramatically since 2010.

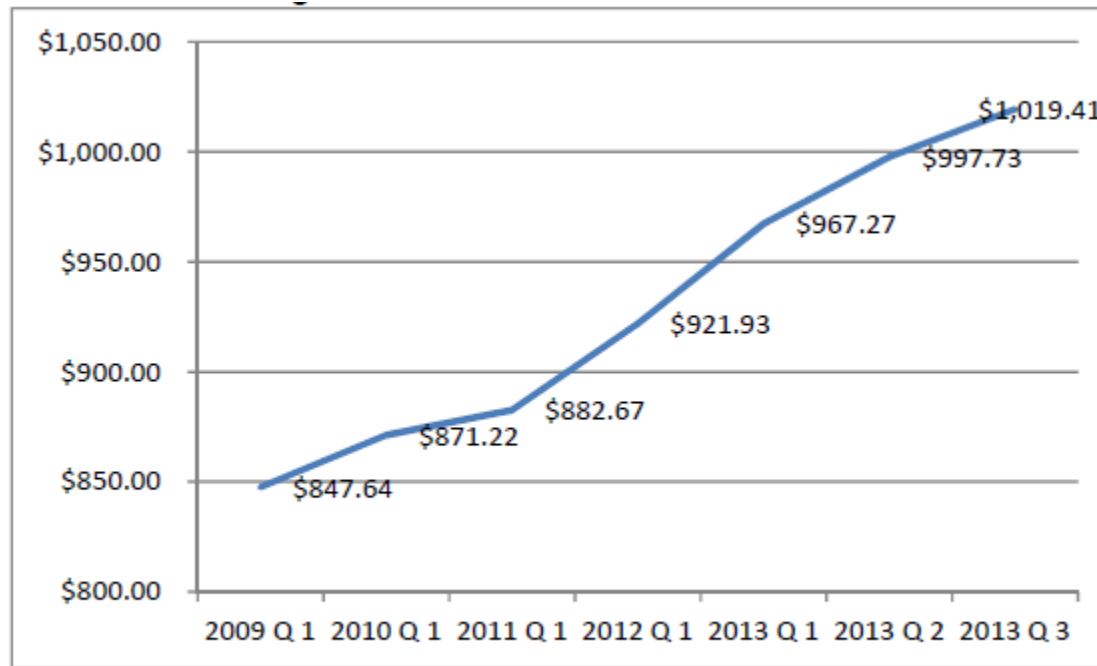
The percentage of homes rented for under \$800 decreased by 33 percent between 2010 and 2014. Meanwhile, the percentage of homes rented for more than \$1,500 almost tripled.

According to the *2016 Boulder County Permanent Supportive Housing Study*, Longmont's vacancy rate in the 3rd Quarter of 2015 was three percent.



# Rents in Longmont have increased 20% between 2009 and 2013

## Median Rents in Longmont



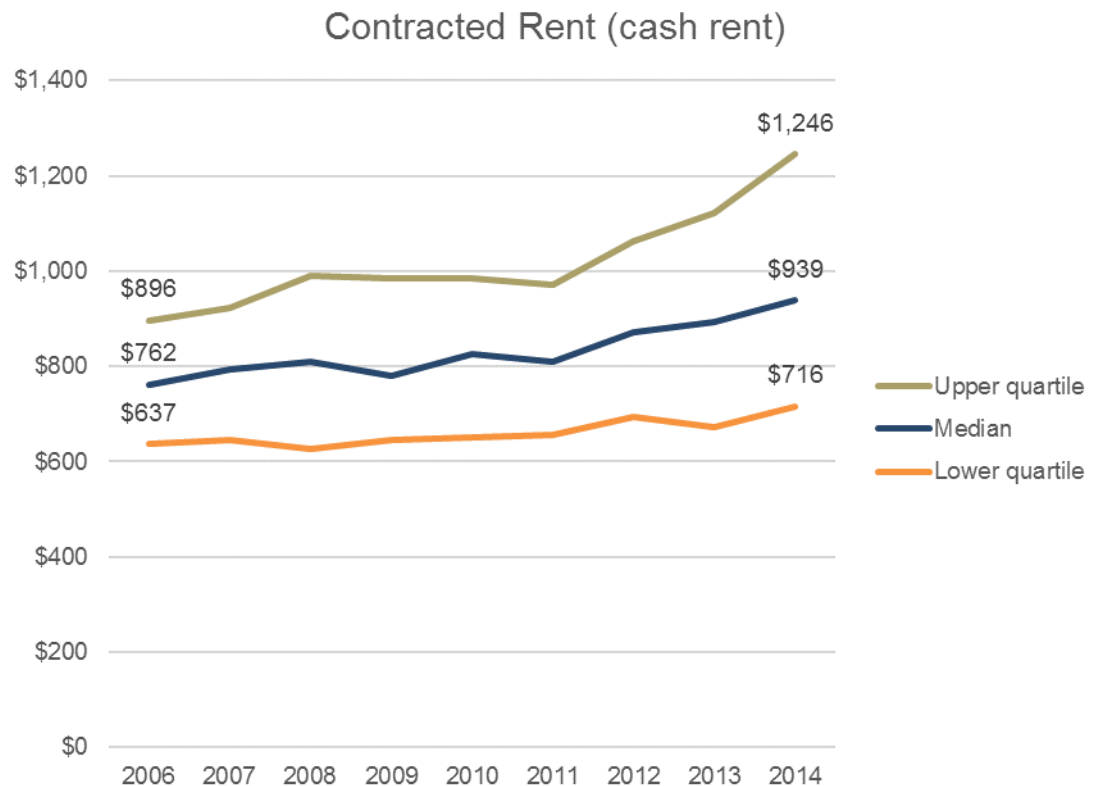
Source: Metro Denver Rent and Vacancy Survey, 3<sup>rd</sup> Quarter 2013

The price of upper quartile homes in Longmont increased much faster (mostly since 2011) than did median or lower quartile homes.

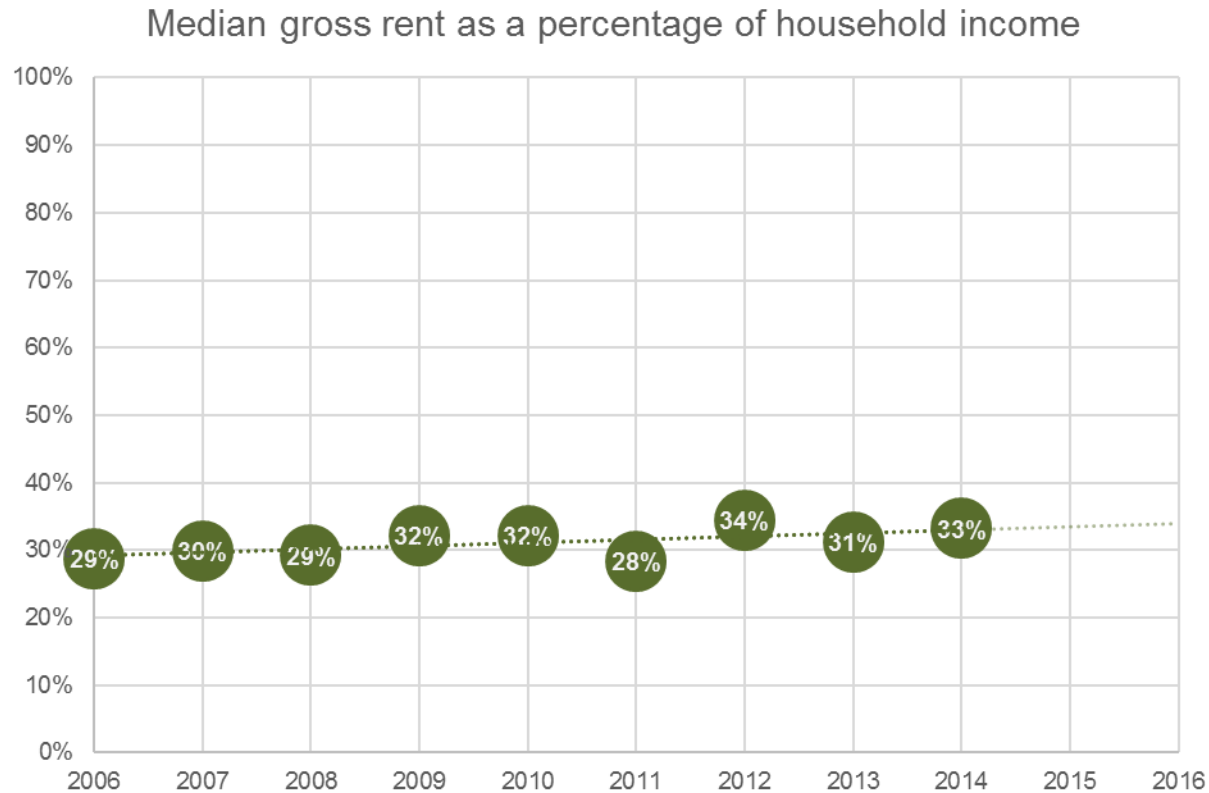
Upper quartile percent increase (2006 – 2014)  
**28%**

