



# **Social Sustainability Gaps Analysis**

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**City of Fort Collins**

**DRAFT REPORT**

**Draft Report**

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# **Social Sustainability Gaps Analysis**

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# **EXECUTIVE SUMMARY**

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**Fort Collins Social Sustainability Gaps Analysis**

# EXECUTIVE SUMMARY

## Fort Collins Social Sustainability Gaps Analysis

This section summarizes the results of a Social Sustainability Gaps Analysis, conducted by BBC Research & Consulting (BBC) for the City of Fort Collins. The City commissioned the gaps analysis as part of its initiative to build a cohesive, coordinated approach to community sustainability across City departments.

### What is social sustainability?

Social sustainability focuses on the supportive services and networks that are needed by residents to achieve and maintain quality of life and self sufficiency. Some of these might be services to meet short-term needs, such as temporary assistance making rent payments after a job loss. Other services span longer periods—for example, education systems for the City’s children.

This study complements a larger City Plan for Social Sustainability (Plan). The broad purpose of the Plan is to determine the steps to be taken to move from a current state to a desired future state of community- and organization-wide social sustainability. Ultimately, the Plan will help guide City Council and City staff in setting future work program and priorities.

The gaps analysis helps support the Social Sustainability Plan questions of:

- 1) Where are we? and
- 2) Where do we want to be?

by providing a quantitative and qualitative assessment of supportive service gaps in the City.

**A unique effort.** Local government investment in sustainability efforts—particularly social sustainability—is very progressive. In 2010, the International City/County Management Association (ICMA) conducted a local government survey on sustainability policies and programs. Only a minority of local governments reported taking actions to support sustainability. Where actions were taken, these mostly included environmental efforts such as tree planting, conserving energy and water, and boosting recycling. The most common “social inclusion” effort the survey measured was support and/or incentive for affordable housing—yet just 33 percent of local governments said they have affordable housing programs.

Therefore, the results from the ICMA emphasize the uniqueness of Fort Collins’ sustainability planning efforts—both environmental and social.

## Methodology and Report Organization

The scope of work used in this study consisted of four primary tasks:

- Collection of existing quantitative and secondary data on population levels and housing and program inventories;
- Interviews with providers of supportive services in the City and county to gather information on client needs, organizational needs, service demand and wait lists;
- A comparison of existing resources and capacity levels with needs; and
- Preparation of this report documenting research findings.

This report is organized around the six areas of focus, the last of which encompasses six targeted population groups. These areas of focus include:

- Housing,
- Homelessness,
- Poverty,
- Health and wellness,
- Education and at-risk youth,
- Diversity and Equity, including racial/ethnic, religious and sexual orientation , and
- Targeted Populations, including:
  - Persons with Disabilities,
  - Seniors,
  - Veterans (discussed in Homelessness section),
  - Victims of Domestic Violence,
  - Gay, Lesbian, Bisexual and Transgender residents (discussed in Diversity/Equity section), and
  - At-risk youth (discussed in Education section).

These targeted populations—as well as low income households in general—were chosen because they often face some of the greatest challenges to accessing the housing and services they need and may require public support and subsidies.

The gaps analysis for each area of focus is presented as a graphic depicting the gap in service provision based on a comparison of need and resources. Since demand for services is fluid and difficult to estimate precisely, a range of need is provided where available. The types of indicators to measure need vary depending on the data available, area of focus and resident population.

**Challenges and limitations of the study.** The reader should be aware of the challenges and limitations of the social sustainability gaps analysis:

- Some types of residents with needs are difficult to locate, which means their needs for services and/or housing are underrepresented. For example, residents without a permanent home may be temporarily living with friends or family and at-risk of homelessness, but not counted in annual surveys.
- Disabilities and illnesses may be undiagnosed or unreported. Some categories of persons with certain needs are underestimated due to their reluctance to undergo testing and diagnosis and/or failure to disclose their health information.
- Many individuals have overlapping needs, making it difficult to compartmentalize them into one needs category. Because of overlapping needs, service providers' housing facilities and developments rarely serve a single population. As such, it is difficult to match available resources with needs with a high degree of precision.
- This study covered several issue areas and targeted population groups. It is by no means a comprehensive study of the need of a specific group, but instead a broad assessment of supportive service and housing needs.

This study incorporates the best data available at the time it was completed. Additional data that become available, particularly from more specific studies of special needs groups, should be taken into account along with the findings in this study.

## **Current State of Affairs**

The City of Fort Collins and its many service providers have created a solid infrastructure for social sustainability. The City has embraced many best practices for housing and service programming and is recognized as a very valuable partner by providers.

Yet, gaps do exist in access to needed housing and services in Fort Collins. Some of these gaps are market driven (e.g., high demand for housing), many are economic (e.g., budget cuts for organization, job losses for residents), and some are driven by demographics.

The primary gaps include:

- An estimated 8,800 renter households earning less than \$25,000/year cannot find rentals that meet their affordability needs and, as such, are cost burdened. As many as 1,500 are on wait lists for housing assistance.
- As many as 100 residents are chronically homeless and 1,000 children experience homelessness during the school year. Emergency space is limited both in beds and types of populations served. Individuals and families are turned away from shelters during peak periods of demand.
- More than half of residents who are poor and many who are homeless (an estimated 30-40%) are employed, but do not earn enough to afford housing costs and live above the poverty line. Sixteen percent of persons with disabilities are unemployed.



- The City has almost 10 times as many unhealthy food outlets as healthy food outlets. Fifteen percent of adults and one-third of the city's children are obese.
- An estimated 6,500 adults and 1,500 teens have serious mental illnesses, but just 60 percent seek treatment. 26,000 residents abuse alcohol; 11,000 abuse drugs. The county's suicide rate (22.5 per 10,000 residents) is higher than for the state overall.
- Four thousand of the city's children live below the poverty line. An estimated 3,000 have untreated mental illness. And about 10,000 are not proficient in math or writing, as measured by standardized tests.
- Ten thousand residents have a disability. If unable to be employed and relying on Social Security for income, these residents will earn \$13,500 in 2014. One-fifth, or 2,000 residents, need accessibility improvements to their homes.
- Approximately 3,600 women and 2,900 men experienced domestic violence in the past year. 300 children are abused or neglected each year.

There is also a qualitative side to the gaps. Many service providers who offer critical services to some of the most challenged residents in the City—e.g., those with substance abuse, severe mental illness, who have suffered abuse—cannot offer the ideal depth of care due to funding constraints.

## **Creating a Socially Sustainable Fort Collins**

It is very important to clarify that creating social sustainability is not the same as eliminating need. Rather, it is building a safety net that will adequately assist residents who have short-term needs *and* ensuring that residents with long-term needs have access to ongoing social and economic supports.

It is also important to note that needs are fluid. A numerical gap in resources only reflects needs for a temporary point in time.

It is difficult, therefore to develop a single gaps, or shortage, number and manage to this target. Instead, a socially sustainability community should have a flexible menu of supportive services in place that residents are able to access as their needs fluctuate.

To that end, we offer the following characteristics of a socially sustainability community toward which Fort Collins can aim:

### **Resources are in place to enable residents who are living below the poverty line to become self sufficient to the extent possible.**

- Programs exist that allow residents to receive skills training, potentially through a community college system, job searching and networking or employer mentoring/matching services. Support services—e.g., affordable and immediate child care—are in place to mitigate barriers to achievement.
- Employers receive training and support to successfully retain employees coming out of generational poverty.

**The community provides access to services, health care, amenities, education and job opportunities to all residents.**

- Funding is stabilized, as much as possible, so residents can receive consistent levels and frequency of care. This is necessary because when faced with budget cuts, organizations will first reduce the amount of services provided rather than remove current clients from their programs. Clients may not receive the same depth of care or early intervention, which can affect the pace of their recovery.
- Persons with disabilities can easily move throughout the community, are valued and accepted and are included in all aspects of the community. Lack of housing and transit do not restrict persons with disabilities to certain parts of the community.
- Residents are able to rapidly access and receive the depth of treatment needed for mental health, physical health and substance abuse needs.
- High quality health care is delivered across the continuum of care: therapy, outpatient care, inpatient care, residential treatment for addictions, mental health care.
- Jobs exist that pay living wages for all types of residents. Residents can access training programs to build their skill sets and education. Persons with disabilities have employment opportunities similar to their peers without disabilities.
- The City maintains a flexible and comprehensive transit system to provide residents without cars and non-drivers (e.g., youth, persons with disabilities, persons with health challenges) equal access to city services, health care facilities, amenities and commercial establishments.

**Programs are in place to increase sustainability for at-risk youth and improve the educational environment for youth.**

- The community has quality early intervention for at-risk youth and quality early childhood education programs—which have been proven to have large, long-term payoffs—for all children. Scholarships and reduced tuition are available to low income children.
- Funding exists to ensure that staff of the organizations that work with the City's youth are paid livable wages and receive benefits, as staff consistency is important for children.
- Before and after school, and summer care exists for any low income family who needs care during work or job training. Immediate and alternative schedule child care is available to families who have emergency care needs due to nontraditional work and job training schedules.
- Flexible and adequate transit systems allow children to access before and after school programs and needed services (e.g., counseling, support programs for at-risk children).
- Affordable housing for families is available to mitigate frequent moves and disruption in schooling.

**The community has a supply of affordable housing, including shelters that residents can access as their circumstances change.**

- The community has a housing continuum that enables residents to move from an emergency shelter to transitional housing to permanent housing with delays or barriers. This includes housing for special needs populations including youth transitioning out of foster care, persons with disabilities who need accessible housing and families who have experienced domestic violence, to prevent victims from returning to their perpetrators to avoid homelessness.
- This system includes adequate resources for emergency and utilities assistance for households and families with short term financial needs and to prevent homelessness.

**Social sustainability is viewed as a cooperative venture among the city, residents and service providers.**

- The community fosters a collaborative, not competitive, environment of compatible services among the many quality organizations that serve residents in need in Fort Collins. Service providers have regularly scheduled, formal opportunities to share information about their resources and challenges and form partnerships.
- The community provides easy access to services. Referrals are accurate and timely.
- The City fosters a sense of community and encourages residents to help the City's most vulnerable populations build and sustain supportive networks of friends, neighbors and families.
- Service providers have appropriate, adequate space to accommodate clients.
- Nonprofits that provide critical supportive services are able to focus on service provision rather than fundraising. For organizations that provide services that are difficult for the community to talk about (e.g., child sexual abuse, HIV/AIDS), fundraising can be particularly challenging.

# **SECTION I.**

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Housing

# SECTION I.

## Housing

A housing market is considered to be socially sustainable if it is characterized by both equity and diversity—that is, if it provides opportunities for *all* residents and offers housing options that accommodate a diverse set of incomes, preferences and life stages. Common barriers to an equitable, diverse, and therefore socially sustainable, housing community are market failures in terms of affordability, accessibility and special needs housing resources.

This section discusses the housing needs specific to Fort Collins along with an inventory of resources that are already in place to meet those needs. The section ends with a “gaps analysis” designed to identify and quantify any potential gaps in the Fort Collins housing market where the City may have an opportunity to improve service provision.

Throughout this section, the term “affordable housing” refers to housing that requires less than 30 percent of a household’s monthly income (consistent with federal definitions). Households that spend 30 percent or more of their monthly income on housing expenses are considered “cost burdened.”

### Housing Needs

A number of thoughtful reports—including the City’s Affordable Housing Strategic Plan (2010), the 2010-2014 Consolidated Housing and Community Development Plan, and the Fort Collins Analysis of Impediments to Fair Housing Choice (called an AI, done in 2012) along with county-level reports such as the Larimer County Needs Assessment (2009) and the Larimer County Affordable Housing Report (2013)—document the state of housing in Fort Collins. The primary needs identified by those reports can be summarized into the following categories:

- Affordable housing (rental units and resources for potential home buyers); and
- Housing for people with special needs, especially seniors and residents with disabilities.

Those two needs, which are reflected in the City’s current housing-related priorities, are consistent with the findings of this report and are the primary focus of the following discussion.

**Affordability.** Median housing costs—as measured by rent and home value—in Fort Collins are higher than in Colorado as a whole, and higher than in surrounding communities of Loveland, Laramie and Greeley. Yet the City’s median income is lower than in the state overall, partially due to the student population. Communities with a large student presence have unique housing challenges. These challenges are mostly manifested in the rental market, which generally accommodates students’ preferences at the expense of low income renters who have longer term affordability needs.

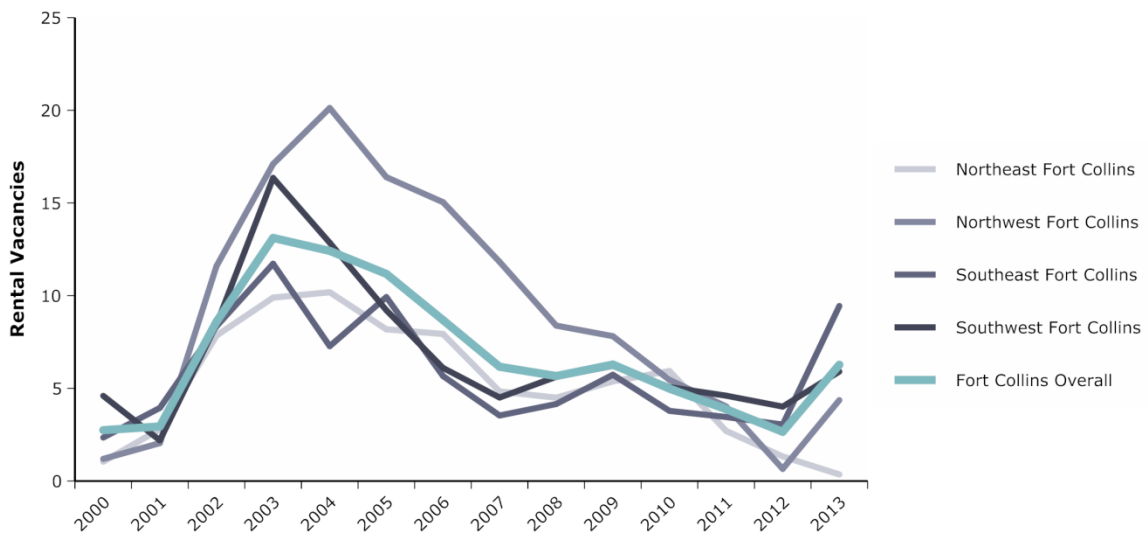
**Rental market.** The median rent, including utilities, for all rental units in Fort Collins was \$1,002 per month in 2012. To afford the City’s median rent and average utilities and not be cost burdened, a renter would need to earn \$40,080 per year. Approximately 40 percent of the City’s renters can afford to pay the median rent and utilities.

In 2000, Fort Collins’ median rent was \$689. The median rent in 2012 was \$313 per month higher than in 2000. To afford this increase, renters in the City would need to earn \$12,520 more per year. Renter incomes did increase in the decade—but by just \$4,337. Therefore, renters have lost purchasing power in the City’s rental market during the past 12 years. Those renters who cannot find affordably priced rentals are living in units that cost more than they can afford. These households are “cost burdened.”

As might be expected with a decrease in purchasing power, the proportion of renters who are cost burdened has increased. In 2000, about 47 percent of Fort Collins renters (9,187 individuals) were cost burdened, spending 30 percent or more of their income on rent. By 2012, 59 percent of Fort Collins renters (16,030 individuals) were cost burdened.

Rental vacancy rates are closely tied to affordability—low vacancies associated with a tight rental market lead to increases in rent. In Fort Collins, rental vacancy rates in 2010, 2011 and 2012 were the lowest they had been since the early 2000s.<sup>1</sup> Although the first two quarters of 2013 show a slight increase in the vacancy rate (from 2.5% in Q4 2012 to 5.5% in Q1 2013 and 7.0% in Q2 2013), the market remains tight and rents remain high. Figure I-1 displays the average annual vacancy rate for the City of Fort Collins (as a whole and by quadrant).

**Figure I-1.**  
**Rental Vacancy Rates, Fort Collins, 2000 through 2013**



Note: The Statewide Multifamily Vacancy and Rent Survey provides vacancy rates by quarter. Figures shown reflect the annual average. 2013 data includes only the first two quarters.

Source: Statewide Multifamily Vacancy and Rent Survey by Market Area and BBC Research & Consulting.

<sup>1</sup> Statewide Multifamily Vacancy and Rent Survey by Market Area. Ron L. Throupe, Ph.D.. The Daniels College of Business at the University of Denver. Available online at <http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251592890239>.

A recent article in the Coloradoan reports that more than 5,000 apartments are either under construction or in planning stages, which should help alleviate low vacancy rates. However, at least several hundred of those are expected to be high-end units and are unlikely to impact demand for affordable units in the City.<sup>2</sup>

**Ownership market.** The median value of owner-occupied homes in Fort Collins was \$248,800 in 2012 according to the ACS.<sup>3</sup> Between 2000 and 2012, the median home value increased by \$79,200. Homeowners would need to earn approximately \$19,320 more per year in 2012 than in 2000 to afford that increase.<sup>4</sup> And, median household income for Fort Collins homeowners did increase by about that much (\$19,384), which means owners' purchasing power remained about the same during the past 12 years. Just 44 percent of current owners could afford the median-priced home if they were buying today. In 2012, more than one quarter (28%) of all homeowners were cost burdened, living in homes that cost more than they can afford, up from 22 percent in 2000.

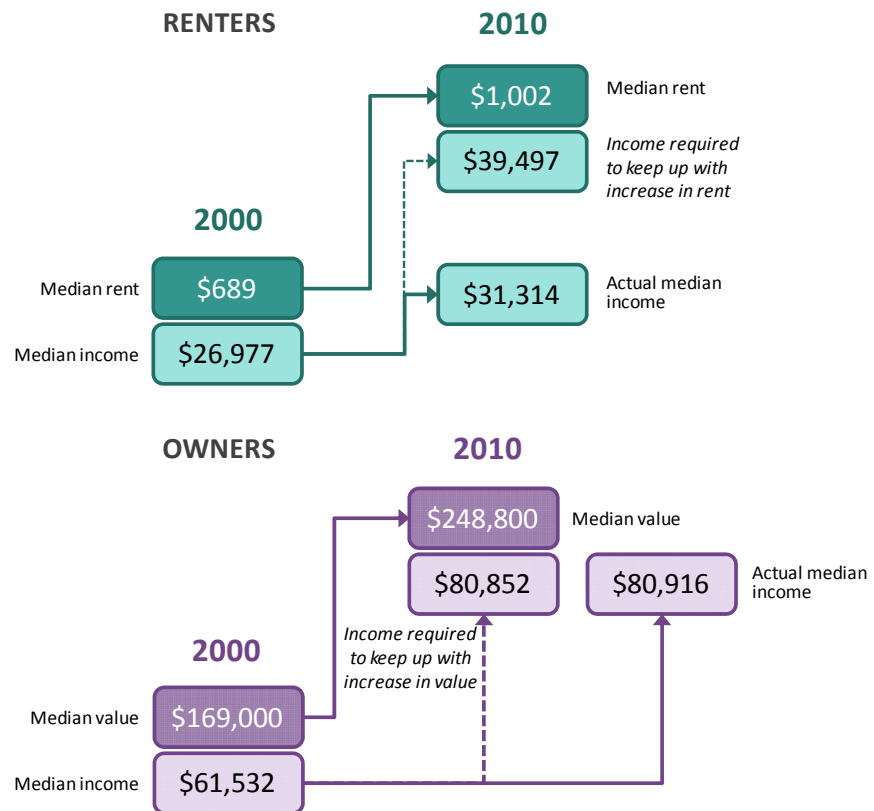
**Figure I-2.**  
Changes in  
Affordability, Fort  
Collins, 2000 to 2012

Note:

Affordable home price assumes a 10 percent down payment, 5.0 percent interest and 20 percent of monthly payment is used for property taxes, utilities and insurance.

Source:

2000 Census, 2012 ACS and BBC Research & Consulting.



<sup>2</sup> <http://www.coloradoan.com/article/20130512/BUSINESS/305120018/>

<sup>3</sup> According to Fort Collins Board of Realtors September 2013 monthly market report, the median sold price for homes in Fort Collins was \$245,750—only \$3,050, or 1 percent, lower than the median value.

<sup>4</sup> This assumes a 10 percent down payment, 5.0 percent interest and 20 percent of monthly payment is used for property taxes, utilities and insurance.

**Accessibility.** In 2011, about 14 percent of all Fort Collins households contained at least one person with a disability and about 8 percent contained at least one person with an ambulatory disability (2009-2011 ACS). Among senior households, 42 percent included a person with a disability. Accessible housing is already in demand and as the population continues to age, that demand is likely to increase.

According to surveys conducted for the 2012 AI conducted in Fort Collins:

- Stakeholders and residents believe there are not enough affordable, accessible housing units in Fort Collins for persons with disabilities.
- One-third of resident survey respondents whose household includes a member with a disability are living in housing units that do not meet their accessibility needs. The most common accessibility improvements desired include grab bars, ramps, wider doorways, and single-level residences.

Improving housing options for special needs populations (the elderly, persons with disabilities, at-risk/endangered teens and young adults, victims of domestic violence, persons with mental illness and/or substance abuse issues, and persons with HIV/AIDS and their families) has also been identified as a top-level housing need in Fort Collins. Population sizes and needs for those special needs groups are discussed in subsequent sections of this report.

## Resources

This section profiles the primary Fort Collins resources related to serving the City's housing needs. Those resources include City plans, government programs, and non-profit organizations.

**City plans.** Fort Collins' Comprehensive Plan, titled "*City Plan*," contains overarching policy statements that promote balanced and integrated living patterns. Topics addressed include the goal of a mix of housing types in all City sectors. Additionally, affordable housing is encouraged to be dispersed throughout the City.

The City also has an Affordable Housing Strategic Plan, which establishes priorities and strategies for the City's affordable housing programs and informs the Consolidated Plan and Annual Action Plans required by HUD. The most recent plan (2010) identifies four ordered priorities to address affordable housing needs:

- Increase the inventory of affordable rental units (with units for those below 30% AMI as the highest priority);
- Preserve existing affordable housing units;
- Increase housing and facilities for people with special needs; and
- Provide financial assistance for first-time homebuyers.

The City's current funding streams that contribute to housing-related goals include Federal Community Development Block Grant (CDBG), Federal Home Investment Partnership (HOME) grants, City General Fund Budget Affordable Housing Fund (AHF) and Private Activity Bonds (PAB).



The Fort Collins 2012 AI evaluated Fort Collins' housing market and regulatory climate to assess both public and private sector conditions that impact fair housing choice. The AI suggested a Fair Housing Action Plan which was included in the City's most recent Annual Action Plan: 1) Improve the housing environment for people with disabilities; 2) Strengthen fair housing information, educational and training opportunities; 3) Support efforts to improve residents' creditworthiness; 4) Continue to pursue infrastructure and public amenity equity; 5) Continue efforts to make community amenities accessible to all residents; and 6) Make improvements to land use code.

In 2013, the City drafted a special report titled "Affordable Housing Redevelopment Displacement Mitigation Strategy," adopted by City Council, which discusses City policies and responsibilities related to the preservation of affordable housing (with an emphasis on mobile home parks) and displacement of low-income people when redevelopment occurs. The report outlines current City policies and presents recommendations and actions to help bolster the preservation of affordable housing in the City and can be found on the City's website.

**City programs.** To address its affordability needs, the City combines federal block grant and local funding with a handful of progressive programs. These include developer incentives, a housing trust fund, and a land banking program.