Median quartile percent increase (2006 – 2014)  
**19%**

Lower quartile percent increase (2006 – 2014)  
**11%**



Longmont renters in 2014 were paying a greater percentage of household income on rent than in 2006, although this trend was slight.

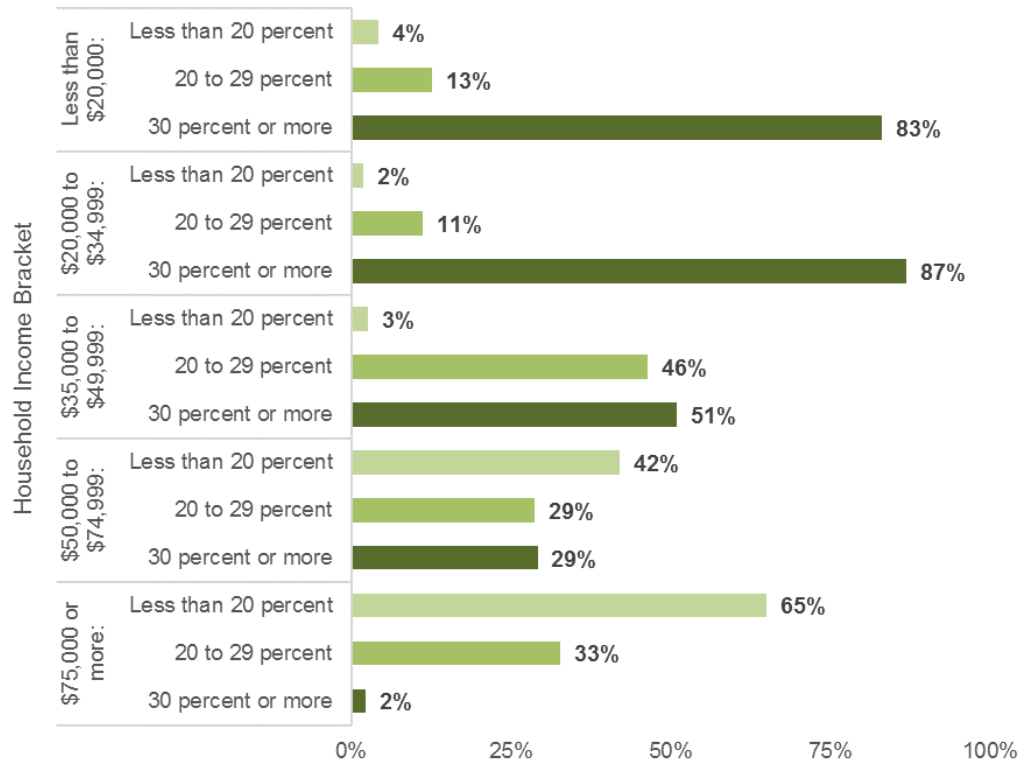


Among Longmont renters, housing cost burden is very common among households making less than \$35,000.

85% of rented households with incomes less than \$35,000 are housing burdened.

Compared to owners, renters making between \$20,000 and \$35,000 are much more likely to be housing burdened.

Renter-occupied Housing Units:  
Percentage of housing cost within income brackets



There are 6,700 more renters than there are affordable and available units in Longmont. The deficit of affordable and available rental units spans the household income spectrum, but the housing gap is greatest in the highest and lowest AMI levels.

- For households at 81% AMI or greater, the gap is 73%
  - > There is one affordable rental unit available for about every four that are needed (four renters are competing for one unit)
- For households at 0% to 30% AMI, the gap is 64%
  - > There is one affordable rental unit available for about every three that are needed (three renters are competing for one unit)
- For households at 31% to 80% AMI, the gap is 30%
  - > There is one affordable rental unit available for about every 1.4 that are needed (three renters are competing for two units)

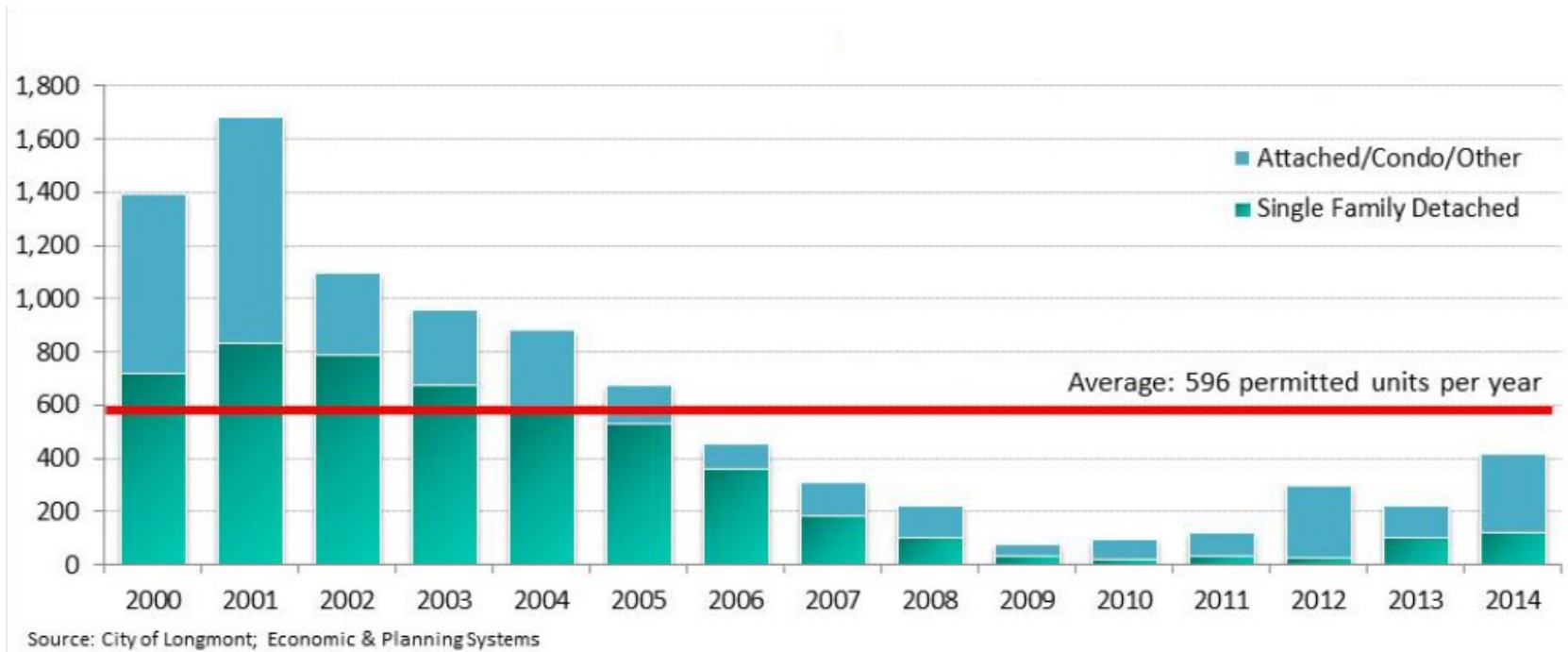
### Gap Analysis for Renters

AMI Level	Rent Afford.	Renter Households	Units Available	Surplus/ Deficit of Units	Units Occupied by Higher Income Renters	Adjustment for Rent Burdened Households	Affordable and Available Units	Surplus/ Deficit of Affordable/Available Units
0 - 30%	\$544	3,974	1,514	-2,460	88	0	1,426	-2,548
31 - 50%	\$956	2,270	5,141	2,871	1,197	2,222	1,722	-548
51 - 60%	\$1,163	1,383	2,078	696	656	406	1,016	-366
61 - 80%	\$1,375	1,519	2,446	927	1,048	506	892	-627
100%	\$1,988	1,508	1,130	-378	502	259	369	-1,139
101% +	>\$1,988	2,085	707	-1,378	0	99	608	-1,477

Community Strategies Institute

Large Gap  
Moderate Gap  
Large Gap

Residential building permits (units) in Longmont began dropping in 2001, well before the great recession.





# Homelessness

According to the *Boulder County Permanent Supportive Housing Study 2016*

- ➔ “Local homeless providers and Boulder County have developed their own coordinated entry system to best and most quickly place homeless individuals and households with the appropriate services and housing available to them.” This system is called the Boulder County Community Housing Resource Panel, or simply The Panel. “...some homeless agencies, especially those in Longmont, do not always refer needy individuals and families to the Panel, because there are not enough resources to serve every household in need of the housing services the Panel provides. They feel that there are many more households in need throughout Boulder County than may be reflected than those who went through a Panel review.”
- ➔ The Longmont Housing Authority has a waiting list of 412 households for Housing Choice Vouchers. In the past 14 months, the agency has been able to serve 14 families that were on the list.
- ➔ The Suites, in Longmont, is a hotel that was purchased by Longmont Housing Authority in 2011 and changed into 70 furnished permanent supportive housing units. Partly because it did not require new construction, the price per unit was much lower than other PSH properties in the County.

According to the *2014-2015 Point-in-Time* homelessness assessment

- ➔ In 2015, 285 people were counted as homeless in Longmont, which was up seven percent from 2014.
- ➔ People counted as homeless were slightly more likely to be male.
- ➔ Among people interviewed during the assessment, half said they were homeless because housing costs are too high, half said this was the first time they were homeless in the past three years, and about 30 percent spent the night of the count in an emergency or domestic violence shelter.

# Chronic Homelessness

- ➔ Longmont agencies cite an estimate of 100 chronically homeless individuals in that community alone and a need for more housing resources for all homeless households.
- ➔ 21 households that received County Emergency Solutions Grant (ESG) benefits to help them stop cycling through homelessness originated in Longmont, which was far more than any other Boulder County town.

According to the *2016 Homeless Services Assessment: Final Report and Recommendations*

- ➔ Common reasons for becoming homeless are job loss, family situation change, health issues, substance abuse, domestic violence, and unable to find work.
- ➔ Some coordination exists among service providers, such as offering referrals, but providers recognize the opportunity to improve coordination.
- ➔ Longmont should consider creating and sustaining an integrated service delivery system and consider changing from funding “responsive grants” to a “directed funding approach.”
- ➔ Grant funded programs struggle to demonstrate outcomes, for various reasons.
- ➔ Serving the chronically homeless population may require a different philosophy than serving other people experiencing homelessness.

# Food Insecurity

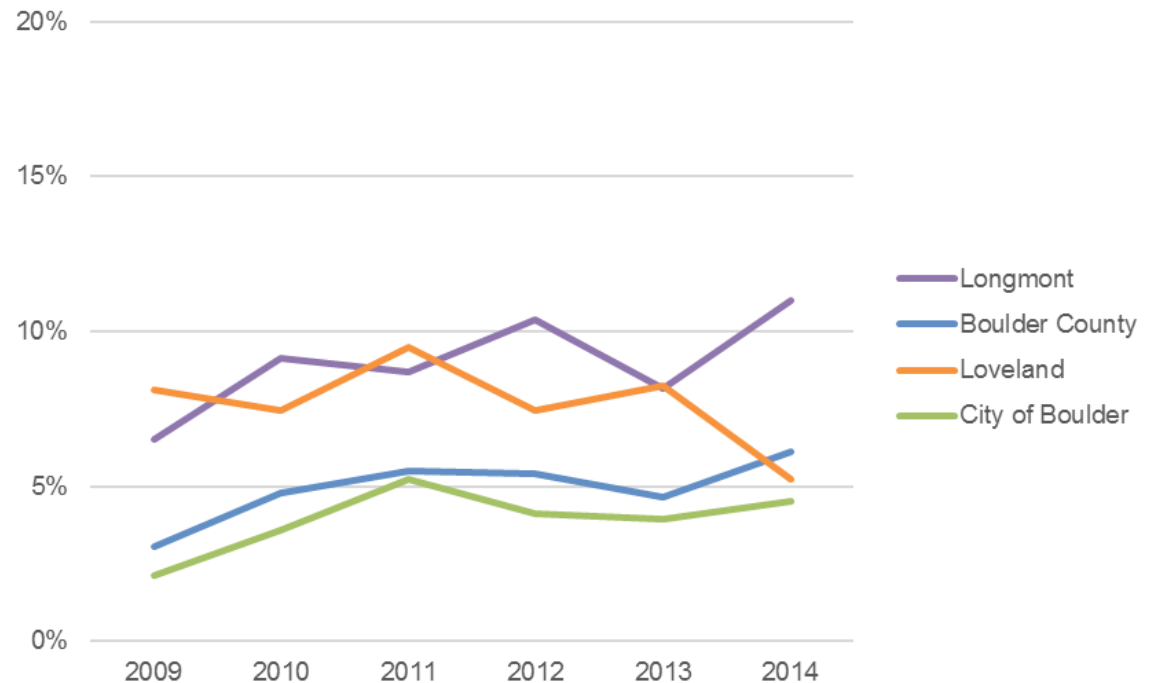
Access to adequate healthy food is a basic need for adults and children. In Longmont, a suite of organizations, including the OUR Center, St. Johns Church, Westview Church, and mobile pantries, help supply food or food subsidies to any individual or family experiencing hunger or who might run out of food soon. Low income residents can get help accessing food from the Women Infants, and Children (WIC) program or the Supplemental Nutrition Assistance Program (SNAP) by applying with Boulder County; SNAP level of benefit depends on household income and composition and may require that the benefactor is working or training. In 2014, 1,547 children were enrolled in WIC at the Longmont clinic. Through the Harvest Bucks program, SNAP and WIC participants can receive up to \$20 of free food for every \$20 spent at farmers markets. Youth in Longmont may be eligible for free or reduced cost breakfast and lunch at their schools, and Longmont has initiated a summer/afterschool meal program through the City's Children, Youth and Families division.