**The Competitive Process.** The City channels millions of dollars from four funding streams through its semi-annual Competitive Process, the fall cycle of which is almost exclusively focused on housing-related proposals. Housing funding proposals received are overlaid against the Affordable Housing Strategic Plan priorities in assessing priority for potential funding. Types of programs and proposals funded through the Competitive Process, using the City's federal CDBG and HOME monies—as well as the City's Human Services Program and Affordable Housing Fund dollars—includes:

- Homebuyer Assistance program, providing loans to eligible households to cover downpayment and closing costs up to a maximum of 6 percent of the sales price. The assistance is in the form of a loan which is paid back when the house is either sold, transferred out of the buyer's name, rented, or if buyer seeks another second lien (like a home equity loan) on the property.
- Housing rehabilitation and accessibility improvements for nonprofit housing providers.
- Land acquisition for affordable housing development.
- Housing preservation through acquisition.
- Tenant based rental assistance provided through the local housing authority for persons with addiction and mental illness coming out of homelessness. (Fort Collins Housing Authority and its programs are discussed in more detail later in this section).
- Emergency rent assistance and first month's rent assistance programs; funds for emergency shelter operations for both the general population and domestic violence survivors; funds to support case management and emergency assistance (including housing, utilities, medication and other life needs) for agencies working with those who have a disability or HIV/AIDS; and funds to assist programs which keep seniors living independently.

- Funds for activities—such as childcare scholarships—that stabilize and assist households, and indirectly contribute to job and housing stability.
- Comprehensive self-sufficiency programs for single parents, which address a housing stability component as part of the case management assistance.

**Development incentives.** The City has established a number of development incentives to help ease the financial and regulatory burden for developers constructing qualified affordable housing projects.<sup>5</sup> Those incentives include impact fee delay, development review fee waivers, administrative construction fee waivers, priority processing and density bonuses. Although the incentives were developed to help foster affordable housing development, the City has acknowledged that the incentives are not sufficient in and of themselves and should be evaluated for effectiveness and compared to best practices of other communities.

The City does not have an inclusionary zoning ordinance. The City considered adopting an ordinance, but was dissuaded by Colorado’s prohibition from including rental units as part of inclusionary zoning.

**Housing trust fund.** The City has a housing trust program (the “Affordable Housing Fund”) that is funded through General Fund contributions. The City’s budgeted dollars are the trust’s sole source of revenue. An ongoing, permanent source of revenue has not been identified. Currently, because of budget cuts, the annual contributions have dropped from \$875,000 to \$285,000. The trust fund dollars are used to supplement federal grants awarded (CDBG and HOME) for housing programs and projects. The City dollars carry fewer regulatory restrictions, and there is more flexibility for the types of activities that can be funded.

**Land banking.** Fort Collins established its land banking program with a general fund contribution of \$1 million. The City’s program is specifically designed to acquire property for development of affordable housing units, basically a hedge against rising land costs. Under the program, the City acquires property and holds it long-term (a minimum of 5 years, but more often 7-10 years). After a holding period ends on a specific property, the next step is for the City to issue an RFP for affordable housing project development on the site. However, the City is not permitted to use the land bank as an investment vehicle (e.g., to generate monies to fund affordable housing development).

**Faces and Places of Affordable Housing campaign.** One of the most successful examples of a campaign to educate the public about affordable housing originated in Fort Collins. In 2002, the City, in partnership with a leading developer of affordable and market rate housing, conceived the Faces and Places of Affordable Housing poster campaign.<sup>6</sup> The award-winning campaign’s purpose was to change residents’ attitudes about the types of people who live in affordable housing and their impression of what affordable housing “projects” look like.

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<sup>5</sup> Qualified means that 10 percent of the projects units must be affordable to households earning 80 percent or less of AMI.

<sup>6</sup> <http://www.fcgov.com/socialsustainability/faces-places-posters.php?key=affordablehousing/faces-places-posters.php>.

The original posters were designed to communicate the faces of residents who live in affordable housing, their hourly wage and the gap between their earnings and the average rent in the community. The 2004 versions of the Faces of Affordable Housing campaign featured actual community residents with the message, “Can I be your neighbor?” and facts supporting the economic benefits of having fire and health care professionals, administrative clerks and teachers living in the community.

The second component of the campaign sought to change residents’ preconceived notions of what affordable housing looks like. It is not uncommon for residents to perceive modern affordable housing developments to have the look and feel of the “projects” developed in the 1960s and 1970s. This campaign has been adapted and implemented in 18 states.

**Fort Collins Housing Authority.** Fort Collins Housing Authority (FCHA) administers the City’s public housing and Section 8 housing choice vouchers. The FCHA also offers resident services designed to promote self-sufficiency and homeownership.

**Public housing units.** The FCHA operates 154 scattered site public housing units ranging in size from one to four bedrooms. The wait list for public housing units is approximately 1,500 and is currently open. FCHA is currently applying to HUD for the disposition of 88 single-family units, which have become too costly to maintain. FCHA intends to reinvest the proceeds to maximize impact and increase economies of scale for both new and existing affordable housing.

The FCHA is currently partnering on a mixed-income community development (Redtail) that will provide 40 units for formerly homeless individuals and 20 units for low income (less than 50% AMI) households. The development is also designed to include on-site supportive services.

**Section 8 Housing Choice Vouchers.** FCHA administers approximately 1,100 Housing Choice vouchers, including 115 Veterans Affordable Supportive Housing (VASH) vouchers. The voucher wait list is currently closed. FCHA recently briefly opened the list when it received 100 new vouchers for people with disabilities and 50 family unification vouchers.

A portion of FCHA’s vouchers are project-based vouchers, for use at specific units owned by nonprofit landlords including CARE Housing, Neighbor to Neighbor, Villages, Ltd. and the owner of the Northern Hotel. For its project-based voucher program, FCHA gives preferences to people working with Project Self-Sufficiency and victims of domestic violence working with Crossroads Safehouse.

According to a geographic analysis conducted for the AI, vouchers are well distributed in most areas of the City and are not heavily concentrated in areas with ethnic or low income concentrations. However, the tight rental market and relatively low fair market rent (FMR) limit—the maximum amount that HUD will reimburse a renter receiving a subsidy—can make it difficult for voucher holders to find units in today’s tight rental market.

**Other affordable housing providers and advocacy organizations.** A number of nonprofit organizations provide additional housing resources for Fort Collins residents. According to the City’s Consolidated Plan, there are 1,207 LIHTC rent-assisted units in Fort Collins (80 of which are accessible) and 1,200 other affordable housing units for a total of 2,407 affordable units in the City. (It should be noted that landlords accepting housing choice vouchers

may be included in that total; it is not additive to the voucher and PHA unit count). Some of the primary affordable housing organizations are discussed below, however, the following list should not be considered exhaustive.

**CARE Housing.** CARE Housing develops and manages affordable housing communities in both Fort Collins (six communities) and Windsor (one community). In Fort Collins, CARE operates a total of 286 units designed for working families earning between 30 and 60 percent of AMI.<sup>7</sup> The waitlist for Care Housing communities is approximately 300 families.

**Villages Affordable Housing.** The Villages, Ltd is an affordable housing nonprofit that owns approximately 356 affordable units (all are Section 8 project based units) in eight locations scattered throughout Fort Collins.<sup>8</sup> Villages was created to extend the capabilities of the FCHA and all village communities are managed by the FCHA. Collectively, the Villages communities comprise the largest project-based housing choice voucher program in Fort Collins.<sup>9</sup>

**Neighbor to Neighbor (N2N).** The mission of Neighbor to Neighbor is to “open doors and advance lives by providing housing counseling, supportive services, and multi-family affordable housing.” N2N services include emergency rent assistance, first month’s rent assistance, foreclosure prevention counseling, homebuyer education, housing choice voucher communities and affordable housing communities. Neighbor to Neighbor has 108 multifamily units for moderate to low income renters (earning 0-60% of the AMI) in eight communities in Fort Collins and another 14 units in two communities in Loveland. Altogether, N2N serves 295 people in its communities, most of which are families.

As of November 2013, N2N had 60 households on the wait list for two bedroom units and 22 for three bedroom units. Households generally wait for more than one year before a unit becomes available. Most clients stay in N2N communities for between three and five years and leave because they move from the City, rather than into market rate housing within Fort Collins.

**Habitat for Humanity Fort Collins.** Habitat for Humanity International is a nonprofit Christian housing ministry that builds affordable homes in partnership with families earning less than 60 percent of AMI. Habitat provides a zero percent interest loan with affordable monthly payments to homeowners who also contribute up to 500 hours of “sweat equity” in the building of their home and a down payment. Fort Collins has built approximately 50 homes and has a goal of building 50 more by 2020.<sup>10</sup>

**Financial services.** The following organizations provide a number of financial tools and services related to affordable housing opportunities in Fort Collins.

**Funding Partners for Housing Solutions** is a community Development Financial Institution (CDFI) based in Fort Collins that helps create access to capital in underserved markets and among target populations throughout Colorado. Loan programs offered in Larimer County

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<sup>7</sup> <http://www.carehousing.org/>.

<sup>8</sup> Fort Collins Consolidated Housing and Community Development Plan: FY2010-2014.

<sup>9</sup> <http://fchousing.com/housing-programs/villages-affordable-housing>.

<sup>10</sup> <http://www.fortcollinshabitat.org/>.

include project financing, residential purchase assistance (home loans and down payment assistance), energy efficiency improvement program for nonprofits and a modification assistance program.<sup>11</sup>

**GreenPath Debt Solutions (formerly Consumer Credit Counseling Services of Northern Colorado).**<sup>12</sup> GreenPath is a local non-profit agency specializing in consumer budgeting. It offers residents a number of financial management tools including credit counseling, debt management, financial education, housing counseling, and bankruptcy counseling and education services.<sup>13</sup>

**Foreclosure prevention hotline.** The Colorado Foreclosure Hotline was created in 2006 to provide a central point of contact for homeowners in danger of foreclosure. The hotline serves homeowners facing potential foreclosure by connecting them to HUD-approved counseling resources. In Fort Collins, foreclosures peaked in 2009 but have been declining steadily since that time.

## Housing Gaps

To examine how well Fort Collins’s current housing market meets the needs of its residents—and to determine how likely it is to accommodate demand of future residents and workers—BBC conducted a modeling effort called a “gaps analysis.” The analysis compares the supply of housing at various price points to the number of households who can afford such housing. If there are more housing units than households, the market is “over-supplying” housing at that price range. Conversely, if there are too few units, the market is “under-supplying” housing.

**Gaps for current renters.** Affordability for renters has two components: mismatches in the rental market and ownership opportunities for renters wanting to buy. The gaps analysis conducted for renters in Fort Collins addresses both rental affordability and ownership opportunities.

**Rental market.** Figure I-3 compares the number of renter households in the City in 2012, their income levels, the maximum monthly rent they could afford without being cost-burdened, and the number of units in the market that were affordable to them.<sup>14</sup> The “Rental Gap” column shows the difference between the number of renter households and the number of rental units affordable to them. Negative numbers (in parentheses) indicate a shortage of units at the specific income level. Renters with too few affordable units to serve them are not homeless, but are paying more for rental units than they can afford because of the shortage of units in their price range.

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<sup>11</sup> <http://www.fundingpartners.org/loan-programs/county/Larimer>.

<sup>12</sup> Consumer Credit Counseling Service of Northern Colorado and Southeast Wyoming recently combined operations with GreenPath Debt Solutions.

<sup>13</sup> <http://www.greenpath.com/cccs-of-nc.htm>.

<sup>14</sup> The ACS reports rent amounts as paid by the household (as opposed to the amount received by the landlord). As such, the distribution of rental units in the figure does account for subsidized units.

**Figure I-3.  
Rental Market Gaps**

Income Range	Max Affordable Rent, Including Utilities	Renters		Rental Units		Rental Gap
		Number	Percent	Number	Percent	
Less than \$5,000	\$125	1,528	6%	38	0%	(1,491)
\$5,000 to \$9,999	\$250	2,162	8%	182	1%	(1,980)
\$10,000 to \$14,999	\$375	2,301	8%	345	1%	(1,955)
\$15,000 to \$19,999	\$500	2,685	10%	427	2%	(2,258)
\$20,000 to \$24,999	\$625	2,713	10%	1,559	6%	(1,154)
\$25,000 to \$34,999	\$875	3,814	14%	7,075	25%	3,261
\$35,000 to \$49,999	\$1,250	4,205	15%	10,739	38%	6,533
\$50,000 to \$74,999	\$1,875	4,549	16%	5,856	21%	1,306
\$75,000 or more	\$1,875+	3,705	13%	1,920	7%	(1,785)
<b>Total</b>		<b>27,664</b>	<b>100%</b>	<b>28,140</b>	<b>100%</b>	

AMI Range	Max Affordable Rent, Including Utilities	Renters		Rental Units		Rental Gap
		Number	Percent	Number	Percent	
0-30% of AMI	\$569	10,164	37%	1,847	7%	(8,317)
31-50% of AMI	\$948	5,853	21%	9,856	35%	4,003
51-80% of AMI	\$1,516	5,329	19%	11,154	40%	5,826
81-100% of AMI	\$1,895	2,668	10%	3,551	13%	883
101-120% of AMI	\$2,274	1,043	4%	1,038	4%	(5)
More than 120% of AMI	\$2,275+	2,607	9%	694	2%	(1,913)
<b>Total</b>		<b>27,664</b>	<b>100%</b>	<b>28,140</b>	<b>100%</b>	

Note: HUD 2013 MFI for Fort Collins-Loveland was \$75,800.

Source: 2012 ACS & BBC Research & Consulting.

The gaps analysis in Figure I-3 shows that:

- Almost 3,700 renters earn less than \$10,000 per year but there are only 220 rental units priced at their affordability range (less than \$250/month). This leaves a “gap,” or shortage, of 3,471 units for these extremely low income households.
- Rental unit shortages also exist for renters earning between \$10,000 and \$15,000 per year (2,301 renters v. 345 units), renters earning between \$15,000 and \$20,000 per year (2,685 renters and 427 units) and those earning between \$20,000 and \$25,000 per year (2,713 renters and 1,559 units).
- Altogether, the City has a shortage of rental units priced affordably for renters earning less than \$25,000 per year of 8,838 units. Some of these renters are students (discussed in more detail below).<sup>15</sup> These households are also working residents earning low wages, residents

<sup>15</sup> Data limitations make it difficult to separate out renters who are students and may receive assistance paying rent from parents, student loans and/or other non-income sources. These students affect the rental market in a number of ways but their true economic need for affordable units is unknown.

who are unemployed and residents who are disabled and cannot work—in other words, those residents who are truly living in poverty.<sup>16</sup>

**Rental market gaps by AMI.** The gaps in Figure I-3 are also presented in terms of AMI, which is consistent with many federally funded programs. The private rental market in Fort Collins largely serves renters earning between 31 and 80 percent of AMI—75 percent of rental units are priced within that group’s affordability range. There is a substantial mismatch in supply and demand at the 0 to 30 percent of AMI category: 37 percent of all renters earn less than 30 percent of AMI but only 7 percent of rental units are affordable to them leaving a gap of 8,317 units.

**A note about students.** It is difficult, given data limitations, to easily separate out renters who are students and may receive assistance paying rent from parents, student loans and/or other non-income sources. Recent data from CSU’s Institutional Research office estimate that there are approximately 21,000 full-time undergraduates studying at CSU during the academic year and that approximately 5,200 live in university-provided housing. This leaves about 16,000 students living in private housing, primarily in the City limits. At an average household size of 3.5, as many as 4,600 units could be occupied by current students. These students affect the rental market in a number of ways but their true economic need for affordable units is unknown. The off-campus students may comprise a large part of the rental gap if they report their full-time residence as Fort Collins and have low earned incomes.<sup>17</sup> These individuals may also be past students, no longer in school but unemployed, and still in need of affordable housing.

Therefore, the rental gap shown above is an upper-bound estimate of need. Adjusting for student households could result in a reduced gap of approximately 4,200 non-student households in need of affordable housing.

**Market options for renters wanting to buy.** A similar gaps analysis was conducted to evaluate the market options affordable to renters who may wish to purchase a home in Fort Collins. Again, the model compared renters, renter income levels, the maximum monthly housing payment they could afford, and the proportion of housing units with a value affordable to them.<sup>18</sup> The maximum affordable home prices shown in Figure I-4 assume a 30-year mortgage with a 10 percent down payment and an interest rate of 5.00 percent. The estimates also incorporate property taxes, insurance and utilities (assumed to collectively account for 20% of the monthly payment).

The “Renter Purchase Gap” column in Figure I-4 shows the difference between the proportion of renter households and the proportion of homes affordable to them. Negative numbers (in

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<sup>16</sup> It is important that these renters are not homeless. Those renters who cannot find affordability priced rentals are living in units that cost more than they can afford. These households are “cost burdened.”

<sup>17</sup> The students would not be counted as Fort Collins residents if they report another place of residence—such as their parents’ address—on the Census survey.

<sup>18</sup> Home value was used as a proxy for ownership market options. The median value of homes in Fort Collins (\$248,800) is very similar to the median sale price (\$245,750); however, the distribution of home values may differ from the for-sale market offerings, particularly at the lower end of the value range. As such, the gaps analysis should be interpreted as a lower-bound estimate of affordable for-sale housing need.

parentheses) indicate a shortage of units at the specific income level; positive units indicate an excess of units.

The sale gaps analysis shows the Fort Collins market to be relatively affordable for renters earning more than \$50,000 per year, especially those earning \$75,000 or more. About 30 percent of homes are affordable to renters earning between \$35,000 and \$50,000 and an additional 41 percent of homes are affordable to renters earning between \$50,000 and \$75,000. Overall, 23 percent of all renters can afford the 2012 median home value of \$248,800.

**Figure I-4.  
Renter Purchase Gaps**

Income Range	Renters Who Want to Buy: Max Affordable Home	Percent of Renters	Percent of Housing Stock	Cumulative Percent of Housing Stock	Renter Purchase Gap
Less than \$5,000	\$20,491	6%	2%	2%	-3%
\$5,000 to \$9,999	\$40,982	8%	2%	4%	-6%
\$10,000 to \$14,999	\$61,469	8%	1%	5%	-8%
\$15,000 to \$19,999	\$81,960	10%	0%	5%	-10%
\$20,000 to \$24,999	\$102,451	10%	2%	6%	-8%
\$25,000 to \$34,999	\$143,433	14%	5%	12%	-9%
\$35,000 to \$49,999	\$204,906	15%	18%	30%	3%
\$50,000 to \$74,999	\$307,361	16%	41%	71%	24%
\$75,000 or more	\$307,362+	13%	29%	100%	16%
		100%	100%		

AMI Range	Renters Who Want to Buy: Max Affordable Home	Percent of Renters	Percent of Housing Stock	Cumulative Percent of Housing Stock	Renter Purchase Gap
0-30% of AMI	\$93,193	37%	5%	5%	-31%
31-50% of AMI	\$155,322	21%	9%	15%	-12%
51-80% of AMI	\$248,515	19%	35%	50%	16%
81-100% of AMI	\$310,643	10%	21%	71%	12%
101-120% of AMI	\$372,772	4%	10%	81%	6%
More than 120% of AMI	\$372,773+	9%	19%	100%	10%
		100%	100%		

Note: HUD 2013 MFI for Fort Collins-Loveland was \$75,800.

Source: 2012 ACS & BBC Research & Consulting.

**Current homeowner equity and options.** Between 2000 and 2012, owner purchasing power stayed about the same in the City’s housing market (housing prices increased at about the same rate as owner incomes). Overall, the market is relatively affordable to current homeowners. Even if we assume owners would not use their current equity for the purchase of a new home, the distribution of home values is similar to the income distribution of current owners, except for a small gap for owners earning between \$10,000 and \$25,000 per year (10% of renters compared to 2% of home values). In other words, there appears to be no substantial mismatches between owner affordability and the for sale market. However, a traditional gaps analysis does not provide a complete picture of homeowner needs given the complexities of the recent mortgage crisis, changing interest rates, differences in equity, personal finances and



economic conditions. As such, cost burden may be a better measure for understanding current homeowner needs.

Overall, there are 8,425 homeowners (28% of all owners) in Fort Collins that cannot afford their monthly housing costs. Figure I-5 shows the number and proportion of owners that are cost burdened by mortgage status, age and income. Younger homeowners and those with lower incomes are most likely to be cost-burdened. Over two-thirds of cost-burdened owners earn less than \$50,000 per year.

**Figure I-5.  
Cost-Burdened Owners,  
by Age and Income Level,  
2012**

Note:

Total excludes 78 owner-occupied households for which cost burden could not be calculated.

Source:

2012 ACS and BBC Research & Consulting.

	Total*	Cost-Burdened	
		Number	Percent
<b>All Owner-Occupied Households</b>	30,102	8,425	28%
<b>By Mortgage Status</b>			
With a mortgage	23,804	7,774	33%
Owned free and clear	6,298	651	10%
<b>By Age of Homeowner</b>			
Householder 15 to 24 years	880	684	78%
Householder 25 to 34 years	4,164	938	23%
Householder 35 to 64 years	19,107	5,178	27%
Householder 65 years and over	5,951	1,625	27%
<b>By Income of Household</b>			
Income Less than \$20,000	2,480	1,958	79%
Income \$20,000 to \$49,999	5,979	3,824	64%
Income \$50,000 to \$74,999	5,027	1,526	30%
Income \$75,000 to \$99,999	5,614	787	14%
Income \$100,000 or more	11,002	330	3%

## **SECTION II.**

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Homelessness

## SECTION II.

# Homelessness

This section discusses homelessness in Fort Collins and explores the diverse needs of persons and families experiencing homelessness and the resources available in the community.

### Characteristics of Persons who are Homeless

This section provides HUD's definitions of homelessness and characterizes the homeless population in Fort Collins based on Point-In-Time (PIT) surveys and a Vulnerability Index survey conducted in 2010.

**Definitions.** In 2011, in response to provisions of the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, HUD issued new definitions of homelessness. These definitions are used for eligibility determination for homeless program funding. HUD broadly classifies four categories of homeless: literally homeless; imminent risk of homelessness; homeless under other federal statutes; and fleeing/attempting to flee domestic violence.<sup>1</sup>

**Literally homeless.** HUD defines the literally homeless as an "individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution."<sup>2</sup>

**Imminent risk of homelessness.** Those who are at imminent risk of homelessness are an "individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing."<sup>3</sup>

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<sup>1</sup> [https://www.onecpd.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://www.onecpd.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

**Homeless under other federal statutes.** Under other federal statutes, HUD considers persons to be homeless if they are “unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers.”<sup>4</sup>

**Fleeing or attempting to flee domestic violence.** Any individual or family is considered homeless who:

- “Is fleeing, or is attempting to flee domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing.”<sup>5</sup>

**Characteristics of the homeless in Fort Collins.** Figure II-1 presents the results of a PIT survey of the homeless conducted in Fort Collins 2013. In 2013, about one-third of the homeless counted in the PIT were children and youth (under age 24).

**Figure II-1.  
Observed Homelessness in Fort Collins,  
2013**

Source:  
2013 PIT surveys, Homeward 2020.

	2013	
	Number of People	Percent
Under age 18	49	20 %
18 to 24	28	11 %
24 and older	173	69 %
<b>Total</b>	<b>250</b>	<b>100 %</b>

The 2013 PIT survey measured additional characteristics of persons experiencing homelessness in Fort Collins. Slightly more than one in three persons reported being victims of domestic violence. One in five was determined as severely mentally ill.