## Households in Longmont are twice as likely to receive food stamps than some neighboring towns.

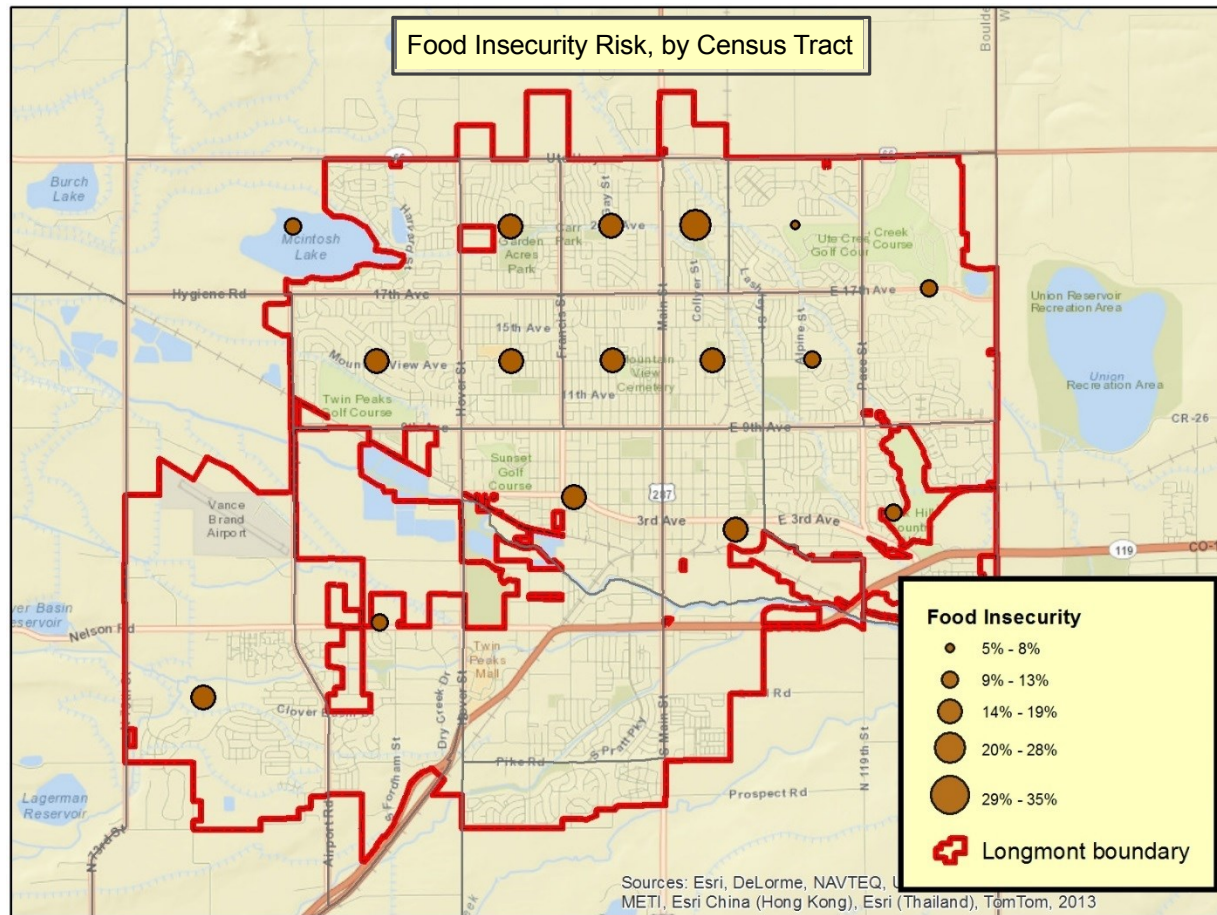
About 11 percent of Longmont households received food stamps in 2014, which was up from about seven percent in 2009.

Boulder County recently surveyed SNAP enrollees and non-enrollees who are likely eligible, to understand why people might not enroll. They found some people believe they don't qualify, don't think the benefit is worth the time spent applying, are uncomfortable collecting benefits, and think others need the benefit more they do.

Households Receiving Food Stamps,  
Past 12 Months

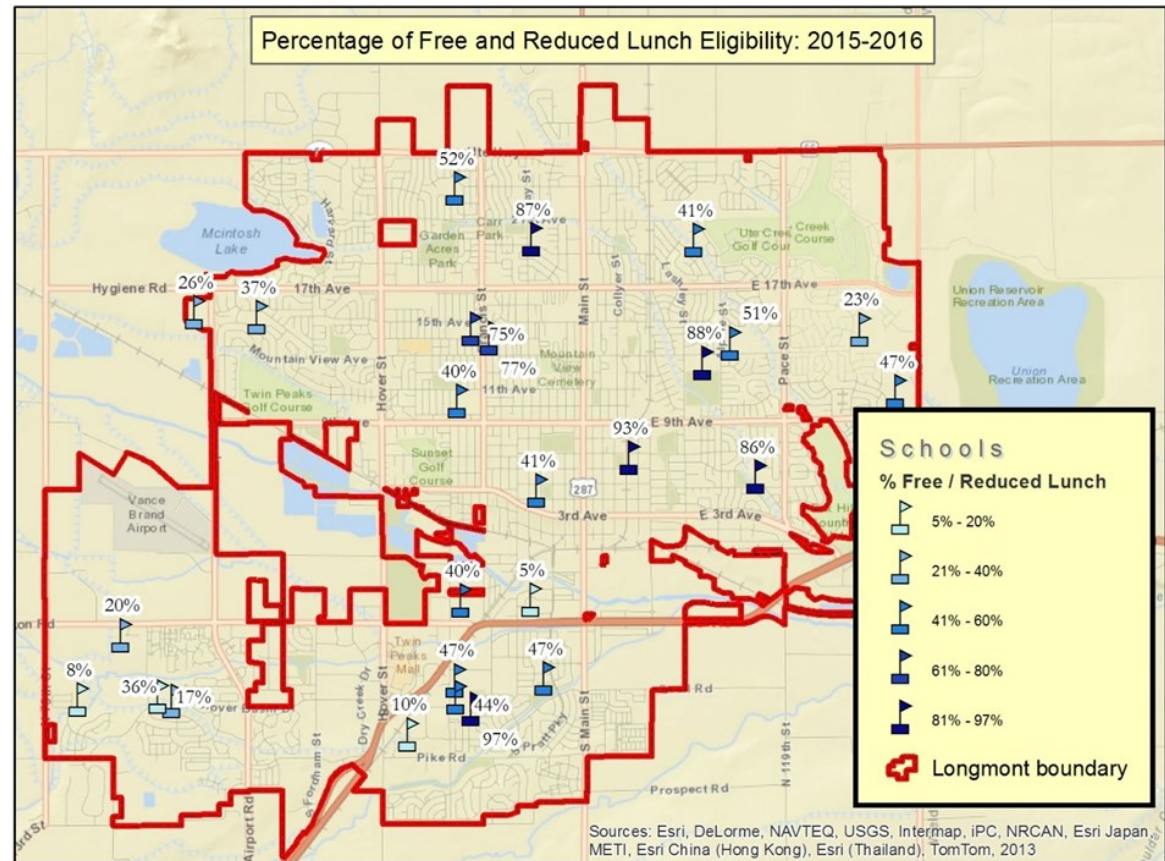


Food insecurity happens everywhere in Longmont, but homes in the north-central neighborhoods have elevated risk for food insecurity.



The percentage of students who are eligible for free or reduced lunch is higher in Longmont (44%) than the St. Vrain District as a whole (32%).

Students who are Free and Reduced Lunch Eligible: 2015 - 2016		
District	Number	Pct.
Greeley 6	14,180	66%
Weld County RE-1	1,088	58%
<b>Longmont schools only</b>	<b>6,764</b>	<b>44%</b>
<i>Colorado</i>	<i>365,410</i>	<i>42%</i>
Adams 12 Five Star Schools	15,006	39%
Thompson R2-J	5,579	36%
St Vrain Valley RE 1J	9,683	32%
Jefferson County R-1	26,183	31%
Poudre R-1	8,947	31%
Boulder Valley RE 2	6,571	22%



# Healthcare

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The Longmont United Hospital/Centura Health *Community Health Improvement Plan, FY2016* outlined three priority care areas: 1) access to care, 2) reducing obesity and promoting a lifelong wellness strategy, and 3) behavioral health, including mental health and substance abuse.