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

**Figure II-2.  
Characteristics of Persons Experiencing  
Homelessness, Fort Collins, 2013**

Note:  
Percentages add to greater than 100 percent because an individual may be represented by more than one characteristic.

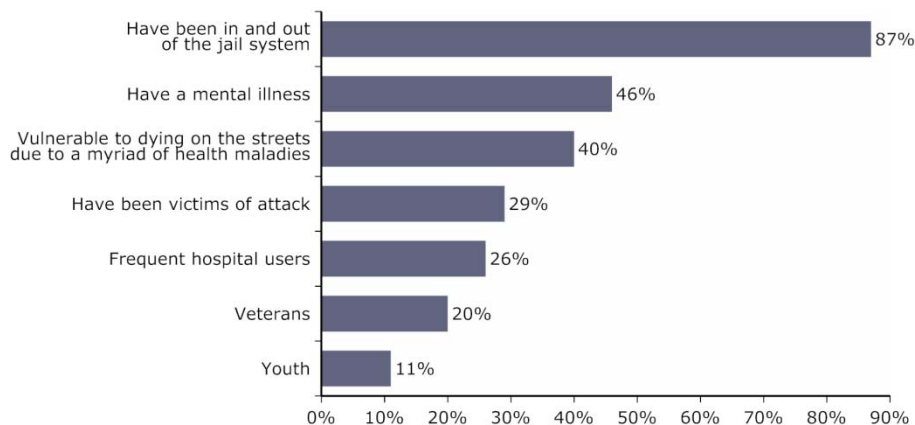
Source:  
2013 PIT survey, Homeward 2020.

	Number of people	Percent of all homeless
Victims of Domestic Violence	88	35 %
Severely Mentally Ill	51	20 %
Chronically Homeless Individuals	47	19 %
Chronic Substance Abuse	40	16 %
Veterans (2 female)	21	8 %
Persons with HIV/AIDS	3	1 %
Chronically Homeless Families	1	0 %

In 2010, Homeward 2020 led a Registry Week in partnership with the 100,000 Homes Campaign. During the Registry Week, staff and volunteers met with and surveyed 229 homeless persons in Fort Collins; these surveys were used for a Vulnerability Index. The 100,000 Homes Vulnerability Index serves to identify and prioritize persons experiencing homelessness based on their health and markers that increase the risk of mortality.

Figure II-3 presents some of the results from the 2010 Fort Collins Registry Week surveys. Note that the questions posed in the Vulnerability Index are different from those in the PIT survey, so the responses are not directly comparable. Based on the Vulnerability Index, the vast majority of homeless individuals had been incarcerated; almost half of the individuals interviewed have a mental illness and two in five are vulnerable to dying on the streets due to health problems.<sup>6</sup> Health problems associated with a heightened risk of mortality as measured by the Vulnerability Index include: “three or more hospitalizations or emergency room visits per year; more than three emergency room visits in the past three months; age 60 or older; cirrhosis of the liver; history of frostbite immersion foot or hypothermia; HIV/AIDS; and tri-morbidity, co-occurring psychiatric, substance abuse and chronic medical condition.”<sup>7</sup>

**Figure II-3.  
Findings from the 2010 Registry Week Vulnerability Index Survey, Fort Collins**



Note: n=229 unduplicated Vulnerability Index surveys with persons experiencing homelessness in Fort Collins.

Source: Homeward 2020, 10 Year Plan to End Homelessness, August 2011.

<sup>6</sup> <http://100khomes.org/sites/default/files/About%20the%20Vulnerability%20Index.pdf>

<sup>7</sup> Ibid.

**Chronic homelessness.** HUD classifies individuals as chronically homeless if they have experienced homelessness for a year or longer, or if they have experienced four or more episodes of homelessness in the past three years, and have a disability. In the 2012 Annual Homeless Assessment Report, HUD estimates that 15.8 percent of the homeless population nationally is chronically homeless.<sup>8</sup> The 2013 Fort Collins PIT estimate of 19 percent is similar to the national estimate.

The National Alliance to End Homelessness reports that the chronically homeless are among the most vulnerable of persons experiencing homelessness. Chronic homelessness is strongly correlated with high rates of severe mental illness, substance abuse disorders and other physical illnesses. The Homeward 2020 10 Year Plan to End Homelessness characterizes the chronically homeless as “the most visible, vulnerable and costly form of homelessness in the community.” The Plan also notes that more than half of the dollars dedicated to homelessness in Fort Collins target the chronically homeless. This relatively small proportion of the total homeless population is also overrepresented in hospitalizations, emergency services, substance detoxification and corrections facilities.

Permanent housing with supportive services is considered a successful and cost-effective intervention for the chronically homeless. Supportive services are critical to addressing the non-housing vulnerabilities of this population, including treatment for substance use disorders, mental illness and other health difficulties.

**Families.** In 2012, persons in families comprised 38 percent of persons experiencing homelessness nationally. Colorado had the second highest rate of *unsheltered* homeless families (62% of all homeless families)<sup>9</sup>. In the 2013 Fort Collins PIT, 36 percent of persons experiencing homelessness were in family households, similar to the national share. Unlike the finding for Colorado that 62 percent of homeless families are unsheltered, in Fort Collins, only 6 percent of homeless family households included in the PIT survey were unsheltered.

In contrast to the relatively low numbers of homeless families identified in City PIT counts, the Poudre School District estimated that more than 1,000 students in the 2010-2011 school year were homeless, and this number has been growing annually.<sup>10</sup> Part of the difference between the number of homeless families in the PIT and that reported by the school district can be attributed to a difference in how each population is defined—the PIT has a very strict definition.

The National Coalition for the Homeless reports that poverty and the lack of affordable housing are the primary causes of family homelessness. Unlike the chronically homeless, family homelessness tends to be shorter term—ending a single episode of homelessness within three to six months.<sup>11</sup> Typically, families become homeless after a period of housing instability characterized by eviction or moving from a housing unit due to inability to pay, doubling up with

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<sup>8</sup> Volume 1 of the 2012 Annual Homeless Assessment Report to Congress, HUD, Office of Community Planning and Development.

<sup>9</sup> Ibid.

<sup>10</sup> See Section V. Education for more detail on homeless children in the Poudre School District.

<sup>11</sup> <http://www.nationalhomeless.org/factsheets/families.html>

other households, couch surfing, and finally living in cars or motels before entering a shelter system. Many are fleeing domestic violence. Most homeless families are single mothers, under age 30, with two young children.<sup>12</sup> Families experiencing shorter term, single episode homelessness comprise about 70 percent of homeless families.<sup>13</sup>

Most families who experience homelessness are very similar to other families in poverty who remain housed. Both groups have limited education and employment opportunities and both are more likely than other populations to have experienced physical or sexual violence, mental illness and post-traumatic stress disorder (PTSD). Given these similarities, researchers have examined the factors that may tip one family into homelessness while another remains housed. Several key differences among homeless families differentiate them from others in poverty:

- Weak or “thin” social networks of family or friends—sometimes the difference between becoming homeless or not is being able to borrow money to make rent. Social supports in the form of informal child care, sharing transportation or other tangible resources and the companionship of friends and family helps those living in poverty weave together the tapestry of formal and informal resources that keep them housed. Those without these supports can tip into homelessness. One study found that 27 percent of parents in homeless families were formerly in the foster care system, suggesting even weaker or nonexistent family ties.<sup>14</sup>
- Homeless families also have lower participation rates in TANF, one of the primary programs designed to assist families in poverty.<sup>15</sup>

Rapid re-housing has been demonstrated as one of the most successful strategies to remove families from homelessness and help them remain permanently housed. Many need no additional assistance after the initial supports for re-housing.<sup>16</sup> Families successfully assisted by rapid re-housing are very similar to those placed in transitional housing; research suggests that more families could be assisted by shifting funds away from transitional housing programs for families and into rapid re-housing.<sup>17</sup>

A low proportion of homeless families—approximately 5 to 16 percent—have repeated instances of episodic homelessness<sup>18</sup>. Strategies to help these families are usually more intensive due to the high likelihood of severe mental illness or substance use disorder by the parent(s). For these families, children are often removed from the household so that the parent(s) can receive the intensive treatment needed to provide a stable and healthy home. Strategies to help

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<sup>12</sup> Ending Family Homelessness: National Trends and Local System Responses, October 2012.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> <http://www.endhomelessness.org/pages/families>.

<sup>17</sup> Ending Family Homelessness: National Trends and Local System Responses, October 2012.

<sup>18</sup> Ibid.

these families often involve intensive housing and service supports in the form of permanent supportive housing.<sup>19</sup>

**Unaccompanied youth.** Nationally, each year, about 1.6 million youth (age 24 and younger) join other runaways and homeless youth on the streets. In Fort Collins, three in ten homeless persons are age 24 or younger. Unlike youth and children who are homeless with a family, unaccompanied youth are on their own. These unaccompanied youth typically fall into one of three classes:

- “Runaway-homeless youths, who stayed away at least one night without parents’ or guardians’ permission;
- So-called ‘throw-away’ youths who left home because parents encouraged them to leave or locked them out of the home; and
- Independent youths who feel they have no home to return to due to irreconcilable familial conflicts or have lost contact with their families.”<sup>20</sup> Homeless independent youths may include those who age out of the foster care system.

Unaccompanied youth runaways tend to be female and Caucasian. Native American and African American youth are also overrepresented compared to their population proportion in all three classes of unaccompanied homeless youth, as are lesbian and gay youth. Between 20 and 40 percent of unaccompanied homeless youth consider themselves to be lesbian, gay, bisexual or transgendered (LGBT).<sup>21</sup>

Violence in the home (including emotional/mental, physical and sexual) is one of the primary factors contributing to runaway youth. Another predictor of youth homelessness is behavioral problems, mental illness such as depression and substance use disorders prior to the episode of homelessness. Unaccompanied homeless youth tend to have weaker social networks and supports than those of homeless families, further compounding their isolation and vulnerabilities.<sup>22</sup> A large share become homeless after aging out of the foster care system. Providers estimate that about 60 youth between the ages of 16 and 21 are currently in the foster care system in Larimer County.

Once on the streets, unaccompanied youth are much more vulnerable to physical and sexual violence as well as engaging in survival sex for food, shelter or money. Among unaccompanied homeless youth, LGBT youth experience physical and sexual violence at a higher rate than their non-LGBT peers—59 percent compared to 33 percent overall.<sup>23</sup>

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<sup>19</sup> Ibid.

<sup>20</sup> Homeless Children and Youth: Causes and Consequences, National Center for Children in Poverty, 2009.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.



Placing unaccompanied homeless youth into youth-focused stable housing with supportive services geared toward restoring physical and mental health, life skills training and job training is seen as an effective practice for stopping homeless episodes in this population.

**Veterans.** The 2012 American Community Survey (ACS) estimates that there are 8,378 veterans living in Fort Collins. In 2012, veterans comprised about 10 percent of the nation's homeless population in the PIT count.<sup>24</sup> This is down from 16 percent in 2009, the year the Veterans Administration announced a 5 Year Plan to End Veteran Homelessness.

Veterans represented 8 percent of the homeless population in the 2013 Fort Collins PIT count, slightly lower than the national proportion. The National Alliance to End Homelessness estimated that the number of homeless veterans in Colorado decreased by 27 percent from 2011 to 2012.<sup>25</sup>

In 2012, the Department of Veterans Affairs released the first comprehensive longitudinal study of homelessness among veterans, with a focus on veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and separated from the military between July 2005 and September 2006. The study tracked these veterans for a period of five years and compared them to demographically similar veterans who separated from the military in the same period.<sup>26</sup> The findings are striking for all veterans, as well as those who served in OEF/OIF.

Based on the 2012 number of persons experiencing homelessness nationally and the U.S. population, about 0.002 percent of Americans are homeless. Among veterans, 3.7 percent of those who served in OEF/OIF have an initial episode of homelessness within five years of leaving the military<sup>27</sup>. The percentage of non-OEF/OIF veterans experiencing an initial episode of homelessness within five years of military separation is 3.2 percent and 4.0 percent for female veterans.<sup>28</sup> The median timing of the first homelessness episode is three years after discharge.

Veterans who experience homelessness after separating from the military are more likely than veterans who do not experience homelessness to have been<sup>29</sup>:

- Under the age of 35 at the time of discharge (79 to 84% of homeless veterans);
- Enlisted and in the lower pay grades (E1-E4) (70 to 78% of homeless veterans);
- Diagnosed with mental disorders, including substance abuse (50% or more of homeless veterans), and most received this diagnosis prior to discharge;

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<sup>24</sup> Volume 1 of the 2012 Annual Homeless Assessment Report to Congress, HUD, Office of Community Planning and Development.

<sup>25</sup> The State of Homelessness in America, National Alliance to End Homelessness, Homelessness Research Institute, 2013.

<sup>26</sup> Homeless Incidence and Risk Factors for Becoming Homeless in Veterans, Department of Veterans Affairs, Office of the Inspector General, May 2012.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

- Diagnosed with traumatic brain injury (TBI) at a rate two to three times higher than non-homeless veterans; and
- Treated for military sexual trauma, particularly female homeless veterans.

The 2012 ACS estimates that there are 969 male veterans and 88 female veterans under the age of 35 in Fort Collins. If the estimate that 3.7 percent of veterans become homeless within five years of separating from the service, applying this rate to the veterans under age 35 suggests that approximately 40 veterans are or will become homeless in Fort Collins.

The study authors recommended that the VA focus its homelessness prevention efforts on those recently separated veterans with the risk factors noted above. Other studies suggest that rapid re-housing is an effective strategy for most homeless veterans, however those with the most severe difficulties (e.g., physical and mental health disabilities, including substance use disorders) are best served by permanent housing with supportive services provided by experts in veteran care.<sup>30</sup>

## Resources

The Fort Collins Housing Authority and other area organizations provide public housing units, project based Section 8 units and administer housing vouchers. These affordable housing opportunities were described in Section I. This section describes the resources available to homeless individuals and families in Fort Collins.

**Coordination and day services.** The Sister Mary Alice Murphy Center for Hope (Murphy Center) serves as a single point of access for persons who are experiencing homelessness or are nearly homeless to connect to community resources. Resource specialists meet with people seeking assistance and connect them with needed services. Services include employment assistance, housing assistance, financial counseling, transportation assistance, job training and education opportunities, and mental health and substance abuse counseling. In addition, the Murphy Center provides showers, lockers, phone and computer access and laundry facilities. Demand for showers and laundry is so high that a lottery is conducted each morning for each.

A total of 23 different agencies and organizations are accessible to clients of the Murphy Center during the week. Examples of some of the organizations that participate in service provision or resource referrals at the Murphy Center include: Salud-Health Care performs health checks; Touchstone Health Partners offers therapy groups, medication assistance, and referrals to the housing authority; Neighbor2Neighbor provides housing search assistance as well as housing counseling and emergency assistance; the Homelessness Prevention Initiative screens applicants for emergency rental assistance; Hand-Up Cooperative helps with employment training and searches; Navigators—a volunteer program—helps individuals and families access state benefits; and Homeless Gear distributes clothing, equipment and non-perishable food items.

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<sup>30</sup> <http://www.endhomelessness.org/pages/veterans>.

**Homelessness prevention.** One of the key homelessness prevention strategies is providing one-time rental assistance to households at risk of losing their housing. Assistance with paying utility bills is also important.

**Homelessness Prevention Initiative.** The Homelessness Prevention Initiative (HPI) works to prevent families in its service area— the Poudre School District—from becoming homeless. Their primary prevention activities include providing rental assistance and financial literacy classes. In the 2011-2012 program year, HPI prevented 855 families from becoming homeless by distributing more than \$240,000 in rental assistance dollars. HPI also refers families to other agencies for additional assistance. HPI offers rental assistance intake at the Sister Mary Alice Murphy Center for Hope on Tuesdays and at five churches across the City.<sup>31</sup> Residents can also call 211 to be directed to intake screening by phone. HPI's support to qualified families is on a first-come first-serve basis as funding allows.

**Neighbor to Neighbor rent assistance.** Neighbor to Neighbor (N2N) provides up to \$350 in rental assistance to qualified households. Households can receive assistance one time per year, up to three times in their lifetime. Between January and October 2013, 102 Fort Collins families have been assisted with emergency rent assistance.

N2N also offers qualified homeless and near homeless the opportunity to apply for as much as \$500 towards first month's rent. This is a one-time assistance. Between January and October 2013, 80 households were assisted with first month's rent.

N2N housing counselors are available on Mondays and Wednesdays at the Sister Mary Alice Murphy Center for Hope from the hours of 8:30am-12:00pm and 12:30pm-3:30pm and on Tuesdays and Thursdays from 12:30pm-3:30pm.

**Salvation Army of Fort Collins rent and utilities assistance.** Residents with eviction or shutoff notices can contact the Salvation Army of Fort Collins for assistance. Funds are allocated on a first come first serve basis.

**Catholic Charities utilities assistance.** Qualified Larimer County residents can receive emergency assistance with utility shutoff notices from Catholic Charities. Appointments can be scheduled by phone Monday through Friday from 8:30am-10:00am. In the most recent fiscal year, Catholic Charities Northern provided 839 families with utilities assistance.

**Disabled Resource Services financial assistance for emergency needs.** As funding allows, Disabled Resource Services (DRS) can provide limited financial assistance to low income residents with disability conditions for emergency needs, such as eviction or utility shutoff prevention, prescriptions and transportation. In the 2011-2012 program year, DRS provided housing assistance services to 925 people.

**Rapid re-housing.** Through the development of affordable housing and offering limited financial assistance (e.g., deposit, first month's rent), the purpose of rapid re-housing is to house homeless individuals and families as quickly as possible and then address other factors or

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<sup>31</sup> <http://homelessnessprevention.net/contact-us>.

conditions that contributed to their episode of homelessness. The City's efforts to develop and support affordable housing were detailed in Section I. Strategies for increasing affordable housing in the City should include rapid re-housing, as this tool best serves the needs of particular vulnerable populations.

**Permanent supportive housing.** The Fort Collins Housing Authority is developing the City's first permanent supportive housing—Redtail Ponds. This development will have 40 units for formerly homeless individuals and 20 units for individuals earning 30 to 50 percent of the Area Median Income. Redtail Ponds will offer a variety of supportive services, including case management, counseling and life skills training. Construction is anticipated to commence in early 2014.

**Emergency shelter and transitional housing.** Figure II-4 summarizes the emergency shelter beds and selected transitional housing programs in Fort Collins. As shown, the Fort Collins Rescue Mission has the greatest number of unrestricted beds for men and women (75 total). Overall, Crossroads Safehouse has the greatest number of emergency shelter beds, but these are reserved for men, women and children fleeing from domestic violence. At any point in time, there is capacity to shelter eight families in emergency housing (excluding those served by Crossroads Safehouse). Catholic Charities operates a transitional housing program for up to 16 male veterans. Through the Fort Collins Housing Authority, Crossroads Safehouse operates 25 transitional housing units and an additional six housing units onsite for those who cannot safely live in the community.

The Corbett House provides the only transitional housing with supportive services for youth age 17 to 20. Since it's opening, the Corbett House has been full. The average length of stay is six months. Youth are referred to the program by the Colorado Department of Human Services and the Colorado Department of Youth Corrections.

It is important to note that these shelters are all night shelters; the City does not have a day shelter where individuals and families may stay during daylight hours (the Murphy Center is a resource, not a day, shelter). Although there is no dedicated day shelter, the City does have a cooperative partnership between the Murphy Center and Catholic Charities to provide day center services. Day shelter services are available in the mornings at the Murphy Center and in the afternoons at Catholic Charities. In addition to these services, Faith Family Hospitality has a day center three days per week for their families and families on their wait list.

**Figure II-4.  
Emergency Shelter Beds and Transitional Housing Programs**

Shelter Beds	Men	Women	Family	Youth
Catholic Charities Mission Shelter	18 beds	6 beds	4 rooms	
Catholic Charities Emergency Overflow	24 beds	6 beds	4 beds	
Fort Collins Rescue Mission	59 beds	10 beds		
Faith Family Hospitality			4 families	
Crossroads Safehouse Emergency Shelter			107 beds	
<b>Transitional housing with supportive services</b>				
Catholic Charities Veteran's Program	12 beds			
Fort Collins Rescue Mission New Life Program	14 beds			
Crossroads Safehouse Housing Opportunities and Mentoring Enrichment (HOME)			25 housing units w/ FCHA	
Crossroads Safehouse Housing Opportunities and Mentoring Enrichment (HOME)			6 housing units onsite	
Corbett House				8 beds

Source: BBC Research & Consulting from provider websites and interviews.

**Gaps.** The gaps in housing for residents who have experienced homelessness are summarized in the following graphic.

The factors underlying homelessness are complicated and many, and addressing homelessness requires a comprehensive approach for both housing and services. As the graphic demonstrates, Fort Collins has many resources in place to prevent and address homelessness—yet gaps remain in some areas. The primary gaps in providing a more sustainable network for persons who are homeless include:

- Expanding shelter options for families and youth including a day shelter;
- Permanent supportive housing to keep residents from falling back into homelessness;
- Transitional housing, especially in periods when subsidized housing supply is oversubscribed<sup>32</sup>;
- A shelter for youth who are homeless; and
- Expanded onsite and mobile resources, particularly rapid access to mental health care for persons who are homeless.

<sup>32</sup> Note that transitional housing is the best option for very specific populations (e.g., youth exiting from foster care, survivors of intimate partner violence).

## **SECTION III.**

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### **Persons Living in Poverty**

## SECTION III.

# Persons Living in Poverty

This section addresses poverty in Fort Collins. It begins with trends in poverty and then discusses some of the underlying causes of poverty. The section also profiles resources in the City that are dedicated to mitigating poverty and building self sufficiency of those who are poor.

### Poverty Levels and Trends

Poverty is defined at the federal level and, except for Alaska and Hawaii, does not vary based on state or municipality. For 2013, the poverty level by family size was:

- \$11,490 for a single person,
- \$15,510 for a two-person household,
- \$19,530 for a three-person household, and
- \$23,550 for a four-person household,
- Which equates to \$4,020 for each additional household member.

The Census' ACS estimates that in 2012, 8.9 percent of Fort Collins families and 19.3 percent of individuals lived in poverty. This equates to 2,898 families and 27,225 individuals.

The large difference between the family and individual poverty rate in the City is partially due to the student presence. As shown in Figure III-1, Fort Collins residents between the ages of 18 and 24 report a very high poverty rate (57.5% live below the poverty level). If 18-24 year olds are factored out of the number of persons living in poverty, the overall rate drops to 10.3 percent.

**Figure III-1.**  
**Poverty by Age, 2012**

Source:  
American Community Survey, 2012.