The percentage of residents with health insurance coverage has increased dramatically since 2012, much due to the expansion of Medicaid. Indeed, the percentage of Boulder County residents with Medicaid doubled between 2012 and 2015. About 11% of people in Boulder County are uninsured, which is lower than 14% of Coloradoans. About 10% of people in Boulder County are publicly insured (including Medicare, Medicaid, and Child Health Plan Plus). In Longmont in 2015, there were 35,500 distinct clients enrolled in Medicaid, including all categories of medical assistance (e.g., CHP+, Long Term Care). This was up from 30,300 in 2014.

There were far fewer Longmont residents without health insurance in 2014 than 2012.

Increases in health insurance coverage were highest for the population at 138% of poverty or lower.

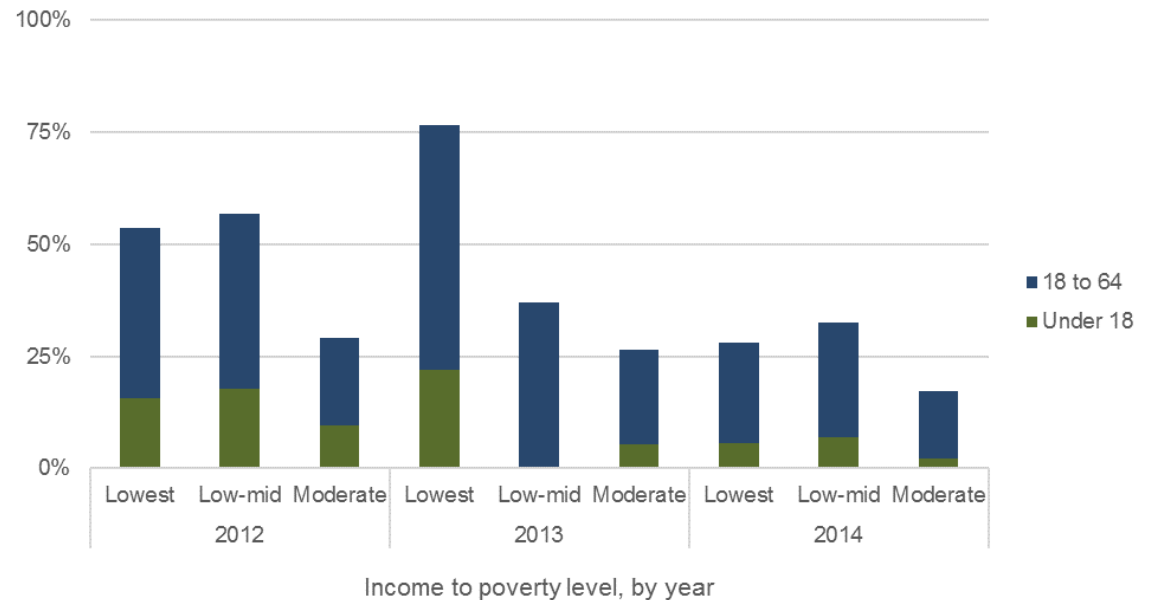
Note:

Lowest (138% of poverty)

Low-mid (138% to 199% of poverty)

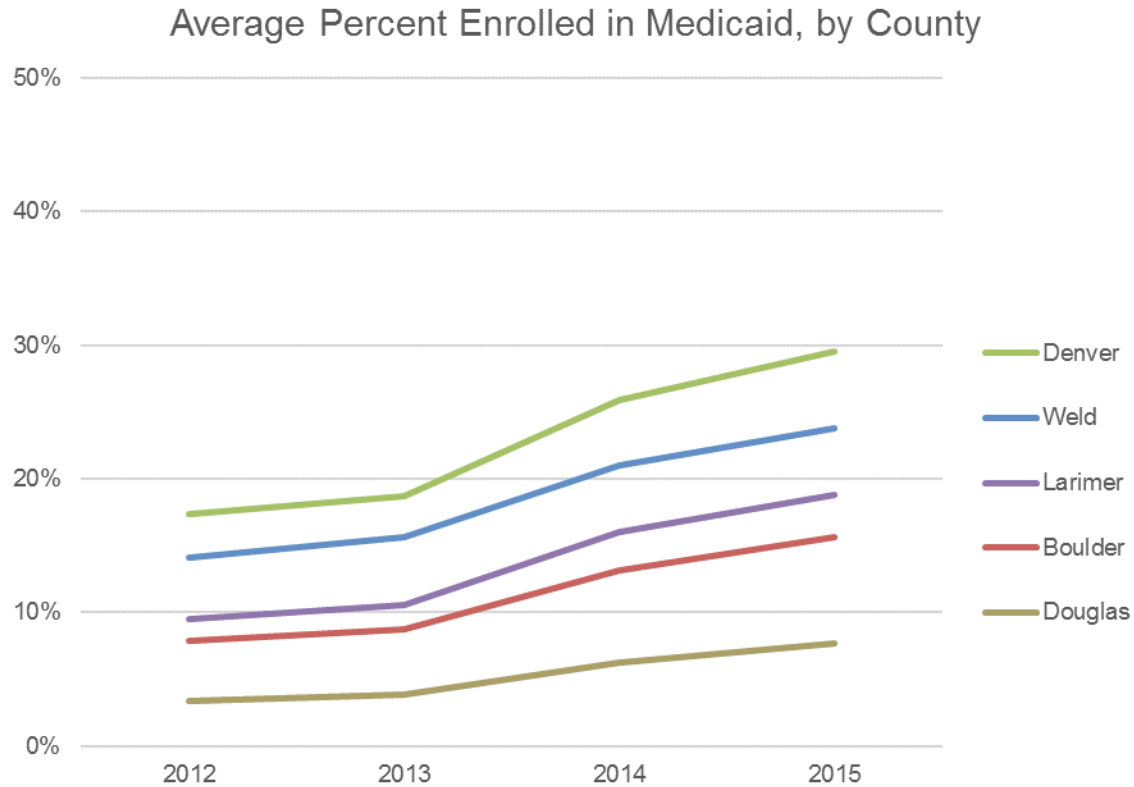
Moderate (200% to 399% of poverty)

Residents without health insurance by income to poverty ratio, age, and year





# Sixteen percent of Boulder County residents were enrolled in Medicaid in 2015, twice as many as in 2012



# Teenage pregnancy

- ➔ In Boulder County, there were about 117 births per year to teens age 15 to 19 (2012-2014).<sup>1</sup>
  - > In 2013, about 12,000 women age 15 to 19 lived in Boulder County.
  - > This equates to about 9.5 live births per 1,000 women age 15-19.
- ➔ Among pregnant women younger than 18 and living in Boulder County, 32 percent received late prenatal care or no prenatal care in 2014. This percentage was about twice as high as the percentage among all pregnant women living in Boulder County who received late prenatal care or no prenatal care.<sup>2</sup>
- ➔ Among St. Vrain Valley School District high school students...<sup>3</sup>
  - > 30% ever had sexual intercourse (27% among females, 32% among males)
  - > Among these students...
    - 8% used no method of birth control before last sexual intercourse
    - 65% used condoms
    - 20% used birth control pills

# Youth Health

## **According to the Colorado Department of Public Health and the Environment, in Boulder County...**

- ➔ 2% percent of parents of children aged 1-14 years in Boulder County reported that their child's general health was fair or poor
- ➔ 52% of kids (5-14) are physically active for at least 60 minutes per day
- ➔ 22% of parents reported behavioral or mental health problems in children age 1-14 years

## **According to the 2013 Healthy Kids Colorado Survey, among high school students in St. Vrain Valley School District...**

- ➔ 18% were overweight or obese, based on self-reported height and weight measurements
- ➔ 41% of students were trying to lose weight (58% among females, 24% among males)
- ➔ 75% do vigorous physical activity for at least 60 minutes, three or more days per week
- ➔ 64% saw a doctor or nurse for a physical exam or check-up in the previous 12 months

# Youth Wellbeing

According to the 2013 Healthy Kids Colorado Survey, among high school students in St. Vrain Valley School District...

- ➔ 9% were bullied due to their race or ethnic background.
- ➔ 8% of females were forced to have sexual intercourse when they did not want to.
- ➔ 16% purposefully hurt themselves, without wanting to die, within the past year
  - > 48% among LGBTQ students
- ➔ 17% seriously considered suicide in the past year
  - > 43% among LGBTQ students

# Mental and Behavioral Health in Boulder County

## According to the Colorado Department of Public Health and Environment, in Boulder County...

- ➔ There were about 6,400 mental health hospitalizations and about 110 suicide hospitalizations per year in Boulder County (2012-2014)
- ➔ 60% of pregnant women experienced one or more major life stress events 12 months before delivery
- ➔ 9% of women who gave birth felt postpartum depressive symptoms

## According to the COH Mental Health 2016 Assessment (Preliminary Results), in Boulder County...

- ➔ 20% of people who needed mental health care or counseling services during the past 12 months did not get it at that time (age 5 and older).
- ➔ In Boulder County, the rate of suicide attempts (30 per 100,000 residents) and completion (16 per 100,000) is lower than statewide (37 per 100,000 and 20 per 100,000 respectively).

# Substance Use and Abuse in Boulder County

## Among Adults<sup>1</sup>

- ➔ 12% of women drank alcohol during the last 3 months of their pregnancy (2011-2013)
- ➔ 17% of adults binge drank in past 30 days (2012-2014)

## Among Youth<sup>2</sup>

- ➔ 18% of high school students binge drank in past 30 days
- ➔ 34% of high school students have tried marijuana one or more times
- ➔ 14% of high school students have used prescription drugs without a prescription
- ➔ 90% of high school students think their parents would think it was wrong or very wrong to drink alcohol regularly.
- ➔ 59% of high school students thought it would be sort of easy or very easy to get alcohol, and 55% thought it would be sort of easy or very easy to get marijuana.

According to the COH Mental Health 2016 Assessment, the rate of alcohol deaths is lower in Boulder County (10 per 100,000 residents) than Colorado (14 per 100,000), but prescription opiate death rate is slightly higher in Boulder County (3.8 per 100,000) than Colorado (2.8 per 100,000).

The ratio of psychologists practicing in Boulder County to residents is twice as high in Boulder County than Colorado. The same is true for clinical social workers. We do not know how many of these service providers accept Medicare/Medicaid, other insurance, or even new patients.

	Boulder County		Colorado	
	Number	Rate per 1,000 Residents	Number	Rate per 1,000 Residents
<b>HEALTH CARE WORKFORCE (2015 unless otherwise noted)</b>				
Nurse practitioners	236	0.7	3,408	0.6
Registered nurses	3,227	10.2	59,305	10.9
Physician assistants	190	0.6	2,473	0.5
Dentists	268	0.8	3,747	0.7
Dental hygienists	183	0.6	3,612	0.7
Psychologists	325	1.0	2,479	0.5
Clinical social workers	495	1.6	4,257	0.8
Practicing physicians (2013)	853	2.8	11,894	2.3
Practicing primary care physicians (2013)	263	0.9	3,332	0.6

	Number of Locations	Number of Locations
<b>HEALTH SERVICES SITES (2014)</b>		
Number of community health centers (FQHCs)	3	138
Number of community mental health centers	8	198
Number of community safety net clinics	1	108
Number of rural health clinics	0	56
Number of hospitals with an emergency department	5	75
Number of designated health professional shortage areas	1	51



# Protecting Vulnerable Populations

Fixed-Income • Foreign-Born



# Fixed-Income Residents

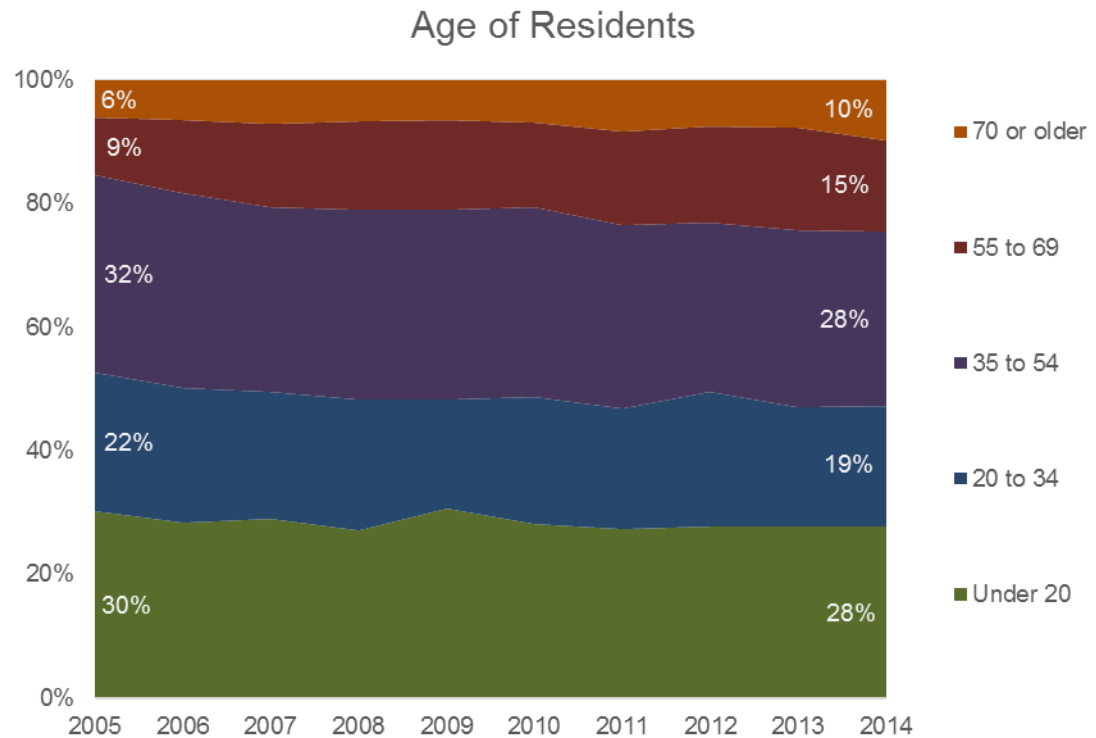
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Some residents have little or no opportunity to work or sustainably increase their income. Retired residents and those with a disability are frequently living on a fixed-income. As the cost of living increases, it becomes increasingly difficult for these residents to make ends meet.

Longmont residents age 55 and older are few among the entire population, but this group is projected to increase quickly over the next ten years.

Assuming that most residents over 65 years are on fixed-income, as cost of living increases, there will likely be an increase in demand for services.

According to the Longmont United Hospital Community Needs Assessment Survey, among people aged 65 years and over in the Longmont United Hospital service area, 37 percent live alone.



Ten percent of Longmont residents have a disability.

More than 9,000 Longmont residents have a disability, most are 18 years or older. Among residents who are 65 or older, hearing and walking are the most common types of disabilities.

More than 600 military veterans living in Longmont are eligible for some level of disability compensation from the Department of Veterans Affairs.

	All Residents	With a Disability	
		# of Residents	% of Residents
Total population (civilian, noninstitutionalized)	89,774	9,452	10.5%
Population under 5 years	5,858	36	0.6%
With a hearing difficulty		36	0.6%
With a vision difficulty		0	0.0%
Population 5 to 17 years	17,295	290	1.7%
With a hearing difficulty		91	0.5%
With a vision difficulty		66	0.4%
With a cognitive difficulty		168	1.0%
With an ambulatory difficulty		97	0.6%
With a self-care difficulty		66	0.4%
Population 18 to 64 years	55,165	4,993	9.1%
With a hearing difficulty		785	1.4%
With a vision difficulty		711	1.3%
With a cognitive difficulty		2,209	4.0%
With an ambulatory difficulty		2,325	4.2%
With a self-care difficulty		761	1.4%
With an independent living difficulty		1,119	2.0%
Population 65 years and over	11,456	4,133	36.1%
With a hearing difficulty		2,399	20.9%
With a vision difficulty		1,051	9.2%
With a cognitive difficulty		1,077	9.4%
With an ambulatory difficulty		2,100	18.3%
With a self-care difficulty		880	7.7%
With an independent living difficulty		1,471	12.8%

Seniors living in Longmont typically have more transportation challenges or rated ease of transportation lower than did seniors in other towns. One quarter reported having a minor problem having safe and affordable transportation available.