	Total	In Poverty	Poverty Rate
<b>Families</b>	<b>32,542</b>	<b>2,898</b>	<b>8.9%</b>
<b>Individuals</b>	<b>141,227</b>	<b>27,225</b>	<b>19.3%</b>
Under 5 years	8,912	1,243	13.9%
5 years	1,958	59	3.0%
6 to 11 years	9,581	1,217	12.7%
12 to 14 years	3,732	608	16.3%
15 years	1,278	115	9.0%
16 and 17 years	2,775	697	25.1%
<b>Child poverty rate</b>			<b>14.0%</b>
18 to 24 years	26,837	15,437	57.5%
25 to 34 years	25,258	3,751	14.9%
35 to 44 years	16,308	997	6.1%
45 to 54 years	18,433	1,591	8.6%
55 to 64 years	14,093	1,105	7.8%
65 to 74 years	6,979	145	2.1%
75 years and over	5,083	260	5.1%
<b>Totals</b>	<b>114,390</b>	<b>11,788</b>	<b>10.3%</b>

**Recent trends.** In 2010, nearly 25,000 Fort Collins residents were living in poverty—about 18.2 percent of all residents. The 2012 ACS data indicate that the number of residents living in poverty has increased slightly, to 27,225, or 19.3 percent of residents. The 2000 Census counted 15,835 individuals living in poverty in the City in 1999, for a poverty rate of 14.0 percent.

Family poverty has increased more dramatically than individual poverty on a percentage basis. Between 1999 and 2012, the number of poverty-level families doubled, whereas persons living in poverty grew by 72 percent.

Figure III-2 shows trends in both individual and poverty family rates.

**Figure III-2.  
Poverty Trends, 1999-2012**

	1999	2005	2008	2010	2011	2012	1999-2005 change		1999-2010 change		1999-2012 change	
							No. increase	% increase	No. increase	% increase	No. increase	% increase
Families living in poverty	1,417	2,737	1,794	2,317	2,434	2,898	1,320	93%	900	64%	1,481	105%
Family poverty rate	5%	10%	6%	8%	8%	9%						
Individuals living in poverty	15,835	21,705	21,356	24,988	26,322	27,225	5,870	37%	9,153	58%	11,390	72%
Individual poverty rate	14%	18%	16%	18%	19%	19%						

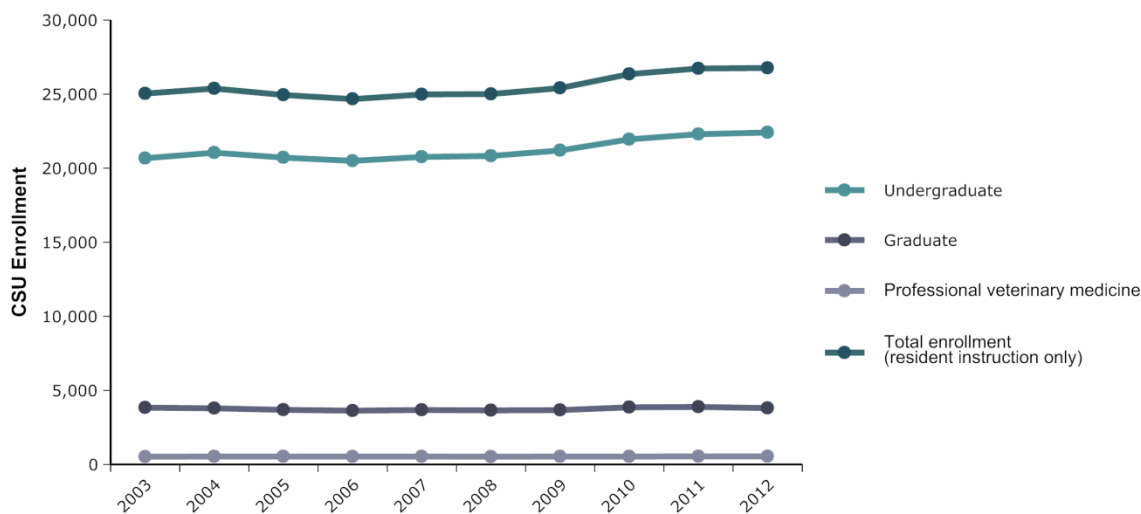
Source: 2000 Census, 2005 ACS, 2008 ACS, 2011 ACS, and 2012 ACS.



**Student effect.** Enrollment at CSU explains some, but not all, of the high individual poverty rate for several reasons. First, students claiming another place of residence than Fort Collins (e.g., their parent’s home) would not be captured in the Census’ poverty numbers. Second, not all students are poor; some earn enough to be above the poverty line. And the recent increase in the number of individuals living in poverty cannot be fully explained by increases in student numbers, as discussed below.

The number of undergraduate students at CSU increased by just 1,734, or 8 percent, between 2003 and 2012. The increase in all resident-instruction students (those taking classes on campus, including graduate students) was only 1,727. Fort Collins residents living in poverty, by comparison, rose by 5,520 between 2005 and 2012. Figure III-3 shows current and historical enrollment at CSU, according to the CSU Fact Book.<sup>1</sup>

**Figure III-3.**  
**CSU Enrollment, Fall 2003 – Fall 2012**



Note: Only includes students who receive instruction in person on campus. Numbers reflect fall enrollment.

Source: CSU Fact Book, [http://www.ir.colostate.edu/pdf/fbk/1213/2012\\_13\\_Fact\\_Book.pdf](http://www.ir.colostate.edu/pdf/fbk/1213/2012_13_Fact_Book.pdf).

**Peer communities.** Figure III-4 compares poverty rates in Fort Collins with peer communities—those in surrounding states with large university presences and not located in a larger urban setting. As the figure demonstrates, Fort Collins’ poverty rate is relatively low for a college community.

<sup>1</sup> [http://www.ir.colostate.edu/pdf/fbk/1213/2012\\_13\\_Fact\\_Book.pdf](http://www.ir.colostate.edu/pdf/fbk/1213/2012_13_Fact_Book.pdf).

**Figure III-4.**  
**Family and Individual Poverty Rate in Peer Communities, 2008-2011 ACS**

	Families			Individuals		
	Total	In Poverty	Poverty Rate	Total	In Poverty	Poverty Rate
<b>Fort Collins, CO</b>	<b>30,962</b>	<b>2,486</b>	<b>8%</b>	<b>137,650</b>	<b>25,632</b>	<b>19%</b>
Boulder, CO	17,711	1,466	8%	89,740	20,413	23%
Laramie, WY	5,772	585	10%	28,625	7,554	26%
Logan, UT	10,263	2,194	21%	44,519	13,816	31%
Las Cruces, NM	23,072	3,808	17%	94,708	21,461	23%

Source: American Community Survey, 2008-2011 3-year estimates.

**Poverty and race/ethnicity.** Figure III-5 shows poverty by resident race and ethnicity. Rates are highest for African Americans, persons reporting Some Other Race (often Hispanics who do not consider their race as White) and residents of Hispanic descent. The poverty rates of these groups far exceed those of residents in the City overall.

**Figure III-5.**  
**Poverty by Race/Ethnicity,**  
**City of Fort Collins, 2006-**  
**2010**

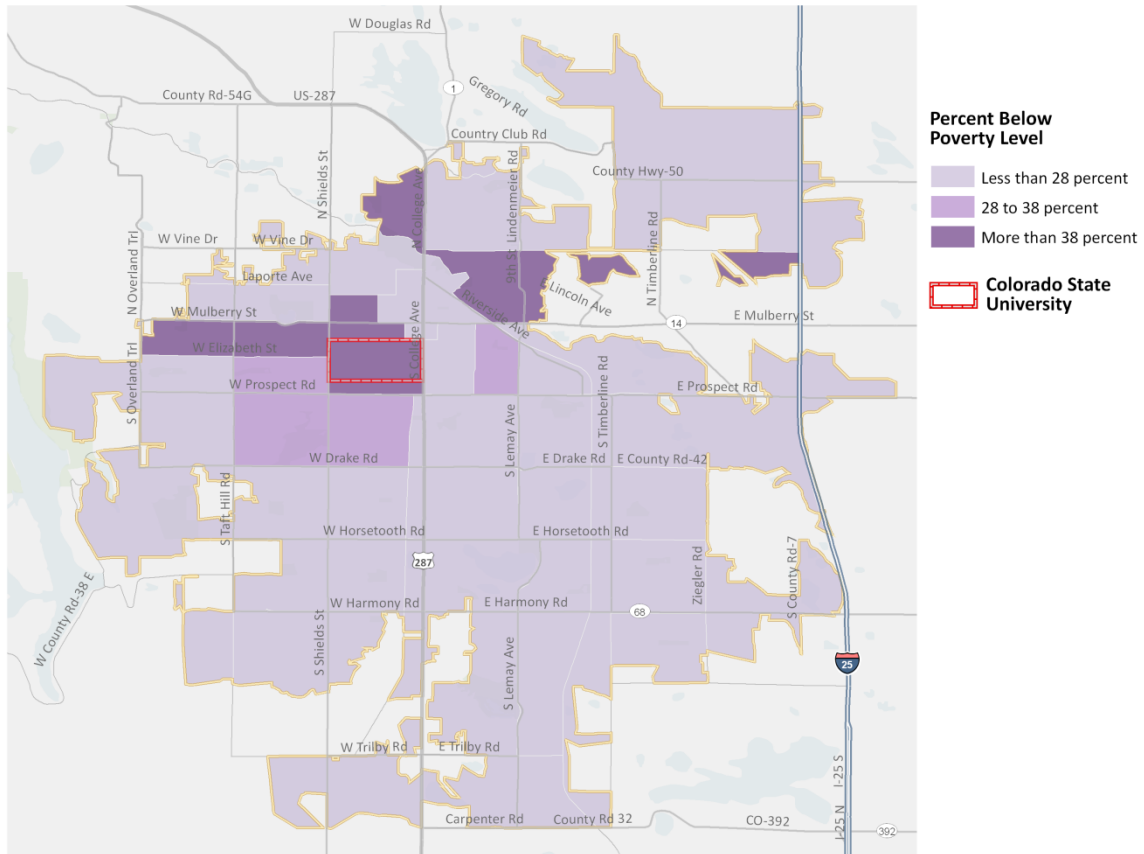
Source:  
 American Community Survey 2006-2010  
 5-year estimate.

	Total	Below Poverty	Percent Below Poverty
<b>Total Population</b>	<b>133,374</b>	<b>23,960</b>	<b>18%</b>
<b>Race</b>			
American Indian and Alaska Native	938	120	13%
Asian	3,948	823	21%
Black or African American	1,379	526	38%
White	119,266	20,313	17%
Some other race	3,474	1,185	34%
Two or more races	4,282	937	22%
<b>Ethnicity</b>			
Hispanic or Latino origin	13,109	3,546	27%
White alone, not Hispanic or Latino	111,425	18,495	17%

**Geographic concentration.** Figure III-6 shows concentrations of poverty in Fort Collins using 2006-2010 ACS data. Residents in poverty are mostly located in the northern part of the City. This is true of both individual and family poverty.<sup>2</sup>

<sup>2</sup> The At-Risk Youth and Education section uses maps by family poverty to examine correlations between poverty and educational achievement, as well as location of ECE and before and after school programs.

**Figure III-6.**  
**Percent of Persons Living in Poverty, by Census Tract, City of Fort Collins, 2006-2010**



Note: According to the 2006-2010 ACS, 18% of Fort Collins residents are living in poverty.  
 Source: American Community Survey 2006-2010 5-year estimate.

**Household structure and poverty.** In Fort Collins, as in most cities, the family type with the highest poverty rate is single female headed households with children. In Fort Collins, 36 percent of single mothers live in poverty, or 1,074 families. Single fathers, with a poverty rate of 28 percent, also have poverty rates much higher than the rate for all families with children (15%).

Figure III-7 shows the poverty rate by family type in Fort Collins.

**Figure III-7.  
Poverty by Household Type**

	Total	In Poverty	Poverty Rate
<b>Families</b>	<b>32,542</b>	<b>2,898</b>	<b>9%</b>
Married-couple family	26,425	1,316	5%
with children	11,944	1,000	8%
Male householder, no wife present	1,522	281	18%
with children	1,002	281	28%
Female householder, no husband present	4,595	1,301	28%
with children	2,982	1,074	36%
<b>Among all families with children living in poverty...</b>			
Percent that are married couples		42%	
Percent that are single fathers		12%	
Percent that are single mothers		46%	

Source: American Community Survey, 2012.

**Disability and likelihood of being in poverty.** Curiously, in Fort Collins, persons with a disability have lower poverty rates than those without a disability. Overall, the individual poverty rate in Fort Collins is 19 percent. Persons with one or more disabilities—a total of 9,940 in Fort Collins in 2012—have a poverty rate of 15 percent. This equates to 1,450 persons with disabilities in the City who are living below the poverty level. It is important to note that the poverty level for those disabled persons who have never worked is extremely low and that these vulnerable residents have very little opportunity to ever reach self-sufficiency.

There are two reasons for this phenomenon. First, as discussed above, residents between the ages of 18 and 24 comprise 57 percent of all persons in poverty. Few of these residents are disabled. The prevalence of disability increases with age, so the City’s seniors, who have a very low poverty rate, are the largest share of persons with disabilities.

**Employment and poverty.** Although persons in poverty are less likely to be educated and employed than those residents not living in poverty, many residents in Fort Collins could be classified as the “working poor.” The majority of persons living in poverty in Fort Collins have attended college. A slight majority (55%) of persons living in poverty work. These statistics, shown in Figure III-8, suggest that some of the solutions for alleviating poverty lie in economic development.

**Figure III-8.**  
**Educational Attainment and Employment Status of Persons in Poverty, 2012**

Poverty Status by Employment Status	Total	In Poverty	Not in Poverty	Percent	
				In Poverty	Not in Poverty
(for whom poverty status is determined)	115,589	23,983	91,606		
In labor force:	85,377	15,897	69,480	66%	76%
Employed	78,993	13,284	65,709	55%	72%
Unemployed	6,384	2,613	3,771	11%	4%
Not in labor force	30,212	8,086	22,126	34%	24%
				100%	100%

Poverty Status by Highest Level of Educational Attainment	Total	In Poverty	Not in Poverty	Percent	
				In Poverty	Not in Poverty
(for whom poverty status is determined)	86,154	7,849	78,305		
Less than high school graduate	3,424	673	2,751	9%	4%
High school graduate (includes equivalent)	11,702	1,402	10,300	18%	13%
Some college, associate's degree	24,822	2,842	21,980	36%	28%
Bachelor's degree or higher	46,206	2,932	43,274	37%	55%
				100%	100%

Source: American Community Survey, 2012.

**Local poverty research.** In a 2008 paper, Dr. Martin Shields of CSU and colleagues examined trends in poverty in Larimer County and Fort Collins.<sup>3</sup> Findings of the research paper are based on data from 1999 through 2006 and, as such, do not reflect the impact of the recent recession. Yet many of the findings remain current according to 2012 data. These include the following.

- Growth in poverty in the past decade was strongest for the City's youngest residents. More recent data (2000 through 2010) show that the number of children under age 5 living in poverty rose by 126 percent. It should be noted that the number of younger seniors living in poverty more than doubled, yet the actual number of seniors who are poor is small relative to children.
- Poverty rates of children in single parent household is very high. 2012 ACS estimates the poverty rate for single-parent female households at 36 percent.
- A high school diploma is an important, but not sure, pathway past poverty. For adults 25+ years of age poverty rates are highest for those with less than a high school degree (20% in 2012)—yet poverty still persists for those with higher educational attainment. In the context of current economic conditions, findings suggest that individuals with a high school education or less are the most vulnerable to falling into poverty.

<sup>3</sup>[http://www.bridgesnoco.org/images/What\\_Explains\\_Recent\\_Increases\\_in\\_Poverty\\_in\\_Larimer\\_County\\_DrMartin\\_Shields\\_Study.pdf](http://www.bridgesnoco.org/images/What_Explains_Recent_Increases_in_Poverty_in_Larimer_County_DrMartin_Shields_Study.pdf).

- Unemployment rates are highest for those without a high school degree. Wages increase with education.
- Households where at least one adult is employed full-time are much less likely to be impoverished.

The study also concluded, based on an analysis of poverty relative to local economic variables that regional economic development, as measured by wage and employment growth, can reduce poverty, but it takes dramatic growth to make large differences. Regions where a higher percentage of individuals have finished high school or college tend to have lower poverty rates. Base line education rates, however, have little effect on changing poverty.

### **What leads to poverty?**

As suggested in Dr. Martin’s findings—and as documented in other research—the causes of poverty are not completely understood. Macroeconomic indicators, such as growth in per capita income, no longer demonstrate a strong statistical relationship with proportion of the population living in poverty.<sup>4</sup> That is, poverty can persist and even increase in spite of growth in a local economy.

It is important to note that there are some residents in every community who are not capable of being gainfully employed and may long-term require public assistance. Persons with debilitating diseases, some persons with disabilities, and persons who are elderly with infirmities often cannot generate household income through employment. Income assistance—in the form of Old Age Pension (OAP), Aid to Needy Disabled (AND), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veterans Affairs (VA) benefits, Medicare or Medicaid, food stamps, and a “preference” for existing public housing and Section 8 vouchers—are the most realistic strategies for maintaining household income and limiting the effects of extreme poverty in these situations.

Historically, the most successful anti-poverty program in the U.S. has been the Social Security program, an income supplement program. Social Security has reduced poverty significantly—as evidenced in the low poverty rates of seniors—by providing regular monthly income to elderly persons.

It is also important to draw a distinction between generational poverty (a child raised in poverty) and situational poverty (poverty related to job losses, significant illness, etc.). Generational poverty is usually defined as poverty lasting two generations or longer. These very different circumstances require different approaches. For situational poverty, the solution is usually found in a temporary safety net (e.g., rent or mortgage assistance, shelter, child care subsidies) and access to programs to help an individual or family regain self sufficiency. Generational poverty, in contrast, is a more difficult situation to change. Families living in generational poverty need a broader and ongoing arrangement of supportive services.

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<sup>4</sup> Hoynes, Hilary, et. al. 2005. “Poverty in America: Trends and Explanation.” National Bureau of Economic Research. Paper No. 11681.

## Resources

Poverty is a complex problem that, as discussed previously, could be related to many different factors, some generational and some situational. As such, addressing poverty requires a diversity of resources. This section profiles the primary resources that are in place in Fort Collins to assist residents living in poverty.

**City Anti-Poverty Plan.** As a recipient of federal housing and community development block grants, Fort Collins is required by HUD to have an anti-poverty plan in place. The City of Fort Collins first adopted a formal anti-poverty strategy as part in 1993. This strategy seeks to integrate and coordinate local housing and support services for households that are below the poverty levels. To accomplish this, City staff participate on many community-wide task forces, and promote programs that provide skills development, education, and job training for low-income persons, as well as integrate public housing residents with programs that focus on self sufficiency.

**Housing and emergency assistance programs.** For most people, the most expensive household cost is their monthly rent or mortgage payment.<sup>5</sup> As such, reducing housing cost burden is one of the most effective tools to mitigating the impact of poverty. For example, a household receiving assistance with housing costs may better be able to afford the cost of child care, which is necessary for work or job training. Housing supports can also determine if residents living in poverty have shelter or fall into homelessness.

Section I discusses housing gaps in Fort Collins and lists the largest providers of housing assistance in Fort Collins. These housing providers—particularly those that serve clients at the lowest income levels—are a very important part of improving the self sufficiency of those living in poverty, as well as preventing homelessness.

**The Murphy Center,** described in more detail in the Homelessness report section, provides services to persons living in poverty, both those housed and experiencing homelessness. The Navigators program assists guests of the Murphy Center in applying for state and federal benefits such as food stamps and Temporary Aid to Needy Families. The Murphy Center also offers an emergency assistance program that helps residents pay utilities, prescriptions and transportation. The Homelessness Prevention Initiative provides rent assistance to community members facing the loss of housing due to an unforeseen emergency.

**Employment and job training services.** The Aspen Institute recently released several research reports that focus on addressing the needs of the unemployed and raising self sufficiency of low income households, particularly in the wake of the current recession. The Institute’s research has found that collaboration across multiple institutions is imperative to build the academic, supportive-service and employment needs of low income workers. The Institute recommends the following strategies:

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<sup>5</sup> This is not always true of seniors. Those without a mortgage payment or who are living rent-free (e.g., with family) may have very low monthly housing costs. And for some, health care costs may exceed housing costs.

- Target a specific industry or cluster of occupations on which to focus job training and skills development services, especially those industries with predicted growth and livable wages.
- Support students' efforts to improve workforce skills by providing counseling, child care, and in some cases, basis skills development.
- Connect with area businesses and provide labor market navigation services to students to help them find jobs and improve their job hunting and communication skills.
- Combine the strengths of community colleges and local workforce nonprofits. Students are served more effectively by a joint effort than by the organizations alone.
- Involve residents in the development of these programs and make them the agents of change. Top down government programs have been found to be less effective than resident-involved programs.

Many of these recommended strategies are already in place at the Fort Collins organizations dedicated to employment and job training for low income households. These organizations are profiled below.

**Project Self-Sufficiency (PS-S).** This organization assists low income, single parents in the greater Fort Collins-Loveland build self sufficiency. The majority of clients earn less than 30 percent of the AMI (86%) and many are female heads of household. Some have physical disabilities and mental illness, with potential for full time employment, and 60 percent are victims of domestic violence.

PS-S focuses on improving employment-readiness of its clients with career planning and job search assistance through the Education and Life Training Center in Fort Collins. (see profile below) Scholarships and child care assistance to help parents attend school is funded by service clubs. The organization also provides tutoring services for parents, particularly in math and science, and access to computers. PS-S partners with local housing authorities to find their clients assisted housing and maintains a services-sharing agreement with Crossroads Safehouse.

**Education and Life Training Center (ELTC).** The ELTC provides employment readiness and job training to adults in Northern Colorado. The center offers classes in computer software and general job readiness.

ELTC partners with area nonprofits that serve clients with education and training needs, many of which are profiled elsewhere in this section and report.

ELTC is also the lead agency of the Larimer County Circles initiative, which engages residents of all socioeconomic levels into a discussion about poverty and to build awareness of the needs of persons in poverty. The goal of the initiative is to create a community-based, ally-oriented approach to assisting persons in poverty. Larimer County is one of five Circles sites in Colorado.

Nationally, the success rate for the program is 42 percent and, although lower than ideal, has the potential to move a large number of people out of poverty and into self-sufficiency.



**Larimer County Workforce Center.** The Larimer County Workforce Center’s mission is to “improve the quality of life for individuals, families and communities through employment and workforce development services.” The Center provides a wide variety of services from job postings to resume building toolkits to networking opportunities. Some of their services target specific populations including youth and veterans. For example, the Center offers youth professionalism workshops, tours of potential employers and an online list of “youth-friendly” employers with minimum hiring age.

**Emerging practices to break the cycle of poverty.** Two organization in Fort Collins have focused in recent years on identifying the underlying causes of poverty and developing strategies, as well as community awareness, to address the many challenges of poverty.

**Bridges out of Poverty (Bohemian Foundation).** The Bohemian Foundation’s two-year pilot initiative, Bridges out of Poverty Northern Colorado, is an effort to bring together public, private, faith-based and nonprofit organizations to build partnerships related to addressing poverty. The Foundation provides training to area businesses, nonprofits, educators and community members to increase awareness of poverty and provide them with tools to address community poverty and their own organizational or individual economic challenges.

**Pathways Past Poverty.** The Pathways Past Poverty (PPP) initiative is a program in collaboration with Colorado State University, the Northern Colorado Economic Development Council (NCEDC), The Coloradoan, and several nonprofit organizations. The program was started in response to the increase in poverty in the City and Larimer County.

PPP developed a “Prioritized Goals Master Document” to guide the United Way’s and partners’ efforts in addressing poverty. This strategic plan has not yet been implemented; some of the goals may need updating to reflect the current economic environment in the City. Yet many of the goals hit on the underlying needs—and solutions—for addressing poverty in the City and county. In sum, these include:

**Highest priority**

- **Child care.** Ensure families in Larimer County have access to quality child care.
- **Job and skills development.** Significantly increase the availability of, access to and quality of job training, critical life skills and education opportunities.
- **Housing.** Develop and implement a multi-dimensional approach to low income housing to ensure that no persons or families lack access to adequate housing.
- **Community networks.** Ensure that families facing poverty have the opportunity to take part in a community supported process that enhances their own individual and family resources. Increase awareness of diversity and poverty.
- **Health and wellness.** Develop and implement a multifaceted integrated health care, wellness and preventative system.

**Secondary priority**

- **Transportation.** Develop and implement a seamless, affordable, integrated multi-modal transportation system.
- **Education.** Increase the academic success of all youth in Larimer County.
- **Financial justice.** Level the playing field for those in poverty (create countywide systemic change).
- **Financial stability.** Increase the level of financial literacy and stability in the community.

## **SECTION IV.**

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**Health and Wellness**

## SECTION IV.

# Health and Wellness

This section discusses the physical and mental health of Fort Collins residents and their access to wellness and recreation options and healthy food.

### Physical and Mental Health

The characteristics of Fort Collins residents who are vulnerable to physical and mental health difficulties and the resources available to these populations follow. The types of health risks discussed include:

- Obesity,
- Sexually transmitted infections and HIV/AIDS,
- Mental illness and suicides, and
- Substance abuse.

**Prevalence.** This section estimates the number of Fort Collins residents with physical and mental health difficulties, based on available prevalence rates.

**Obesity.** Based on rates calculated from the 2011-2012 Colorado Behavioral Risk Factor Surveillance System, more than 38,000 Fort Collins residents age 18 and older are overweight and more than 18,000 are obese.

Obesity rates are highest for middle age adults, as shown in Figure IV-1, and lowest for young adults. A 2013 report on child well-being in Colorado (Kids Count in Colorado!) places Larimer County toward the bottom of counties for low rates of *child* obesity, suggesting that the low rate for 18-24 year olds reflects that of young adults moving to the City to attend college. The obesity measure is a departure from other statistics, in which the county scored near the top. Kids Count reports that 31 percent of children in Larimer County are overweight or obese, higher than for the state overall (28%).

**Figure IV-1.**  
**Overweight and Obese Residents by Age Group, Fort Collins, 2011-2012**

Age Group	% Overweight	# Overweight	% Obese	# Obese
18-24	20%	6,408	5%	1,766
25-34	33%	8,558	17%	4,421
35-44	37%	6,099	18%	2,909
45-54	41%	7,636	21%	3,837
55-64	39%	5,572	20%	2,765
65+	35%	4,335	22%	2,703

Note: Overweight is defined as a Body Mass Index (BMI) of 25.0 and less than 30.0. Obese is defined as a BMI of 30.0 or higher.

Source: Colorado Department of Public Health and Environment, Colorado Behavioral Risk Factor Surveillance System Statistics, Larimer County, 2011-2012 and 2012 ACS.

**Sexually transmitted infections (STI) and HIV/AIDS.** The Colorado Department of Public Health and Environment’s STI/HIV surveillance program reports the number of new STI and HIV cases in each county. Larimer County’s statistics for chlamydia, gonorrhea, syphilis and HIV are shown from 2008 to 2012 in Figure IV-2. From 2011 to 2012, the rate of chlamydia cases increased by 20 percent, gonorrhea by 34 percent, syphilis a four-fold increase and new HIV cases increased by 26 percent. Despite these increases, the 2012 STI/HIV rate per 100,000 population for each is much lower in Larimer County than found statewide.

**Figure IV-2.**  
**New STI/HIV Cases, Larimer County, 2008-2012**

	Chlamydia		Gonorrhea		Syphilis		Newly Diagnosed HIV	
	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
2008	771	263.7	74	25.3	8	2.7	12	4.1
2009	120	242.0	41	13.8	3	1	7	2.4
2010	741	247.3	33	11.0	2	0.7	11	3.7
2011	885	279.8	33	10.8	1	0.3	7	2.3
2012	1,039	334.6	45	14.5	4	1.3	9	2.9
Colorado 2012	21,631	471	2,822	54.4	208	4	390	7.5

Source: Colorado Department of Public Health and Environment, STI/HIV Surveillance Program Larimer County Five-Year Trend Tables, August 2013.

**Mental illness.** Figure IV-3 presents estimates of the Fort Collins population with serious mental illness and any mental illness, including mild disorders. Approximately 6,500 adults have serious mental illness. The National Institute on Mental Health reports that 58.7 percent of adults with serious mental illness seek treatment.<sup>1</sup> Applying that statistic to Fort Collins adults with serious mental illness suggests that approximately 2,700 adults have not sought treatment. Untreated serious mental illness has both personal and social costs, including unemployment, disability, risk of suicide, substance use disorders, homelessness, and can strain law enforcement and emergency response services.

<sup>1</sup> [http://www.nimh.nih.gov/statistics/3USE\\_MT\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/3USE_MT_ADULT.shtml)

According to the Institute on Mental Health data, mental illness among adolescents is much higher, for both serious mental illnesses and any mental illness. According to the data, as many as 1,500 adolescents have a serious mental illness (8% of adolescents) and 8,000 have any type of mental illness (43%).

**Figure IV-3.**  
**Prevalence of Mental Illness Among Fort Collins Adults and Adolescents**

	Prevalence	# of Individuals in Fort Collins
Serious mental illness - adults	5.8%	6,501
Serious mental illness - adolescents	8%	1,509
Any mental illness, including mild disorders - adults	25%	27,799
Any mental illness, including mild disorders - adolescents	43%	8,034

Note: Adults are residents ages 20 and older. Adolescents are residents ages 10 to 19.

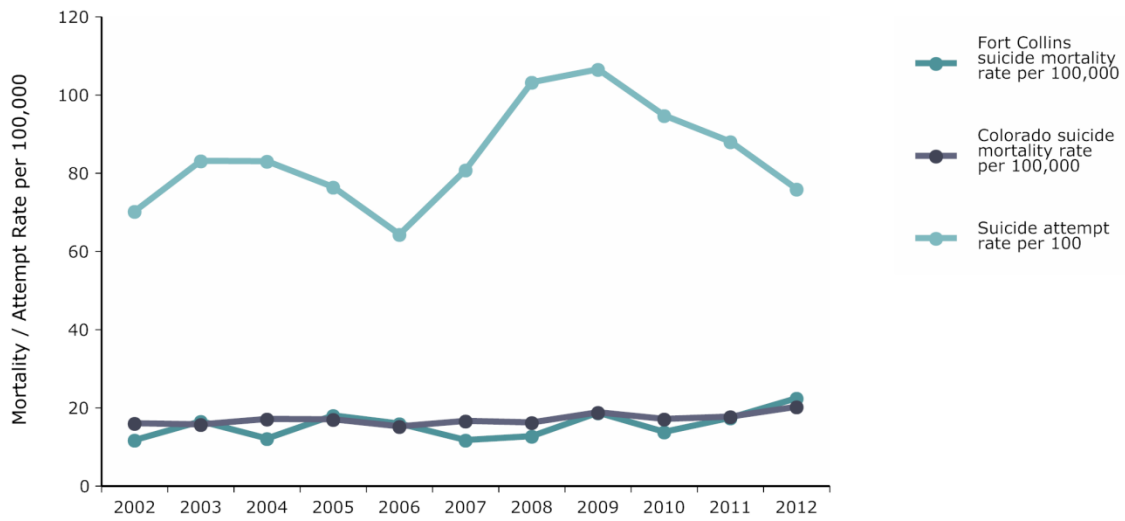
Source: BBC Research & Consulting from 2012 ACS and "Prevalence of Mental Illness in the United States: Data Sources and Estimates," Congressional Research Service, April 24, 2013.

**Suicide.** In its most severe state, mental illness can lead to residents taking their own lives. Figure IV-4 presents trends in suicide attempts and suicide mortality rates for Larimer County from 2002 through 2012. As shown, rates of suicide attempts have been declining annually since the peak year 2009. And, according to the Alliance for Suicide Prevention, youth suicides have decreased dramatically, declining by 50 percent since 2005.

Overall suicide mortality rates fluctuate annually, and reached a new peak in 2012 of 22.5 suicides per 100,000 residents, compared to 20.3 statewide. For Fort Collins, this means that approximately 35 residents die each year due to suicide.

The Alliance for Suicide Prevention reports that just 29 percent of county residents who committed suicide in 2012 were receiving mental health treatment; this is based on data from the Larimer County Coroner's 2012 Annual Report. The individuals who died by suicide in 2012 ranged from 16 to 91 years old and the average age was 49 years old.

**Figure IV-4.**  
**Trends in Suicide Attempts and Suicide Mortality Rates, Larimer County, 2002-2012**



Source: COMPASS of Larimer County and Colorado Department of Public Health and Environment, Colorado Health Information Dataset.

**Substance use disorders.** The number of Fort Collins residents with alcohol and drug use disorders is based on prevalence rates found in the Archive of General Psychiatry.

The difference between abuse and dependence is based on criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).<sup>2</sup> Broadly, alcohol or drug abuse is characterized by alcohol-related or drug-related absences from work or school, driving while impaired, substance use-related legal problems, and negative social interactions caused by substance use. Dependence characteristics include high tolerance for alcohol or drugs, withdrawal symptoms, managing withdrawal symptoms by continued alcohol or drug use, reduced social or work activities due to substance use, devoting time to use a substance or recover from its effects, continued substance use despite other physical or psychological problems.

Based on these criteria, about 26,000 Fort Collins residents abuse alcohol and more than 11,000 abuse drugs. There is likely overlap between these numbers and those in Figure IV-3, as substance use disorders are often correlated with mental illness and physical health problems.

<sup>2</sup> <http://www.ncbi.nlm.nih.gov/books/NBK44358/>

**Figure IV-5.**  
**Estimates of Fort Collins Residents with Substance Use Abuse and Dependence**

	Prevalence	# of Fort Collins Individuals
Lifetime alcohol abuse	17.8%	26,457
Lifetime alcohol dependence	12.5%	18,579
Lifetime drug abuse	7.7%	11,445
Lifetime drug dependence	2.6%	3,864

Note: The prevalence rates are age-adjusted lifetime rates.

Source: BBC Research & Consulting from 2012 ACS and “Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions,” *Archive of General Psychiatry*, Volume 64, Number 7, July 2007 and “Prevalence, correlates, disability and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions,” *Archive of General Psychiatry*, Volume 64, Number 5, May 2007.

**Resources.** This section provides an overview of the organizations and services in Fort Collins that assist residents with maintaining and improving their physical and mental health. It is not comprehensive, but provides an overview of organizations working on these challenging issues. Some organizations have a broad health and wellness mission, while others are dedicated to serving specific subpopulations in Fort Collins or Larimer County.

The section is organized around three broad categories:

- Programs to reduce the costs of health care,
- Affordable health care clinics and providers,
- Mental health providers, and
- Wellness focused providers.

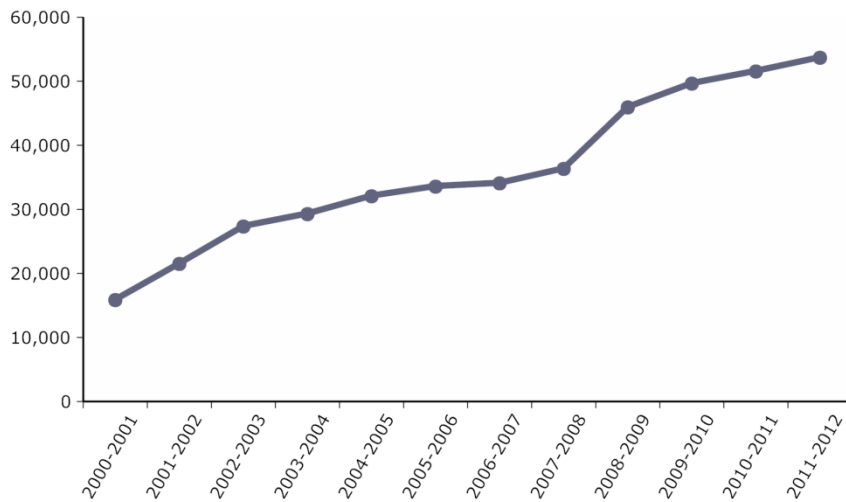
**Programs to reduce the costs of health care.**

**Reduced fee health care.** Discounted health care services are provided to low income Colorado residents through the Colorado Indigent Care Program (CICP) by participating providers. While not a health insurance program, CICP subsidizes patient care by compensating providers with federal and state dollars. Qualifying residents are either uninsured or underinsured and have incomes at or below 250 percent of the Federal Poverty Level (FPL).

Figure IV-6 presents trends in the number of Larimer County CICP admissions and patient visits to participating health care providers. Three Larimer County clinics and six hospitals participated in CICP in the 2011-2012 fiscal year. From 2000 to 2012, the number of admissions and patient visits to health care providers subsidized by the CICP increased by 237 percent, from 15,950 CICP admissions and visits to 53,776.



**Figure IV-6.**  
**Colorado Indigent Care Program Admissions and Visits by Larimer County Residents, 2000-2012**

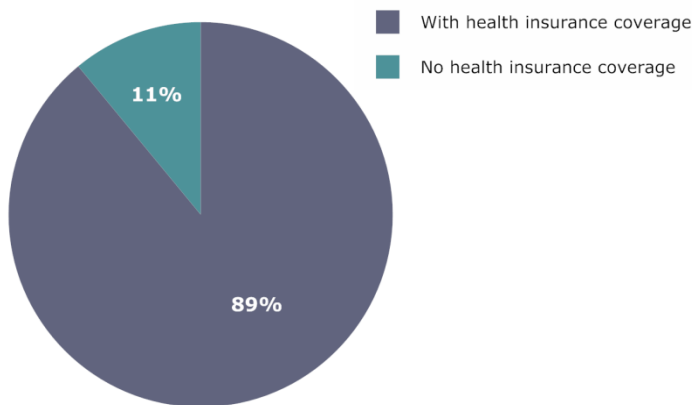


Note: Numbers reflect admissions and visits by Larimer County residents, not unduplicated patients.

Source: Colorado Health Institute from the Colorado Department of Health Care Policy and Financing.

**Health insurance.** According to the 2012 ACS, nearly 9 in 10 Fort Collins residents have health insurance. Among these, the majority is covered by private insurance, but 28,914 residents also have some form of public coverage, such as Medicaid or Medicare. At the time of this writing (November 2013), it is premature to speculate as to how implementation of the Affordable Care Act will impact health insurance coverage rates in Fort Collins. The Act’s aim is to incentivize the 16,809 Fort Collins residents who have no health insurance coverage to become insured.

**Figure IV-7.**  
**Health Insurance Coverage Status, Fort Collins Residents, 2012**

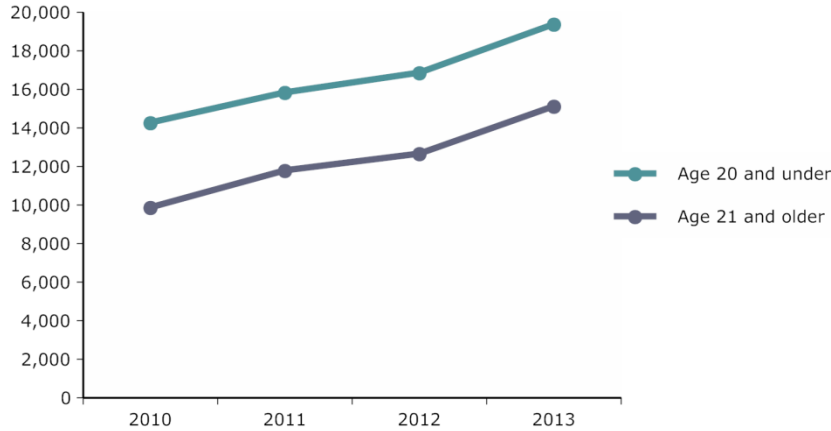


Source: 2012 ACS.

**Medicaid enrollment.** Figure IV-8 presents the Larimer County Medicaid enrollment from 2010 through September 2013. Qualified residents under age 21 participate in Medicaid’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Since 2010, the number of children and adolescents in Larimer County on Medicaid grew by 36 percent and adult participation grew by 53 percent. As part of Colorado’s implementation of the Affordable Care

Act, Medicaid eligibility was expanded to additional populations; as such, growth in Medicaid enrollment is likely.

**Figure IV-8.**  
**Average Monthly Medicaid Enrollment, Larimer County 2010-2013**



Note: Data for 2013 are the September 2013 caseload.

Source: Colorado Department of Health Care Policy and Financing.

**Eligible for Medicaid/CHP+ but not enrolled.** Figure IV-9 presents the percentage and number of Larimer County children (under age 18) who were eligible for coverage under Medicaid or CHP+ but were not enrolled from 2008 to 2010. In 2010, the Colorado Health Institute estimated that 1,158 Larimer County adults were eligible for Medicaid but not enrolled—about 22 percent of the eligible population. With the implementation of the Affordable Care Act and the expansion of Medicaid eligibility in Colorado, continued outreach to these populations will be important.

**Figure IV-9.**  
**Percentage of and Number of Children Eligible for Medicaid or CHP+ But Not Enrolled, Larimer County, 2008-2010**

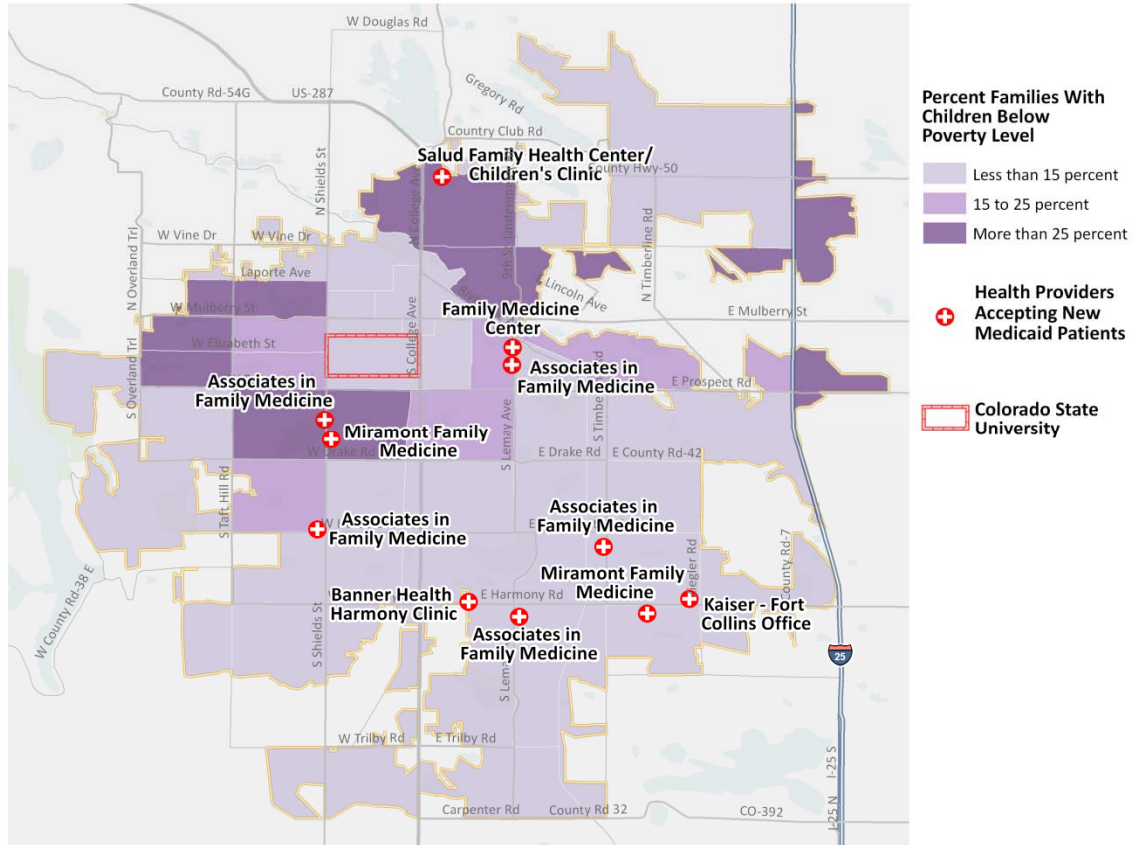
	% of Children Eligible But Not Enrolled		# of Children Eligible But Not Enrolled	
	Medicaid	CHP+	Medicaid	CHP+
2008	17%	26%	1,903	1,164
2009	18%	36%	2,400	1,845
2010	7%	28%	901	1,270

Source: Colorado Health Institute.

**Affordable health care clinics and providers.**

**Providers accepting new Medicaid clients.** According to Larimer County, in October 2013, 11 providers in Fort Collins were accepting new Medicaid patients for non-emergency care. Figure IV-10 maps and names these providers, shown in reference to poverty rates. Three of the 11 providers are located in high poverty areas.

**Figure IV-10.**  
**Location and Name of Providers Accepting New Medicaid Patients, 2013**



Note: This map shows only those providers indicated by Larimer County as accepting new Medicaid patients as of October 3, 2013. Other providers may accept new Medicaid patients.

Source: [http://larimer.org/health/chs/medicaid\\_health.pdf](http://larimer.org/health/chs/medicaid_health.pdf).

**Health District of Northern Larimer County.** The Health District of Northern Colorado serves the City of Fort Collins and other Northern Colorado communities. As a special tax district created by voters in 1960, the Health District is funded by property taxes. Health District programs include blood pressure and cholesterol screening, community impact team, dental connections, mental health connections, family dental clinic, and prescription assistance. Through its Mental Health Connections program (a partnership with Touchstone Health Partners), the Health District connects residents in need of mental health care services to local providers, affordable prescriptions, and support and advice. The Health District also partners with other Fort Collins and Larimer County health care providers and governments to address health care needs.

**Fort Collins Salud Family Health Center.** The Fort Collins Salud Family Health Center provides primary care and preventive care services for families and children, and accepts Medicaid, Medicare, CHP+ and private insurance. Staff are bilingual and the Center caters in large part to the Hispanic community in Fort Collins. Salud also has a mobile clinic to serve the migrant farmworker population in Larimer County. The Fort Collins clinic also provides Medicaid and CHP+ enrollment services. Salud serves more than 12,000 patients per year. Overall, 41 percent are uninsured, and the majority qualifies for Medicaid. As implementation of the Affordable Care Act continues, they anticipate that the share of patients covered by Medicaid may increase by as much as 20 percent.

**Women's Resource Center.** The Women's Resource Center provides health education and outreach and preventive care services to women living on incomes below the poverty line in Fort Collins. Services include cancer and diabetes prevention screening, dental care, breast and cervical care, and outreach and education. In partnership with Larimer County Community Corrections, the Women's Resource Center has developed a new program—Help for Incarcerated Women—to educate incarcerated women about preventive health care and to work with these women on their mental and physical health.

#### **Mental health providers.**

**Touchstone Health Partners (formerly Larimer Center for Mental Health).** Touchstone Health Partners (THP) provides outpatient mental health and addiction services at five locations in Fort Collins. THP has programs that serve children, adolescents, adults, and families across the spectrum of behavioral and mental health and substance use disorders. In addition to providing direct services at the Fort Collins clinics, THP also partners with other organizations and agencies in a resource and referral capacity. Touchstone is the primary mental health and substance use disorder treatment provider for low income residents of Fort Collins. In 2012, Touchstone served more than 6,100 patients in Larimer County of whom 90 percent were on Medicaid. One-third of their clients are youth between the ages of 0 and 18. Clients can usually be seen for an initial evaluation in two to four days. Appointments to see a psychiatrist or psychologist can take four to six weeks; there is a waitlist for these services.