	Longmont	Boulder	Lafayette	Louisville	Other
Used RTD (bus or other public transportation) instead of driving at least once	22%	56%	28%	38%	29%
Reported at least a minor problem having safe and affordable transportation available	26%	17%	19%	24%	19%
Rated ease in arranging transportation in Boulder County as excellent/good	41%	58%	42%	68%	43%
Rated ease of car travel in Boulder County as excellent/good	62%	62%	58%	62%	62%
Rated ease of getting to the places you usually have to visit as excellent/good	67%	79%	73%	77%	72%
Rated ease of walking in Boulder County as excellent/good	68%	82%	67%	85%	73%

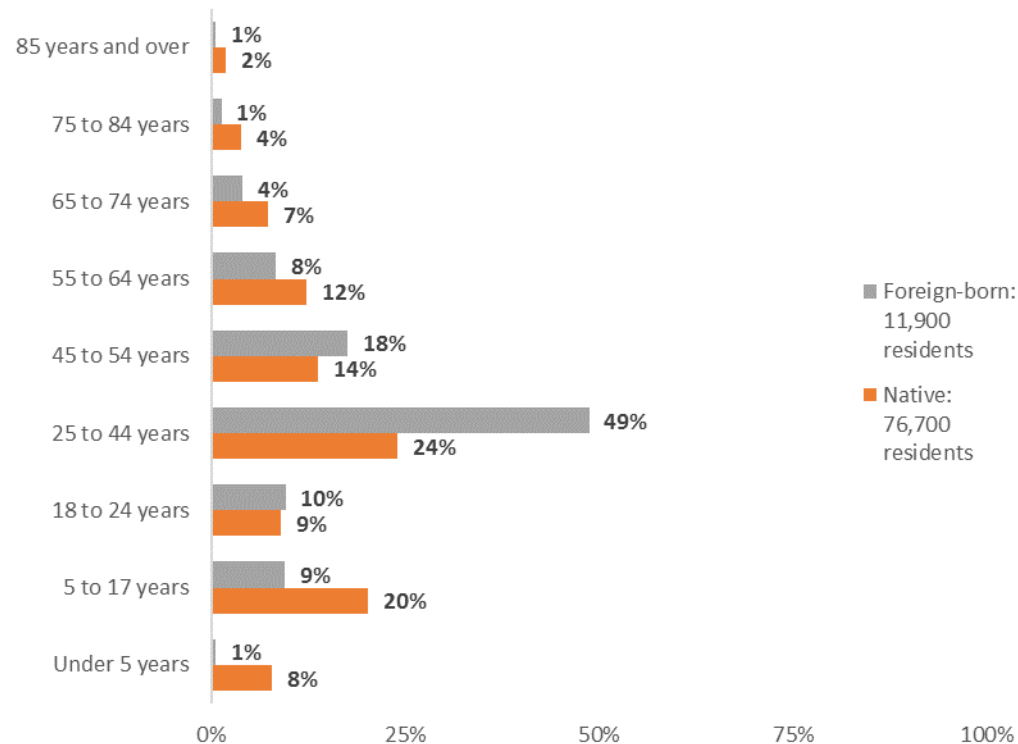
# Foreign-Born

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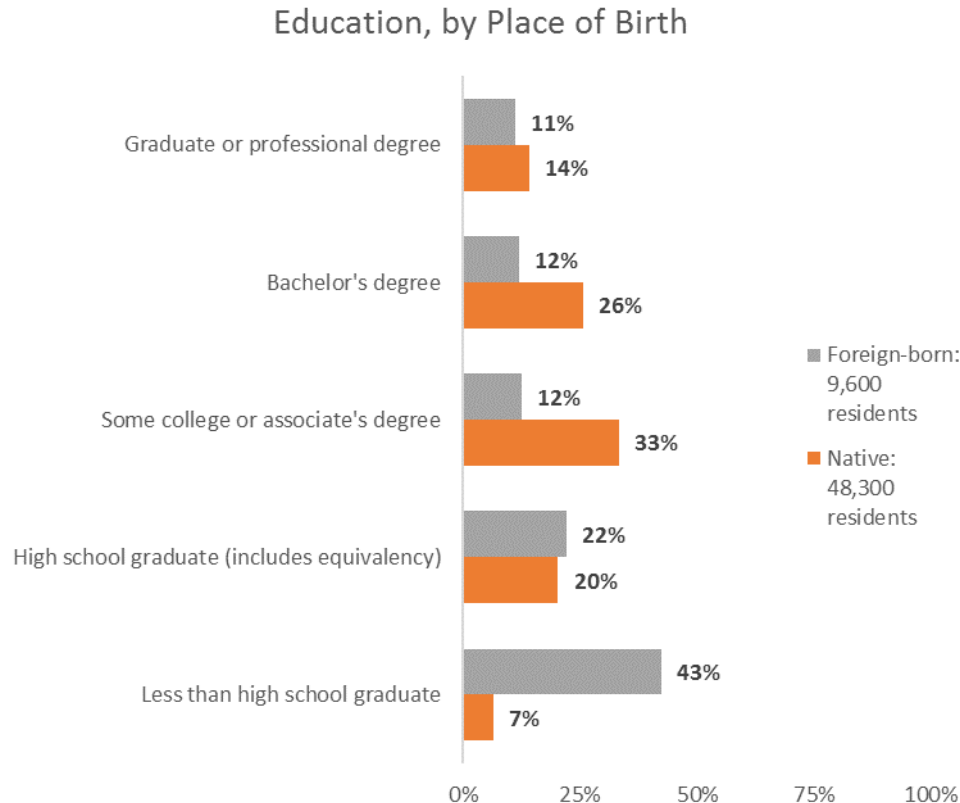
12,000 Longmont residents were born outside the United States; about 31 percent of these have since become naturalized citizens. Compared to the native resident population, foreign born residents are more likely to be married, are more likely to be in the labor force, and they are more likely to work in service occupations. Thirty percent of foreign born families are experiencing poverty, which is far greater than the eight percent of native families experiencing poverty, equating to about 3,400 foreign born individuals living below the poverty line as of 2014. The foreign born median household income is about \$40,000, which is about \$23,000 less than the income of the native population, even though foreign born families have more workers per household.

Among the almost 12,000 foreign-born residents in Longmont, almost half are between 25 and 54 years old, which is a much greater percentage than the native population. About 1,200 foreign born residents are younger than 18, compared to 21,500 native residents who are younger than 18.