**Alliance for Suicide Prevention of Larimer County.** The Alliance for Suicide Prevention of Larimer County provides outreach, education and resource referrals to Larimer County adolescents and adults with the mission of suicide prevention. School and community based education programs are delivered by trained volunteers in area middle and high schools as part of required health classes. The Alliance offers support groups for families and friends of individuals who committed suicide (two groups per month) and support groups for persons living with depression and bipolar disorder. The organization also works as a “broker” to family members and friends who identify someone at risk of suicide by connecting them with the appropriate resources.

**Residential treatment facilities and sober living housing.** Figure IV-11 summarizes the results of searches to identify residential treatment facilities and sober living houses. Three residential treatment facilities provide intensive treatment for adolescents with serious mental illness or substance use disorders.

Only Mountain Crest Behavioral Healthcare Center Inpatient Hospitalization offers adult inpatient treatment for serious mental illness stabilization or substance use detoxification. Average stays are four to five days and are not a substitute for longer term residential treatment for adults. The study team identified one sober living facility for men in Fort Collins—the Lighthouse—and could identify no others.

**Figure IV-11.**  
**Residential Treatment Centers and Sober Living Facilities/Homes in Fort Collins**

Inpatient / Residential Treatment Center	Number of Beds	Populations Served	Average Length of Stay
Jacob Center Remington House RTC	20	Ages 10 to 18	6 months
Turning Point RTC for Boys	20	Ages 12 to 21	?
Turning Point RTC for Girls	14	Ages 12 to 21	?
Mountain Crest Behavioral Healthcare Center Adolescent Residential Program		Adolescents	3 months
Mountain Crest Behavioral Healthcare Center Inpatient Hospitalization		All	4 to 5 days
<b>Sober Living Facilities</b>			
The Lighthouse		Men	

Source: BBC Research & Consulting from provider websites and interviews.

### Wellness-focused providers.

**Coalition for Activity and Nutrition to Defeat Obesity (CanDo).** CanDo Fort Collins is a coalition of community members, both individuals and organizations, who work to improve health and wellness of Fort Collins residents. CanDo has several subcommittees focusing on: the food environment, the built environment, community gardens, school wellness, and worksite wellness. CanDo staff also facilitate the “Vida Sana Coalition” to promote health equity for Hispanic/Latino and low-income residents. The coalition meets quarterly as a whole to review progress and share successes.

The overall mission of CanDo is to “improve the health of Larimer County communities by increasing physical activity and healthy eating to reduce and prevent obesity.” Specifically, CanDo works to:

- Reduce the prevalence of overweight and obesity among citizens,
- Increase the percent of citizens who engage in regular physical activity,
- Increase the percent of citizens who practice healthy eating habits, and
- Create environments and policies that support healthy eating, active living, and healthy weights.

**University of Colorado Health (formerly Poudre Valley Health System).** Through a network of community clinics, the Poudre Valley Hospital, Harmony Urgent Care, and the Mountain Crest Behavioral Health Care Center, University of Colorado Health (UCH) provides evidence-based health care services in Fort Collins. UCH is a partner in the CanDo coalition to reduce obesity in Fort Collins.

**Wellness Council of America (WELCOA).** WELCOA is a national organization dedicated to promoting healthy workplaces. The council provides resources, tools, and training to achieve wellness goals. The city of Fort Collins is designed as a Well City and has 24 different businesses currently participating in the program, including Poudre Valley Health System, Anheuser-Busch, and Miramont Sport Center. Each year WELCOA gives Well Workplace awards that recognize quality and excellence in worksite health promotion. The awards are determined based upon a pre-defined set of criteria. United Way of Larimer County was a Gold winner in 2012, and in 2011 Larimer County Government was a Gold winner.

**Gaps.** Gaps in health care services, especially mental health care, are difficult to estimate because it is difficult to identify those who have needs but are unaware and undiagnosed. Another complicating factor is those residents who need treatment but desire not to obtain it, even if available. Efforts to mitigate gaps in health care provision should involve easy access to care, especially for residents who are low income and transit dependent, and for residents who have severe mental illnesses and substance abuse and are incapable of planning in advance to receive care, but instead need walk-in or emergency access to clinics.

To that end, the graphic attached to this section aims to identify the most significant, identifiable gaps in health care provision. Quantitative gaps are difficult to quantify without a more in-depth study. The most significant gaps, based on service provider inventory and agency interviews, include the following:

- Lack of capacity for the provision of mental health and substance use disorder treatment (e.g., walk in sites), particularly for low income residents lacking private insurance.
- No long-term residential treatment programs for women with either mental health difficulties or substance use disorders. Only one facility for men.
- No residential treatment facilities for children under age 10 with behavioral or mental illness.

For mental health and substance abuse services, consistency and depth of care is critical for treatment and recovery. Cost-constrained organizations may not be able to adequately treat residents due to large caseloads or restrictions on insurance reimbursements.

## **Wellness and Recreation**

Colorado communities often lead the nation in measures of residents who are active and fit. For example, Denver Metropolitan Area (MSA) is ranked fifth out of 50 MSAs in the U.S. by ACSM American Fitness Index.<sup>3</sup> Like Colorado as a whole, Larimer County has an active population, which continues to grow. According to Larimer County Compass, the number of active adults in the county 18 and older climbed from 52 percent in 2005 to 65 percent in 2011.<sup>4</sup> The percentages represent residents who practice regular, moderate physical activity at least 5 times per week for a minimum of 30 minutes, or residents who performed vigorous exercise three or

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<sup>3</sup> [http://americanfitnessindex.org/docs/reports/2013\\_afi\\_report\\_final.pdf](http://americanfitnessindex.org/docs/reports/2013_afi_report_final.pdf)

<sup>4</sup> United Way of Larimer County and Larimer County Human Services Department, 2013 Community Indicators Report, Larimer County, Colorado

more times per week for at least 20 minutes. In sum, the majority of Larimer County residents are exercising regularly.

Similarly, the Colorado Child Well-Being Index, created by the Colorado Children’s Campaign, ranked Larimer County as the fifth highest (in terms of child well-being) of the state’s 25 largest counties. The index uses 12 indicators measuring health, family and economic circumstances, and educational achievement.

Part of the reason for the high rankings is that the county and City make it easy for residents to recreate.

The Colorado Department of Public Health and Environment (CDPHE) reports that 86 percent of residents in Larimer County have sidewalks or shoulders in their neighborhood that are “sufficient to safely walk, run, or bike.” Seventy percent have access to a public exercise facility in their neighborhood.

The City of Fort Collins offers a broad array of recreation opportunities for its residents. In the City alone, there are 600 acres of parks, approximately 40,000 acres of natural areas, 20 miles of off-street hiking and biking trails, three golf courses, a racquet center, three swimming pools, an ice rink and a community center. Other resources include a cultural arts center, a senior center, and a discovery center for children. The City offers reduced fees for these programs for low income residents and City or school district residency.

Figure IV-12 lists the recreational and community facilities maintained by the City.

**Figure IV-12.**  
**City of Fort Collins Parks and Recreation Facilities**

Facility Description	Type of Facility	Street Address
City Park Pool	Outdoor pool	1599 City Park Ave
Club Tico	Community gathering place, for rent	1599 City Park Ave
Edora Pool & Ice Center (EPIC)	Indoor pool, ice center, workout facilities	1801 Riverside Ave
The Farm at Lee Martinez Park	Farm animals, museum, family fun	600 N Sherwood St
Mulberry Pool	Indoor pool	424 W Mulberry St
Northside Aztlan Community Center	Full service recreation center	112 E Willow St
Pottery Studio	Community pottery studio	1541 W Oak St
Fort Collins Senior Center	Full service recreation center for seniors	1200 Raintree Dr
Rolland Moore Racquet Complex	Community tennis and racquet ball courts	2201 N Shields St
Youth Activity Center	Full court gym	415 E Monroe Dr

Source: BBC Research & Consulting.

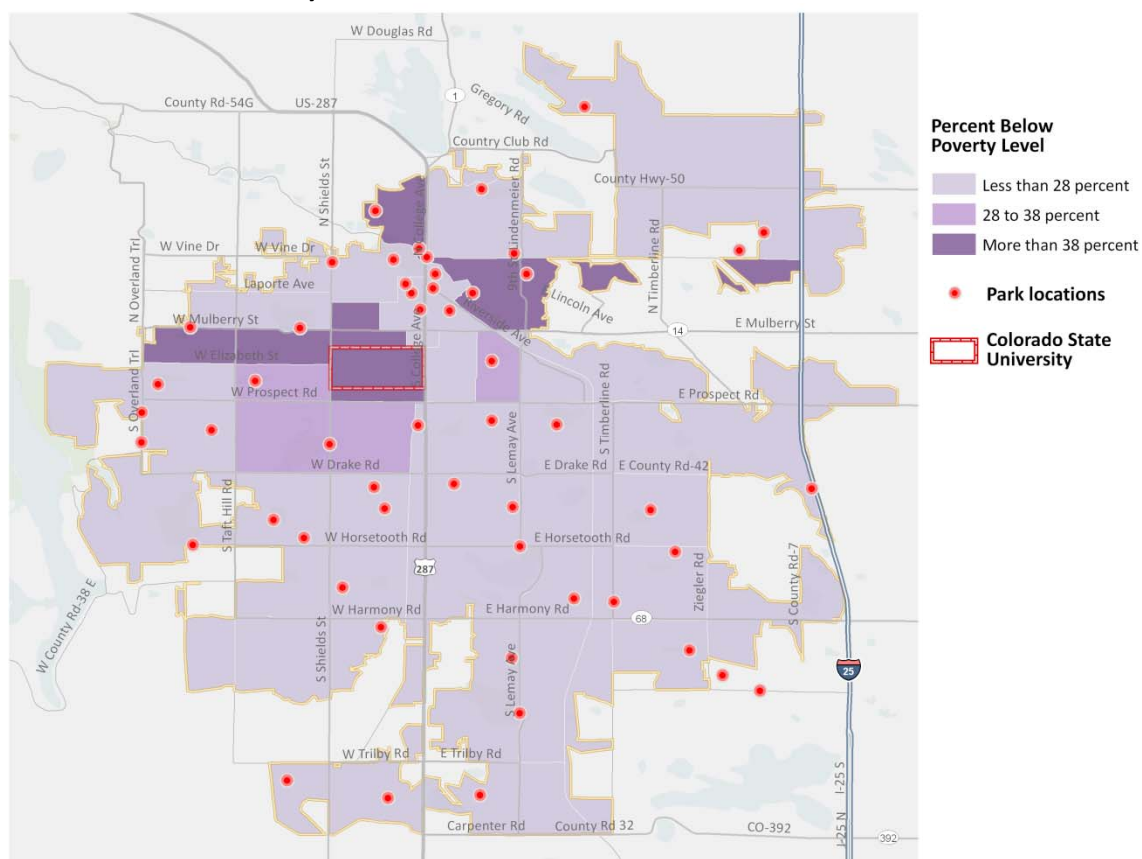
The City of Fort Collins maintains more than 50 parks. The City parks website provides detailed information as to recreation and services that each park offers.<sup>5</sup> Nineteen of the parks provide at least 10 different recreational services or amenities. At least half of the parks offer basketball courts, playground (38 parks), water fountain, restrooms, shelter and turf fields. The City’s three

<sup>5</sup> <http://www.fcgov.com/parks/map/>

golf courses include one 9-hole course and two 18-hole courses. According to Golfsmith<sup>6</sup> the median cost for 18 holes of golf at a public course in the U.S. is \$36. At the Collindale golf course in Fort Collins, the cost is \$20.

Figure IV-13 shows all park locations within the City, overlaid with areas of poverty concentration. As can be seen from the Figure, poverty does not appear to be a barrier in terms of access to neighborhood parks. In fact, one of the City’s most highly rated parks, City Park and City Park Pool, is located on West Mulberry Street near a high poverty level concentration area.

**Figure IV-13.**  
**Park Locations and Poverty Concentrations**



Source: BBC Research & Consulting. Park locations from City of Fort Collins web page.

There are also 42 natural areas that the City maintains and 23 natural areas that are wheelchair accessible. The information about the areas is easy to find on the City’s website via the natural areas finder.<sup>7</sup> By clicking on the wheelchair icon on the site, all of the accessible natural areas are presented for easy viewing.

<sup>6</sup> <http://golftips.golfsmith.com/average-cost-round-golf-20670.html>

<sup>7</sup> <http://www.fcgov.com/naturalareas/finder>



**Gaps.** In the case of wellness and recreation, the gap is not necessarily in service provision or lack of infrastructure, but in participation and adoption of a healthy lifestyle. That is, Fort Collins has many opportunities for its residents, including children, to improve their fitness level and overall health. But not all residents take advantage of these, as evidenced in the following statistics for Larimer County from the CDPHE data.

**Figure IV-14.**  
**Child and Teen Healthy Lifestyle Indicators, Larimer County**

Healthy Lifestyle Indicators	Percent
Children age 1-14 years spending two hours per day or less in front of a screen (e.g., TV, computer, video games etc.) on weekdays in 2010	81%
Children age 5-14 years are physically active for 60 minutes seven days per week in 2009-2010	33%
Teens in grades 9-12 are physically active for 60 minutes seven days per week in 2011	29%
Teens in grades 9-12 spend two hours per day or less watching TV on weekdays in 2011	79%
Teens in grades 9-12 spend two hours per day or less playing video or computer games on weekdays in 2011	76%

Source: Colorado Department of Public Health and Environment, Healthy Indicators, Larimer County.

According to CanDo, watching television has been associated with an increased Body Mass Index, one measure of obesity.

**Resources to improve health overall.** Fort Collins has several programs and initiatives to provide opportunities for residents to engage in healthy activities.

**Healthy Kids Club.** Healthy Kids Club is a community outreach program, sponsored by Poudre Valley Health System, to promote health and wellness in local elementary school students. Healthy Kids Club partners with schools and agencies that serve youth in Fort Collins, Loveland, and Windsor and provides in-school healthy lifestyle education programs.

**Safe Routes to School** is a national program seeking to increase the number of students and parents safely walking and bicycling to school. Fort Collins’ program is administered by the City. The City organizes adult leaders to oversee groups of children walking and biking to school. Fort Collins was also recently awarded a grant from the Colorado Department of Transportation through the state’s Safe Routes to School program to develop walking and biking paths to a local elementary.

There are several programs and organizations that focus on encouraging wellness among the City’s most at-risk populations—with the ultimate goal of reducing child obesity.

**Recreational resources targeted to at-risk youth.** Children who are considered at-risk (Section V of this report discusses at-risk youth in detail) have opportunities in the Fort Collins area to participate in healthy activities and receive a healthy meal at least once daily.

**North Aztlan Community Center.** The North Aztlan Community Center offers wellness and recreation for at-risk youth. Two such programs are Kids Café and Youth Nights.

**Kids Cafe.** The Food Bank of Larimer County Kids Café program provides children between the ages of 3 and 18 who are at risk of hunger access to a free, nutritious meal. The meals are offered weeknights; an accompanying parent may receive a \$2.00 meal.

**Youth Nights.** Every Thursday from 3 to 9 p.m., the North Aztlan Community Center offers youth activities for free. Activities include arena football, dodgeball, indoor soccer, ping pong tournaments, teen weights, field trips, dance, fitness, food, prizes, and more.

**Steve’s Club Battle Ready.** Steve’s Club provides cross-fit programs for at-risk youth at participating gyms. The organization, based in Northern Colorado, provides fitness programs with some school tutoring to at-risk youth. Program participants pay a small fee or may receive a scholarship. Fort Collins is the site of the organization’s annual fundraising event benefiting at-risk youth called “Beat the Streets.”

**Boys & Girls Club.** The Boys & Girls Clubs of Larimer County provides after school programs for youth, from 2:30 to 7 p.m. during the school year. When school is not in session (summer and holiday breaks), programs are available for full days. The Clubs are proven programs for at-risk youth that are built on five core program areas: the arts; character and leadership development; education, technology and career development; health and life skills; and sports, fitness, and recreational opportunities.

**Miramont Lifestyle Fitness.** Miramont offers limited free summer memberships to youth ages 14-17.

## Food Provision

This section discusses access to health food, for residents overall in Fort Collins and those who are food insecure.

**Definition—access to healthy food retailers.** The Centers for Disease Control (CDC) developed the Modified Retail Food Environment Index (mRFEI) to measure the “number of health and less health food retailers within census tracts across each state as defined by typical food offerings in specific types of retail stores (e.g., supermarkets, convenience stores, or fast food restaurants). Out of the total number of food retailers considered healthy or less healthy, the mRFEI represents the percentage that are healthy.”<sup>8</sup>

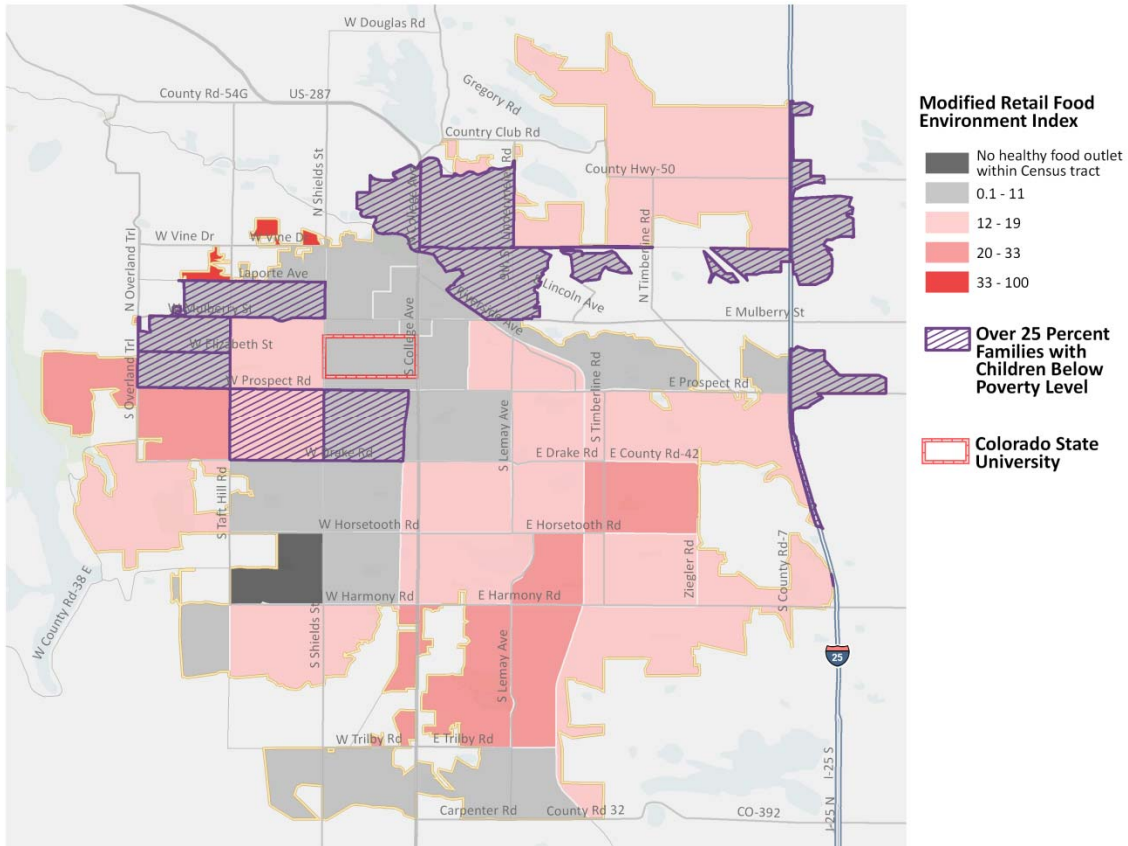
Figure IV-15 presents the mRFEI for census tracts in Fort Collins. As shown, only one census tract has no healthy food outlets, but there are many census tracts where up to 11 out of 100 food outlets are healthy, and the remainders are unhealthy—convenience stores, small grocery stores (fewer than 4 employees) or fast food outlets.

**Figure IV-15.**

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<sup>8</sup> <http://www.cdc.gov/obesity/resources/reports.html>.

## Modified Retail Food Environment Index



Note: The index increases as number of healthy food outlets in a Census tract increases.

Source: BBC Research & Consulting from the MRFEI dataset compiled by the Centers for Disease Control, 2011.

CDPHE’s Health Indicators for Larimer County estimates that there are 8.24 fast food restaurants in Larimer County per 10,000 residents, compared to 0.87 healthy food outlets per 10,000 residents—or about 9.5 times as many fast food restaurants as health food outlets. Yet the vast majority of residents say that healthy food is somewhat or very available in their neighborhoods.

**Figure IV-16.**  
**Access to Healthy Food Indicators,**  
**Larimer County**

Source:  
 Colorado Department of Public Health and Environment,  
 Health Indicators, Larimer County.

Healthy Food Indicators	
Rate of fast food restaurants per 10,000 residents	8.24
Rate of healthy food outlets per 10,000 residents	0.87
Percent who say fresh fruits, vegetables, and other healthful foods (such as whole grain breads or low fat dairy products) are somewhat or very available in their neighborhood	95%

As mentioned above, about one-third of the City’s children are considered obese. As Figure IV-17 suggests, the eating habits of children and teens in Larimer County contribute to this statistic. Children, in particular, are much more likely to consume fast food rather than fruits or vegetables.

**Figure IV-17.**  
**Healthy Eating Indicators—Larimer County Children and Teens**

Healthy Eating Indicators	Percent
Children age 1-14 years ate fruit two or more times per day and vegetables three or more times per day in 2008-2010	13.3%
Children age 1-14 years ate fast food one or more times per week in 2009-2010	64.6%
Children age 1-14 years consumed one or more sweetened drinks per day in 2009-2010	15.5%
Teens in grades 9-12 have tried to lose weight in 2011	39.6%
Teens in grades 9-12 ate fruit two or more times per day in 2011	32.5%
Teens in grades 9-12 ate vegetables two or more times per day in 2011	28.1%
Teens in grades 9-12 consumed one or more sodas per day in 2011	23.0%

Source: Colorado Department of Public Health and Environment, Health Indicators, Larimer County.

**Definition—food insecurity.** According to COMPASS, “food insecurity” refers to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources.<sup>9</sup> The inverse, “food security,” means access by all people at all times to enough food for an active, healthy life. At a minimum, this includes the ready availability of nutritionally adequate and safe foods and the assured ability to acquire personally acceptable foods in a socially acceptable way.<sup>10</sup>

**Fort Collins population.** Estimates from the USDA suggest that 14 percent of Colorado household have “low or very low” food security, with 5.8 percent having very low security.<sup>11</sup> This is based on a 2010-12 survey of food security supplements. Applying this prevalence rate to Fort Collins households suggests that as many as 8,200 households are food insecure, with 3,400 being very insecure.

National data on food insecurity show that the households most likely to be food insecure are single parents with children, African American and Hispanic and living at 185 percent below the poverty level (\$44,000) or less. As discussed in the at-risk youth section, this is similar to the qualifying threshold for reduced lunches in public schools.

<sup>9</sup> United States Department of Agriculture, [http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger\\_index.html](http://www.frac.org/html/hunger_in_the_us/hunger_index.html).  
[http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger\\_index.html](http://www.frac.org/html/hunger_in_the_us/hunger_index.html) .

<sup>10</sup> [http://www.larimer.org/compass/household\\_food\\_supply\\_report.pdf](http://www.larimer.org/compass/household_food_supply_report.pdf).

<sup>11</sup> <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#map>.

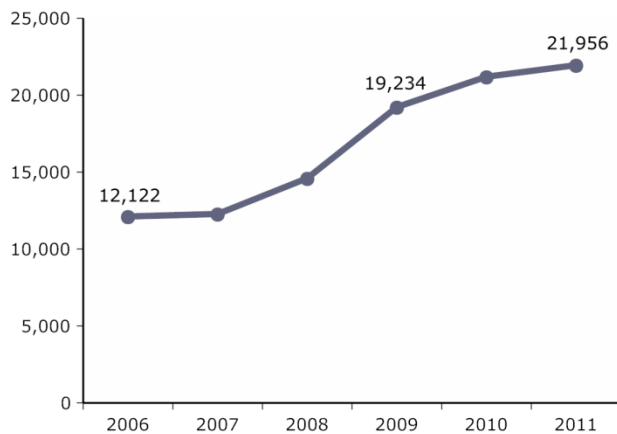
Vida Sana, a community coalition addressing health disparities among Hispanic and low income households in North Fort Collins, reports that 65 percent of Hispanics are overweight in Colorado and 25 percent are obese—rates much higher than for the state overall (55% and 18%).<sup>12</sup>

**Resources.** As discussed above, CanDo Fort Collins works to improve health indicators, including access to healthy food. This section instead discusses the core programs that address food insecurity.

**Sales tax rebate program.** The City offers a rebate to low income residents for sales tax paid on food. Qualification for the rebate is based on annual household income. The maximum amount received through the rebate program is currently \$54 per household member. Applications for the rebate can be downloaded from the City’s website at <http://www.fcgov.com/rebate/>

**Food stamps.** Figure IV-18 presents the increased reliance on the Supplemental Nutrition Assistance Program (SNAP or food stamps) by Larimer County residents from 2006 through 2011. During that period, participation in the program increased by 81 percent. This is due to both increased need as well as expansion of benefit eligibility qualifications. It is important to note that qualification for SNAP and food stamp benefits are changing, due to federal budget cuts. It is likely that fewer Larimer County households will have food stamp benefits in 2014.

**Figure IV-18.**  
**Total Supplemental Nutrition Assistance Program Participants, Larimer County, 2006-2011**



Source: United States Department of Agriculture, Economic Research Service, 2013.

**Free and reduced lunch (FRL).** According to Compass of Larimer County, 27,121 children in the Poudre School District (PSD), or 29 percent of all children in the district, were enrolled in the FRL program during the 2012-13 school year. Two elementary schools also provide free breakfast to all classes.

The number of students enrolled in the program has steadily increased during the past 10 years, rising by 2,840, or 12 percent, since the 2003-04 school year. The largest increase occurred in

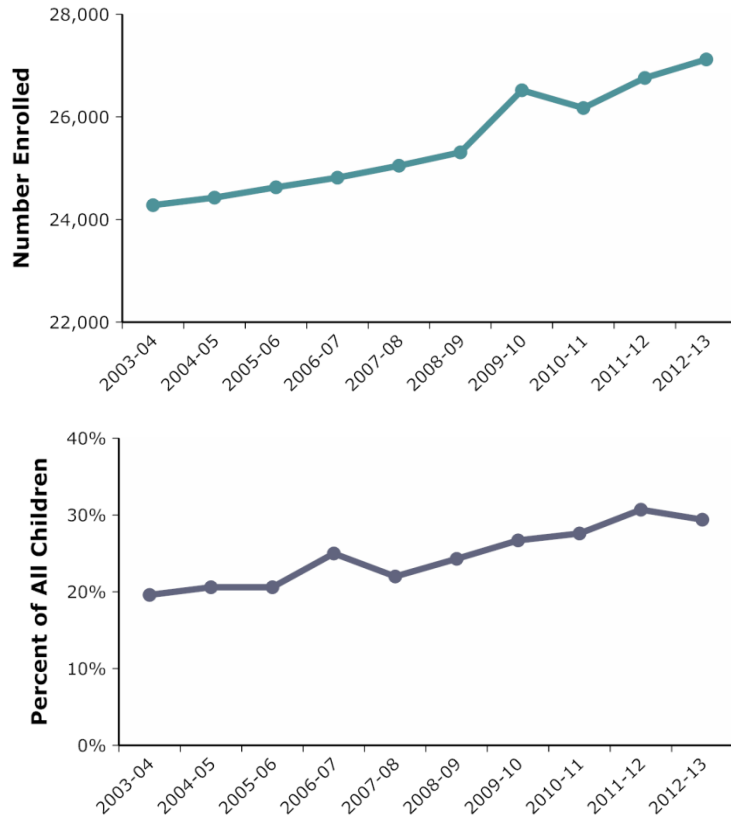
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<sup>12</sup> [http://www.candoonline.org/sites/default/files/Vida\\_Sana\\_Powerpoint.pdf](http://www.candoonline.org/sites/default/files/Vida_Sana_Powerpoint.pdf)

2009, when 1,200 more children enrolled in the program; this was followed by a slight decline the following year, as shown in Figure IV-19.

**Figure IV-19.**  
**Free and Reduced Lunch**  
**Enrollment and Eligibility,**  
**Poudre School District,**  
**2003-04 to 2012-13**

Source:  
 Larimer County Compass,  
[http://www.larimer.org/compass/school/unch\\_ec\\_inc.htm](http://www.larimer.org/compass/school/unch_ec_inc.htm).



**Food banks.** Fort Collins has two soup kitchens, 17 food pantries, and 13 residential/day programs that serve meals.

The largest provider, the Food Bank of Larimer County, provides free food to nearly 13,000 people every month. In fiscal year ending in June 2013, the Food Bank provided 28,652 individuals with food at their food pantries. The Food Bank partners with many nonprofits in the county to deliver food supplements at pantries, shelters, through childcare programs, and to persons who are frail and elderly and have disabilities. The Food Bank also has a program for children called Kids Café, which provides children ages 3 to 18 who are at risk of hunger with meals after school and during the summer months. They served more than 70,000 meals per year through this program. The program focuses on providing nutritious, healthy meals to low income children, whose rates of obesity are higher than others. The Food Bank’s goal is for 50 percent of its food to be fresh produce and fresh healthy foods. They currently have a dietician on staff who works to create healthy recipes for families using the food pantry. In the future, the Food Bank hopes to have a great focus on healthy eating and obesity prevention.

**Gaps.** Access to food, except for the economic ability to purchase healthy food, appears to be less of a gap in food provision in Fort Collins than in adopting and maintaining healthy eating habits. This may change in the next year, however, when the food stamp program’s funding is reduced and fewer Fort Collins’ residents qualify. Food pantries may find increased demand for food supplements from both low and moderate income households.

# **SECTION V.**

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## **At-Risk Youth and Education**

## SECTION V.

# At-Risk Youth and Education

This section discusses the sustainability of the City’s youth. A significant portion of the section is dedicated to educational opportunities and challenges since educational systems are an integral part of improving outcomes for youth. It should be noted that this section is not all inclusive of children with needs but instead focus on children who are at-risk of poor educational outcomes and economic difficulties. Other types of children with special needs—e.g., children with disabilities—are covered in other sections. The section begins by defining and discussing the youth most vulnerable in Fort Collins, those who are considered “at-risk.”

### At-Risk Youth

**Definition.** Statistics on at-risk youth can be difficult to obtain due to the protection of information about children, as well as varying definitions of “at-risk.” The National Center for Educational Statistics focuses on students who are at-risk of “educational failure” and has documented the relationship between at-youth at-risk and family socioeconomic status.

As such, poverty and/or low economic status is one of the most common variables used to indicate at-risk youth. It is an imperfect measure in some ways—e.g., the poverty threshold is fixed and does not accurately represent differences in cost of living among cities—but is easy to obtain, track, and use in research.

Children eligible for free and reduced lunch (FRL) is another economic indicator of risk that is used by educational departments to identify at-risk youth and target educational reform programs. Similar to the federal poverty threshold, the FRL threshold is fixed and does not vary by state or jurisdiction. Currently, children are eligible to receive free lunches if their families earn less than 130 percent of the federal poverty threshold and reduced lunch prices if earning between 130 and 185 of the poverty threshold. This translates into income levels of roughly \$30,600 for free lunch eligibility and \$30,600 to \$43,600 for reduced lunch eligibility, both for a family of four.<sup>1</sup>

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<sup>1</sup> Paul Tough, in his recent book “How Children Succeed,” argues that FRL is a weak measure of children in need because of the wide eligibility income range, an argument that could be applied to many definitions of low income and socioeconomic status. Children living in families earning \$10,000, for example, likely have much greater needs and potentially higher risks of academic failure than those living in households at the higher end of the threshold (\$44,000). These higher risk factors, according to Tough, include no adult in the household who is consistently employed, mental health, substance abuse in the household, and potential child abuse and neglect.

Tough further argues that children living in high poverty households also have psychological challenges, many related to poor parenting, that make the learning environment very challenging. The experience of stress and trauma as a child can lead to poor executive functioning, difficulty handling stressful situations, poor concentration, difficulty following directions, and social impairment. These children, therefore, require different interventions and reforms than those at the “middle class” end of the FRL spectrum.



Statistics on educational challenges of youth abound and many can also be used to identify children at-risk. These data include high school drop-out rates, mobility and stability rates (children remaining in school during the entire year), suspension and expulsion, and standardized test scores.

Another category of youth at-risk is children left at home alone because their parents cannot find the care they need. The number of children left at home alone on a regular basis is unknown. Providers believe these children include children from low as well as moderate income families, who don't qualify for subsidies and can't afford market rate afterschool and/or summer camp costs.

Finally, some health statistics—teen pregnancies, children who have been abused and neglected—are available to the public and can be used to identify the number and proportion of children with high risk.

**Fort Collins population.** This section uses a variety of available data to assess the range and types of at-risk children in Fort Collins. The data are summarized with estimates of the at-risk youth population in the Youth and Education graphic.

**Youth with economic challenges.** Youth who live in families facing economic challenges can be identified through data on families living below the poverty level, children living in single parent households who are also poor, and children enrolled and/or eligible for free and reduced lunches and child cares subsidies.

**Living in poverty.** The 2010 ACS reported 1,881 young children (under age 5) and another 1,825 children ages 5 to 17 living in poverty in Fort Collins—a total of 3,700 children or 13 percent of all children.

The 2012 ACS reported a slightly higher number of total children living in poverty (3,939) but about the same proportion, 14 percent. Yet there is a big difference between the 2010 and 2012 estimates in age distribution: In 2012, far less young children lived in poverty (1,243 young children or 14%, compared with 1,881 and 23% in 2010).

Figure V-1 shows the level and trends in child poverty in Fort Collins. The data suggest that the increase in poverty was initially due to babies born into families living in poverty in the middle part of the last decade, who are now reflected in the 5 to 17 age range of child poverty numbers and rate.

**Figure V-1.**  
**Child Poverty Trends, Fort Collins, 2000, 2010, and 2012**

Age Range	2000		2010		2012		2000-2010 change	2000-2012 change
	# of Children Below Poverty	% of All Children	# of Children Below Poverty	% of All Children	# of Children Below Poverty	% of All Children		
< 5 years	830	12%	1,881	23%	1,243	14%	1,051	413
5-17 years	<u>1,386</u>	8%	<u>1,825</u>	9%	<u>2,696</u>	16%	<u>439</u>	<u>1,310</u>
<b>Total children</b>	<b>2,216</b>	<b>9%</b>	<b>3,706</b>	<b>13%</b>	<b>3,939</b>	<b>14%</b>	<b>1,490</b>	<b>1,723</b>

Source: U.S. Census Bureau and BBC Research & Consulting.

**Children in single parent households.** Although living in single parent home, per se, isn't a contributor to risk status, single parent households—especially those that are female-headed—have disproportionately high poverty rates.

The 2012 ACS estimates that 12 percent of the City's families are single parents with children, a total of 3,984 single-parent families. This is up from 7 percent in 2012. The vast majority of these households (2,982 or 75%) were female-headed, with the balance male-headed (1,002 or 25%).

Of these households, 1,355 or 34 percent were living in poverty in Fort Collins. This compares to just 8 percent of married couple households with children. Poverty rates were much higher for female- (36%) than male-headed (28%) households.

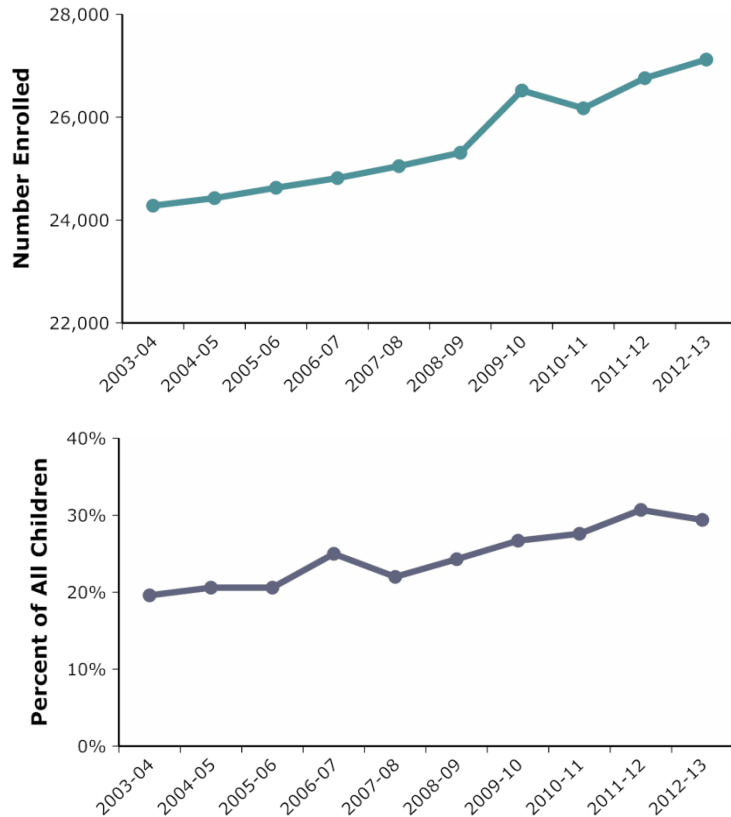
Analysis conducted for the recent Fort Collins' Analysis of Impediments to Fair Housing Choice (AI) found just one block group in the City with a concentration of female single parents. This block group, located on the northern border of Fort Collins just west of 287, is also an area of concentrated poverty and thus, likely an indication of an area with at-risk youth.

**Children enrolled in Free and Reduced Lunch program.** According to Compass of Larimer County, 27,121 children in the Poudre School District (PSD) were enrolled in the FRL program during the 2012-13 school year. This represented 29 percent of all children in the district.

The number of students enrolled in the program has steadily increased during the past 10 years, rising by 2,840, or 12 percent, since the 2003-04 school year. The largest increase occurred in 2009, when 1,200 more children enrolled in the program; this was followed by a slight decline the following year. These trends are shown in Figure V-2.

**Figure V-2.  
Free and Reduced Lunch  
Enrollment and Eligibility,  
Poudre School District,  
2003-04 to 2012-13**

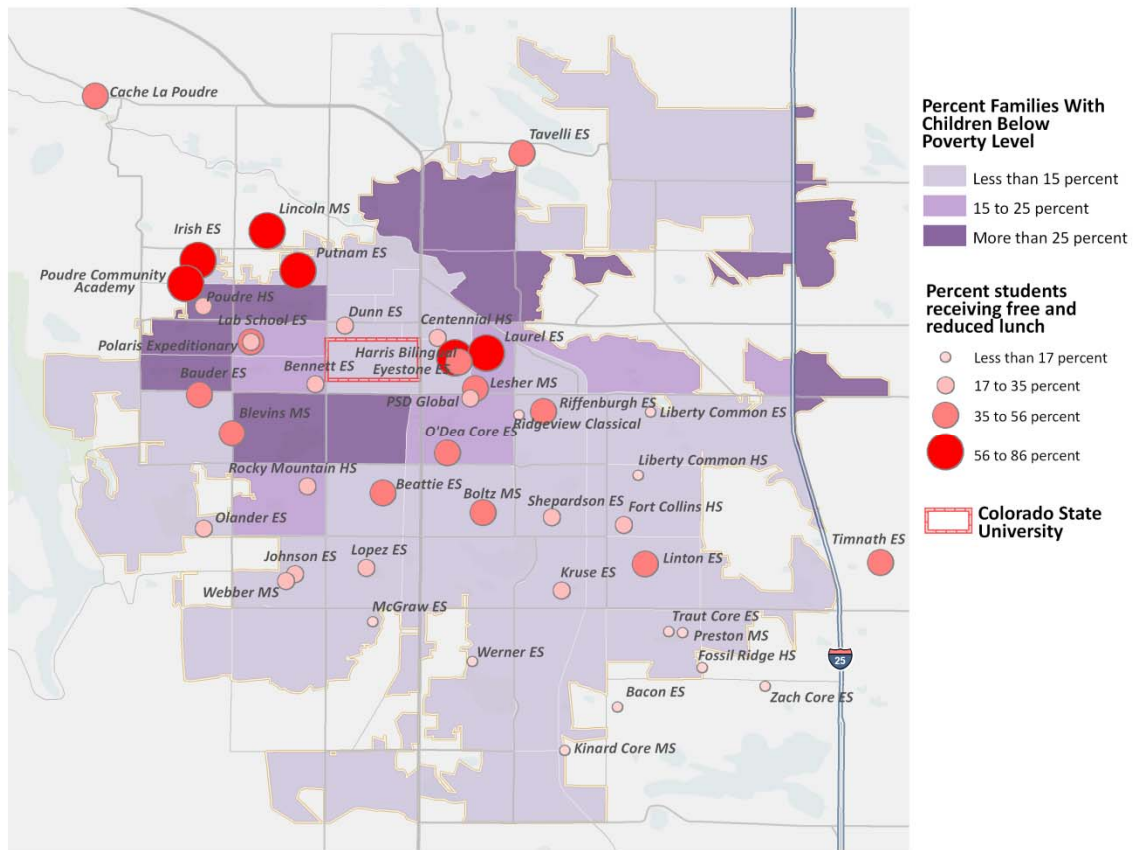
Source:  
Larimer County Compass,  
[http://www.larimer.org/compass/school/unch\\_ec\\_inc.htm](http://www.larimer.org/compass/school/unch_ec_inc.htm).



Even with these increases, FRL enrollment in PSD is lower than other districts in the county (37% of children for Thompson and 35% for Park) and the state (42%).

Figure V-3 shows the location of schools by FRL enrollment overlaid with family poverty. Schools with the highest FRL enrollment are located in the northeast portion of the City, some just beyond City boundaries. Some, but not all of these schools, have low academic proficiency rates (discussed below in the education section)—yet it does not appear that FRL and low performance are highly correlated.

**Figure V-3.**  
**Children Enrolled in Free and Reduced Lunch Program and Poverty Concentrations, 2010 and 2012-13**



Source: 2010 Census, Larimer County Compass, BBC Research & Consulting.

**Children receiving child care subsidies.** The number of families enrolled and/or eligible in the State of Colorado Child Care Assistance Program (CCAP), administered in Larimer County by the Department of Human Services, is another indicator of young children whose families have limited resources. The program subsidizes child care cost for qualifying families who are working, searching for a job (30 days/year) or teen parents enrolled in school or a job training program. The current CCAP qualifying income limit for a family of four is \$34,572—roughly in between the federal poverty level and the upper bound for the FRL program. Like the FRL, qualifying income limits are tied to the poverty threshold.

According to Larimer County, the CCAP program currently provides subsidized care to 1,032 children in Larimer County—about 80 percent of the number of young children living in poverty in Fort Collins during 2012. This is down from a decade high of 1,480 children in 2004. It is important to note that trends in the use of the CCAP are not always suggestive of changing demand for need because they incorporate changes in eligibility thresholds (e.g., the eligibility threshold varied from between 140% and 185% of the poverty level in the past decade).

The Colorado Preschool Program (CPP) is a state program that subsidizes early childhood education services, including those delivered through public schools and Head Start. The

program focuses on children who have identified risk factors that could impair their success in school. In 2012, 370 children in PSD received assistance. The number of children who receive subsidies is determined through the state’s school finance formula.

**Children with educational challenges.** This section discusses the educational data available to identify at-risk students in Fort Collins, including drop-out rates, suspension/expulsion statistics and low performance on standardized tests.

**Dropped out of school.** The Colorado Department of Education’s (CDE) statistics report that 191 7<sup>th</sup>-12<sup>th</sup> graders in PSD dropped out of school during the 2011-12 school year, for a drop-out rate of 1.4 percent. According to Compass, drop-out rates have declined substantially since the 2006-07 and 2007-08 years, when there were 2.5 and 2.6 percent, respectively. The 2011-12 drop-out rate was slightly higher for the Thompson School District (1.8%) and about the same for Park (1.5%).

Figure V-4 shows drop-out rates by gender and race/ethnicity. Although still mostly low, the drop-out rates are highest for African American females and American Indian/Alaskan Native and Hispanic females and males.

**Figure V-4.**  
**School Drop Out Rates by Gender and Student Race or Ethnicity, Poudre School District, 2011-12 School Year**

	# of Children Dropping Out		% of All Children	
	Female	Male	Female	Male
<b>Total</b>	<b>90</b>	<b>101</b>	<b>1.4 %</b>	<b>1.5 %</b>
African American	3	1	3.5 %	0.9 %
American Indian/Alaskan Native	1	3	2.5 %	7.3 %
Asian	1	4	0.5 %	1.9 %
Hispanic/Latino	36	42	3.4 %	3.9 %
Native Hawaiian/Pacific Islander	0	0	0 %	0 %
White	46	47	0.9 %	0.9 %
Two or More Races	3	4	1.5 %	1.9 %

Source: Colorado Department of Education.

**Suspended or expelled.** CDE also tracks school suspensions and expulsions by district. During the 2012-13 school year, PSD had 398 classroom suspensions, 1,258 in-school suspensions, 1,408 out-of-school suspensions and 27 expulsions. Ninety children were referred to law enforcement. The unduplicated count of actions was 1,498 and the total number was 4,666, which means that, on average, each child had three infractions which led to a suspension or expulsion.

**Low performance.** Data from state standardized tests report the numbers and proportions of children who have unsatisfactory knowledge of a subject area or are partially, but not fully, proficient. In PSD, the number of students with unsatisfactory performance in 2013 ranged from 1,161 (writing) to 3,290 (mathematics). Students scoring partially proficient ranged from 4,352 (reading) to 9,314 (writing). The portion of this section discussing education provides more detail on school performance, particularly in relation to poverty concentrations.

**Youth with challenges to stability.** Household stability—particularly as it relates to consistency in schools—has been shown to be an important factor in educational achievement. In a recent brief, the Center for Housing Policy reports on the two different types of moves that research has shown affect a children’s education: residential mobility (moving to a new house, with or without changing schools) and school mobility (changing schools with or without changing residences).<sup>2</sup> Research has consistently demonstrated that children who change schools often or at critical points in their education experience (kindergarten and high school) show declines in educational achievement.<sup>3</sup> Research has shown that schools also suffer from children experiencing “hyper-mobility” due to the diversion of school and teacher resources.