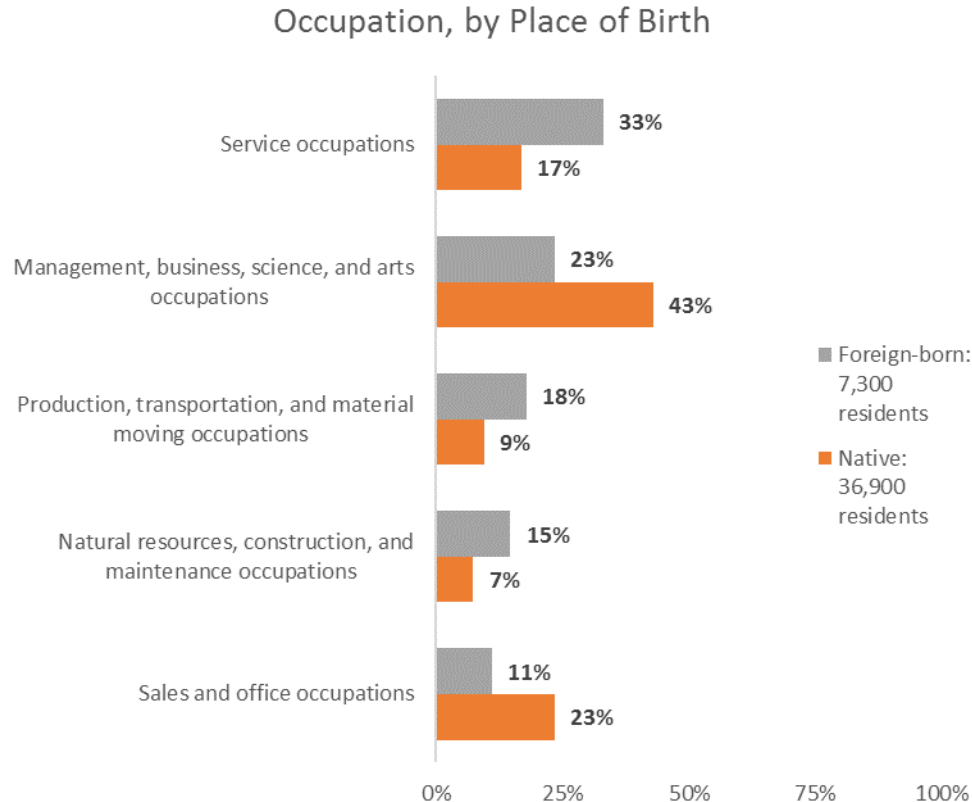
Age by Place of Birth



Among Longmont residents 25 years or older, foreign-born residents are much more likely than natives to have less than a high school diploma, and much less likely to have attended college.



Among the civilian employed population 16 years and over in Longmont, foreign-born residents are much more likely than natives to work in service, production and transportation, and construction and maintenance occupations.





# Appendix

A magnifying glass with a silver handle and a black frame is positioned over the word 'Appendix'. The lens of the magnifying glass is centered over the 'p' and 'e' of 'Appendix', making the letters appear larger and slightly blurred. The background is a dark, textured chalkboard.

# Appendix A: Sub-Industry Classifications

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Industries are classified by the North American Industry Classification System (NAICS). The last NAICS update was in 2012. There are twenty top-level industries, and numerous sub-industries. This appendix communicates the types of sub-industries within selected top-level industries. Note that the level of sub-industries listed varies by the top-level industry.

## Sub-industries within Educational Services (all four levels)

- ➔ Apprenticeship Training
- ➔ Automobile Driving Schools
- ➔ Business and Secretarial Schools
- ➔ Business Schools and Computer and Management Training
- ➔ Colleges, Universities, and Professional Schools
- ➔ Computer Training
- ➔ Cosmetology and Barber Schools
- ➔ Educational Services
- ➔ Elementary and Secondary Schools
- ➔ Exam Preparation and Tutoring
- ➔ Fine Arts Schools
- ➔ Flight Training
- ➔ Junior Colleges
- ➔ Language Schools
- ➔ Other Schools and Instruction
- ➔ Other Technical and Trade Schools
- ➔ Professional and Management Development Training
- ➔ Sports and Recreation Instruction
- ➔ Technical and Trade Schools
- ➔ All Other Miscellaneous Schools and Instruction
- ➔ All Other Schools and Instruction

## Sub-industries within Manufacturing (top two levels)

- ➔ Food
- ➔ Beverage and Tobacco Product
- ➔ Textile Mills
- ➔ Textile Product Mills
- ➔ Apparel
- ➔ Leather and Allied Product
- ➔ Wood Product
- ➔ Paper
- ➔ Printing and Related Support Activities
- ➔ Petroleum and Coal Products
- ➔ Chemical
- ➔ Plastics and Rubber Products
- ➔ Nonmetallic Mineral Product
- ➔ Primary Metal
- ➔ Fabricated Metal Product
- ➔ Machinery
- ➔ Computer and Electronic Product
- ➔ Electrical Equipment, Appliance, and Component
- ➔ Transportation Equipment
- ➔ Furniture and Related Product
- ➔ Miscellaneous

## Sub-industries within Health Care and Social Assistance (top three levels)

- ➔ Ambulatory Health Care Services
- ➔ Child Day Care Services
- ➔ Community Food and Housing, and Emergency and Other Relief Services
- ➔ Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
- ➔ General Medical and Surgical Hospitals
- ➔ Health Care and Social Assistance
- ➔ Home Health Care Services
- ➔ Hospitals
- ➔ Individual and Family Services
- ➔ Medical and Diagnostic Laboratories
- ➔ Nursing and Residential Care Facilities
- ➔ Nursing Care Facilities (Skilled Nursing Facilities)
- ➔ Offices of Dentists
- ➔ Offices of Other Health Practitioners
- ➔ Offices of Physicians
- ➔ Other Ambulatory Health Care Services
- ➔ Other Residential Care Facilities
- ➔ Outpatient Care Centers
- ➔ Psychiatric and Substance Abuse Hospitals
- ➔ Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
- ➔ Social Assistance
- ➔ Specialty (except Psychiatric and Substance Abuse) Hospitals
- ➔ Vocational Rehabilitation Services

## Sub-industries within Professional, Scientific, and Technical Services (top two levels)

- Legal Services
- Accounting, Tax Preparation, Bookkeeping, and Payroll Services
- Architectural, Engineering, and Related Services
- Specialized Design Services
- Computer Systems Design and Related Services
- Management, Scientific, and Technical Consulting Services
- Scientific Research and Development Services
- Advertising, Public Relations, and Related Services
- Other Professional, Scientific, and Technical Services

## Sub-industries within Information (top two levels)

- ➔ Publishing Industries (except Internet)
- ➔ Motion Picture and Sound Recording Industries
- ➔ Broadcasting (except Internet)
- ➔ Telecommunications
- ➔ Data Processing, Hosting, and Related Services
- ➔ Other Information Services
- ➔ Newspaper, Periodical, Book, and Directory Publishers
- ➔ Software Publishers
- ➔ Motion Picture and Video Industries
- ➔ Sound Recording Industries
- ➔ Radio and Television Broadcasting
- ➔ Cable and Other Subscription Programming
- ➔ Wired Telecommunications Carriers
- ➔ Wireless Telecommunications Carriers (except Satellite)
- ➔ Satellite Telecommunications
- ➔ Other Telecommunications
- ➔ Data Processing, Hosting, and Related Services
- ➔ Other Information Services

# Appendix B

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## Poverty Thresholds for 2014



## Poverty Thresholds (Maximum Household Income) for 2014 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	\$12,085									
Under 65 years	\$12,331	\$12,331								
65 years and over	\$11,367	\$11,367								
Two people	\$15,397									
Householder under 65 years	\$15,953	\$15,871	\$16,337							
Householder 65 years and over	\$14,343	\$14,326	\$16,275							
Three people	\$18,872	\$18,540	\$19,078	\$19,096						
Four people	\$24,259	\$24,447	\$24,847	\$24,036	\$24,120					
Five people	\$28,729	\$29,482	\$29,911	\$28,995	\$28,286	\$27,853				
Six people	\$32,512	\$33,909	\$34,044	\$33,342	\$32,670	\$31,670	\$31,078			
Seven people	\$36,971	\$39,017	\$39,260	\$38,421	\$37,835	\$36,745	\$35,473	\$34,077		
Eight people	\$41,017	\$43,637	\$44,023	\$43,230	\$42,536	\$41,551	\$40,300	\$38,999	\$38,668	
Nine people or more	\$49,079	\$52,493	\$52,747	\$52,046	\$51,457	\$50,490	\$49,159	\$47,956	\$47,658	\$45,822

Source: U.S. Census Bureau.