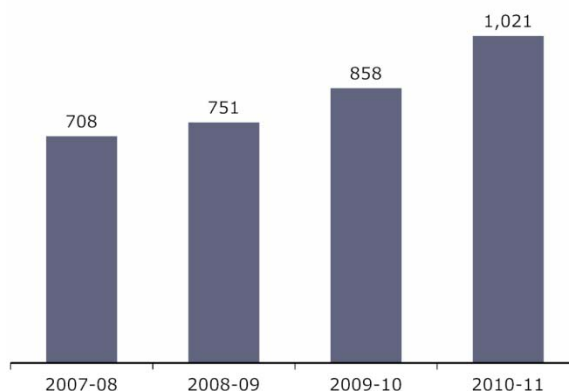
This section discusses Fort Collins youth who are experiencing instability as measured by homelessness, educational statistics on mobility, and those living with someone other than their parent.

**Homeless youth.** Under the McKinney-Vento Act, school districts are required to report the number of students age 21 and younger who “lack a fixed, regular and adequate nighttime residence.” Students meeting this definition are considered homeless.

In the 2010-2011 school year, PSD reported 1,021 homeless students. Figure V-5 demonstrates that the number of homeless students in PSD schools has increased significantly in recent years. The number of homeless youth reported by PSD greatly exceeds the number of homeless youth observed in the Fort Collins Point-in-Time Homeless Count. In that study, 49 persons under the age of 18 were counted as homeless—33 found in emergency shelters, 12 in transitional housing and four unsheltered. This suggests that many of the homeless youth observed by PSD may be “couch surfing,” temporarily staying with relatives, or “doubling up” with other families.

**Figure V-5.**  
**Number of Homeless Students Enrolled in Poudre School District, 2010-2011 School Year**

Source:  
<http://www.psdschools.org/student-support/federal-programs/homeless-students>.



**Youth changing schools.** During the 2011-12 school year, 4,808 students moved into or out of PSD, for an overall student mobility rate of 16.6 percent. This is much lower than the mobility

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<sup>2</sup> As discussed in the brief, availability of affordable housing may increase student stability.

<sup>3</sup> [http://www.nhc.org/media/files/Insights\\_HousingAndEducationBrief.pdf](http://www.nhc.org/media/files/Insights_HousingAndEducationBrief.pdf)

rate for the state of 24.7 percent. Approximately 668 students moved in and out of the district more than once, as indicated by the duplicated number of moves of 5,476.<sup>4</sup>

The student mobility rate differed by race and ethnicity, with African American students having the highest mobility rate and White and Hispanic students with the highest number of more than one move, as shown in Figure V-6.

**Figure V-6.**  
**School Mobility by Student Race or Ethnicity, Poudre School District, 2011-12 School Year**

	# of Children Moving In/Out of PSD	% of All Children	# of Moves	# of Children with More than One Move
<b>Total</b>	<b>4,808</b>	<b>17 %</b>	<b>5,476</b>	<b>668</b>
African American	107	26 %	128	21
American Indian/Alaskan Native	38	23 %	50	12
Asian	217	22 %	254	37
Hispanic/Latino	996	20 %	1,199	203
Native Hawaiian/Pacific Islander	6	17 %	6	0
White	3,269	15 %	3,637	368
Two or More Races	175	19 %	202	27

Source: Colorado Department of Education.

**Grandparents caring for children.** The 2010 Census reported that 224 children in Fort Collins had grandparents as their primary caregivers.<sup>5</sup> These children live with their grandparents without a parent present and represent about 1 percent of all children in Fort Collins. Another 567 children, or 2 percent of all children, live with their grandparents with a parent present.

The City’s Grand Families organization estimates the number of grandparents caring for their grandchildren at a much higher 3,000.

This statistic is not always an indicator of being at-risk, but may suggest prior parental difficulty or trauma, which is the reason that the children are not being cared for by their parents. The Colorado Department of Health reports that in 2010, just 0.5 percent of children in the county experienced maltreatment—about 144 children if applied to Fort Collins’ child population.<sup>6</sup>

**Children who experience neglect or abuse.** Statewide, in 2012, 5,064 children were served by child advocacy centers that assist abused children. According to the National Children’s Alliance, the umbrella organization for child advocacy centers, 67 percent of children were female; 33 percent were male.

<sup>4</sup> 5,476 duplicated moves – 4,808 unduplicated moves = 668.

<sup>5</sup> About 900 grandparents have grandchildren living in their homes, but most have parents present.

<sup>6</sup> P:\13047 Fort Collins Sustainability\Health-Wellness\Larimer County Health Indicators from CDPHE.xlsx.

The number of alleged offenders (3,693) was less than the number of children abused, indicating that offenders often victimized more than one child. Offenders were most likely to be an “other known person” or relative (both 26% of cases), followed by a parent (22%).

The most common type of abuse was sexual (73% of all abuse types). Children who are minorities were disproportionately victims of abuse.

The child advocacy center in Larimer County serves 300 children annually—about 1 percent of all children in the county.

Childsafe—a nonprofit in Larimer County that provides therapy to children who have been victims of sexual abuse—serves about 600 victims annually, 68 percent of whom reside in Fort Collins. The organization accepts private health insurance and Victim Compensation. A sliding fee scale based on income is used.

**Teen pregnancies.** Health care statistics on sexual activity can also be used to indicate at-risk status among older youth. Teens that become pregnant are much more likely to drop out of high school and face long-term educational and employment challenges.

Teen births in Larimer County have been declining since 2009, as has the teen fertility rate. Larimer County’s 2012 teen fertility rate, 8.8 per 1,000 women ages 15 to 17, is lower than Colorado’s rate of 11.9.

**Figure V-7.**  
**Teen Births and Fertility Rate, Larimer County, 2008-2012**

Source:  
Colorado Department of Health

Year	Teens ages 15 to 17	Teen Fertility Rate (per 1,000)	
	# of Births to Teens, Larimer County	Larimer County	Colorado
2008	71	12.9	21.6
2009	72	13.2	20.1
2010	66	12.3	17.4
2011	53	9.9	14.0
2012	47	8.8	11.9

**Teens with mental health challenges.** According to the Institute on Mental Health data, mental illness among adolescents is much higher, for both serious mental illnesses and any mental illness. According to the data, as many as 1,500 adolescents have a serious mental illness (8% of adolescents) and 8,000 have any type of mental illness (43%).

The Alliance for Suicide Prevention in Fort Collins reports that, during 2012, 273 adolescents referred friends to the organization for help or sought help themselves for mental illnesses that were severe enough to warrant concerns about suicide.

**Resources.** This section provides an overview of the organizations in Fort Collins which assist at-risk youth and/or families with children at risk. This discussion is not meant to be all inclusive of the City’s program; instead, it highlights organizations which specialize in working with at-risk youth. These are often the “go to” or frontline organizations that youth and families contact or are referred to when in need.



**CASA and Harmony House.** CASA, or Court Appointed Special Advocates, provides advocacy for children who have been abused and neglected as their cases move through the court process. CASA volunteers are appointed by a juvenile judge. CASA of Larimer County is part of a national network of CASA organizations.

According to CASA, the majority of their clients are low income, with 50-60 percent earning less than 30 percent of the area median income (AMI). Mental illness and substance abuse is common. During 2012, CASA served 228 children and Harmony House served 585 children.

The Harmony House, a program of CASA, is a visitation center that allows supervised visits of family members and children. Some, but not all, of these meetings are court-ordered. The house also operates as a safe exchange site for families/guardians.

**Child Advocacy Center.** The Child Advocacy Center (CAC) works with children who have been abused to provide them and their non-offending family members access to needed supports and services. CAC is part of the National Children's Alliance. The organization provides "forensic interviews" of children after allegations of abuse to assist the county human services department and law enforcement in child abuse investigations. Non-offending parents/caregivers receive counseling and support referrals. The organization also conducts education and outreach to teach children how not to become vulnerable in situations that could lead to more sexual abuse.

CAC serves approximately 300 children per year. All income levels are served. The organization notes that children are 46 times more likely to be abused if they are below the poverty line. Mental illness and domestic violence are also common.

**Childsafe.** Childsafe assists children who have experienced sexual abuse. Services provided include therapy (group, individual, family), parenting classes, and referral to supplemental programs. Bilingual services are available. The organization was founded initially to provide services to group of teens who were being treated through individual therapists and has expanded to serve more than 600 children annually.

The organization's Child Sexual Abuse Treatment program was, in the organization's words, "developed to repair the damage done to young victims and their families." The outpatient program serves victims ages 2 to 18 in a combination of individual, group, and family therapy. Most clients have very low incomes.

**Crossroads Safehouse.** The Safehouse, which is discussed in more depth in the section on Victims of Domestic Violence, offers a youth program that helps children and teens increase self-esteem, develop and practice coping and communication skills, and learn alternatives to aggressive behaviors.

Programs offered to children in the broader community include: 1) Youth Advocacy, which provides therapy to children and teens affected by domestic violence (one-on-one sessions as well as meeting with family members); 2) The Elementary Education program to help 4<sup>th</sup> and 5<sup>th</sup> grade PSD students cultivate healthy relationships as part of their character development; and 3) The Teen Dating Violence Institute, which is a peer-education approach to teaching young people about dating violence (presented by high school seniors to PSD middle and high school students).

**LaFamilia/Family Center.** This organization’s mission is to provide affordable, accessible, high quality early childhood education (ECE) and family strengthening services. These services are delivered through the organization’s licensed ECE program; home visitations; youth programs; health and wellness initiatives; and adult education/ESL/computer services.

**Larimer County Workforce Center.** The Workforce Center offers youth services, has a website dedicated to programs for youth and maintains a Facebook presence to connect with youth looking for job training and employment. The YouthLINK Fast Track Scholarship and Employment Program for High School Seniors helps seniors transition from high school to gainful employment or continuing education through job search assistance, internships and scholarships. Seniors must be eligible to work in the U.S., live in a low income household or have a disability or be living in foster care and have an active interest in pursuing employment following graduation.

**Realities for Children.** This nonprofit provides emergency services, organizational support, community awareness and youth activities to abused and neglected children in Larimer County. Emergency funding is available on a case-by-case basis for children who have no other resources to meet their needs. The goal of the youth activities program is to enable children to “enjoy being a child,” as well as to provide creative outlets to work through the difficulties experienced by the children in the program.

**The Center for Family Outreach.** The Center for Family Outreach serves youth and families struggling with substance abuse, disruptive or high-risk behaviors, and/or family conflict. The organization offers a 90-day voluntary program to assist youth and families with substance abuse challenges and/or disruptive or high-risk behaviors. Services offered include counseling and therapy, FED and academic tutoring, art enrichment, community service, and substance abuse monitoring. Parent classes to strengthen parenting skills are also offered. The Center also runs a diversion program and more intense intervention programs for teens who have received a legal summons.

**The Matthews House.** The Matthews House is a youth empowerment program that assists youth between the ages of 16 and 21 with life skills. Many of the youth assisted by the organization have been part of the human resources, foster care, or juvenile/justice system, live below the poverty level, and have experienced abuse; some are homeless. Youth are referred to the Matthews House by county human services, the school district, the justice system, and other nonprofits that work with at-risk youth. The Matthews House reports a very high success rate for juvenile offenders who are referred to them: 92 percent of the youth who have completed their program have not re-offended. The programs at the Matthews House have also been shown to reduce the number of youth receiving residential treatment and, instead, living independently with supportive services.

The Matthews House programs assist youth in finding safe and affordable housing; obtaining needed physical and mental health care; finding employment or receiving job training; pursuing their education; and development independent living and social skills.

**Touchstone Health—Namaqua Center.** The Namaqua Center within Touchstone Health, a mental health provider, assists children who have experienced trauma, have severe behavioral

challenges, and/or have a diagnosed emotional disturbance. Programs include a Family Support Program for families with children who are severally behaviorally challenged; support to grandfamilies in the form of classes, networking and family events; Wondercamp, a skill building program for children with severe emotional disturbances who need structure and support during school holidays; a mentor program for court-appointed family clients; and respite care for families.

**Turning Point.** The Turning Point Center for Youth and Family Development provides therapeutic services to youth and families through individual therapy sessions or in a residential treatment facility. The organization utilizes “evidence based practices”—those for which research has proven their effectiveness—in its programs. Services include therapeutic coaching; therapy; a 45-day substance abuse recovery program; crisis intervention; a DUI/DWAI class; and special community courses (e.g., CPR).

Children are referred to their program by schools, the Larimer County Department of Human Services, and similar state departments. Health insurance covers many of the services provided by Turning Point; the organization also accepts Medicaid.

Turning Point’s education programs include schooling alternatives for at-risk and expelled students. The goal of the educational programs is to prepare youth for return to the public school system or a post-secondary education. Career exploration—helping students find a career path that will motivate them to stay in school and continue on to secondary education—is a key focus.

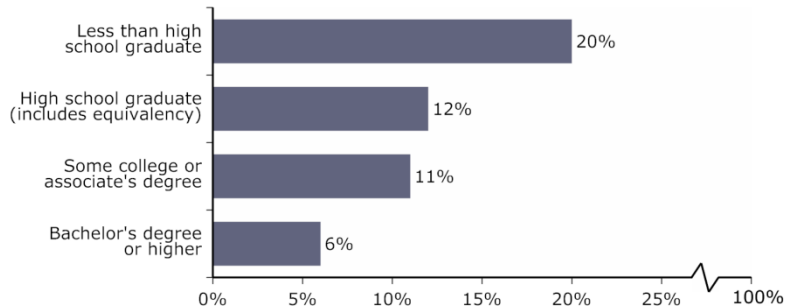
## Education

A quality and supportive learning environment is not only important to at-risk youth. A robust body of research shows that quality education, including early learning, leads to better long-term outcomes for all children.

The vast majority of Larimer County children attend public school (92%).<sup>7</sup> And for those who graduate from high school, economic outcomes are much better than for those who do not. As shown in Figure V-8, Fort Collins' residents with a high school degree have much lower poverty rates than those who do not. As to be expected, poverty rates are lowest for those who have graduated from college.

**Figure V-8.**  
**Poverty Rate for the**  
**Population 25+ Years, by**  
**Educational Attainment**  
**Level, 2012**

Source:  
American Community Survey, 2012.



Therefore, delivery of a quality public education program is a very important component of the community's sustainability. This section provides an overview of the educational environment in Fort Collins, beginning with ECE, a critical component in the system.

**Early Childhood Education (ECE).** How to improve educational outcomes for very low income children is a subject of much research and debate and the answer remains unclear, except for the impact of ECE programs. A growing and robust body of research shows very strong outcomes of early childhood education programs, especially for disadvantaged youth.

Some of the more convincing arguments for funding ECE programs are put forth by economists. The prominent economist James Heckman has found that the Perry Preschool program—a pilot ECE program in Michigan targeted to low income children—produced between \$7 and \$12 of “tangible benefit to the American economy” for every \$1 invested.<sup>8</sup>

Studies of similar programs—the Abecedarian Project in North Carolina and the Child-Parent Center program in Chicago—have found very large, positive returns for taxpayers. Benefits across programs included increased tax revenue from program participants (who are more likely to attain full employment), reduced costs to the criminal justice system, reduced costs to school systems for special programs, and reduced welfare costs. For example, a startling finding

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<sup>7</sup>About 7 percent attend independent (private) schools, .8 percent are home schooled and .4 percent take classes online, according to Larimer County Compass.

<sup>8</sup> Paul Tough, “How Children Succeed: Grit, Curiosity, and the Hidden Power of Character,” Mariner Press, 2012.

from the Chicago program was a 70 percent reduction in the risk that a child would be arrested for violent crime in their teens for those participating in the program.<sup>9</sup>

Similarly, Jack Shonkoff of Harvard argues that an effective program of support for parents of low income children while their kids are young would be much less expensive than our current approach of paying for remedial education and job training.<sup>10</sup> Similarly, Gabriella Conti and James Heckman state in a recent paper, *The Economics of Child Well-Being*, that “prevention is more cost effective than remediation...most adolescent and adult remediation programs are ineffective and have much lower returns than early childhood programs that prevent problems before they occur.”<sup>11</sup>

**Demand.** The 2012 ACS reports that there are 28,450 children in Fort Collins. One-third, or 8,900 children, are under the age of 5 years and an estimated 3,500 are ages 3 and 4—preschool-aged. The Census estimates that 2,700 children in the City are enrolled in a preschool program. This represents 77 percent of all preschool-aged children, an impressive proportion.<sup>12</sup> The vast majority of these children (82%) attend a private preschool program, leaving about 500 children enrolled in public early learning programs.

It is unclear if the 23 percent of preschool-aged children in the City are not enrolled in a formal program because of costs, wait lists, or parental preferences and if these children would take advantage of preschool programs if the programs they desired were available. The Census estimates that 1,284 children under the age of 12 live in households with parents who work full time and earn less than 50 percent of the AMI. These families likely need child care.

## K-12 Education

As mentioned above, most children in Fort Collins attend public school. Many of the public schools in the City are strong, based on standardized reading and math proficiency test scores. In a handful of schools, proficiency rates are quite low.

Specifically, a little more than half (56%) of public schools in the City have 2013 4<sup>th</sup> grade student reading proficiency rates exceeding PSD’s overall (79%). In three schools, 4<sup>th</sup> grade reading proficiency rates are less than 50 percent.

Reading proficiency rates in the nine middle schools located in the City are much better in 7<sup>th</sup> grade, with just three reporting rates below PSD’s overall rate (two of these exceed 70%; one is 53%). Four of the nine high schools in the City have 10<sup>th</sup> grade reading proficiency rates higher than 79 percent; two have rates that barely exceed 50 percent.

High school math proficiency scores show a wide variance. For example, just one high school in the City has math proficiency above 70 percent (and this school is a high performer at nearly

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<sup>9</sup> The Minneapolis Federal Reserve has dedicated an entire webpage to the topic: [http://www.minneapolisfed.org/publications\\_papers/studies/earlychild/](http://www.minneapolisfed.org/publications_papers/studies/earlychild/)

<sup>10</sup> *Ibid.*

<sup>11</sup> National Bureau of Economic Research, working paper 18466.

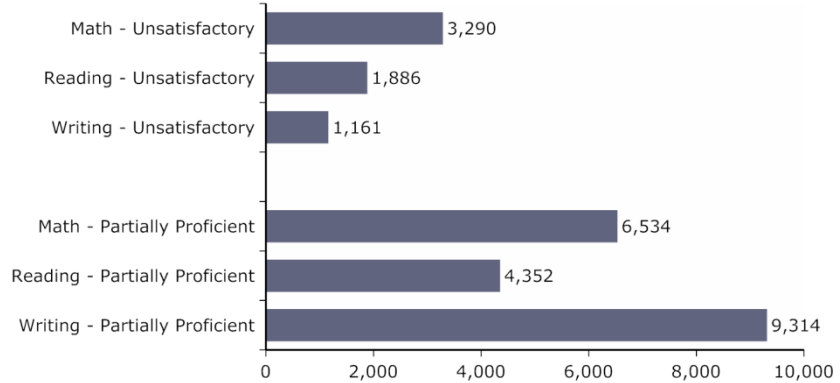
<sup>12</sup> Census data suggest Denver’s preschool enrollment, by comparison, is about 70 percent.

97% proficiency). In some high schools, proficiency rates are in the single digits and most are below 50 percent. Beginning with middle school, math proficiency rates begin to lag reading proficiency for many schools: For example, the median 10<sup>th</sup> grade math proficiency score for Fort Collins high schools is just 41 percent, compared to a median reading score of 78 percent.

Figure V-9 shows the number of 3<sup>rd</sup> through 10<sup>th</sup> grade students in PSD (not just Fort Collins) who scored unsatisfactory or partially proficient on the 2013 state standardized tests for math, reading and writing. Based on standardized test scores, the numbers of students who struggle academically total 9,800 in math, 6,200 in reading, and 10,500 in writing.

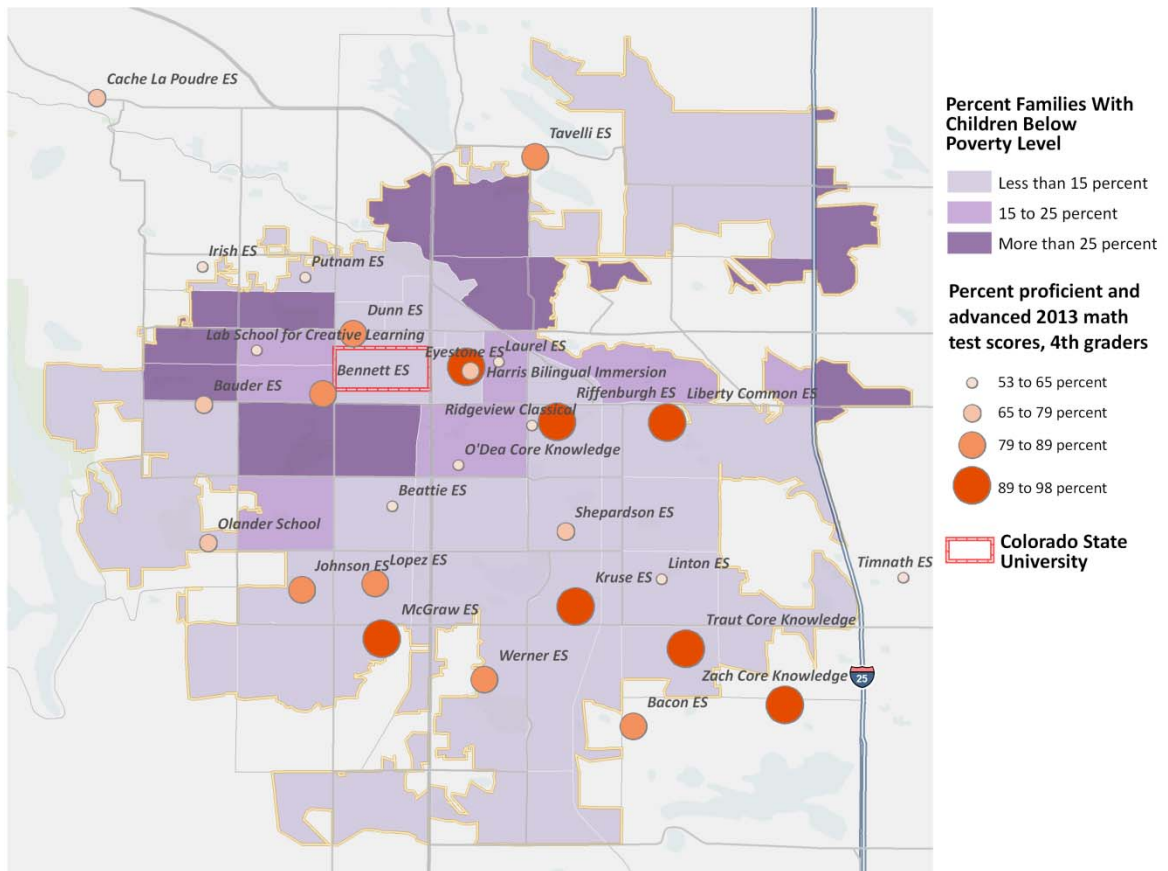
**Figure V-9.**  
**Number of 3<sup>rd</sup>-10<sup>th</sup>**  
**Grade PSD Students**  
**Scoring Unsatisfactory**  
**or Partially Proficient**  
**on State Standardized**  
**Testing, 2013**

Source:  
Colorado Department of Education.



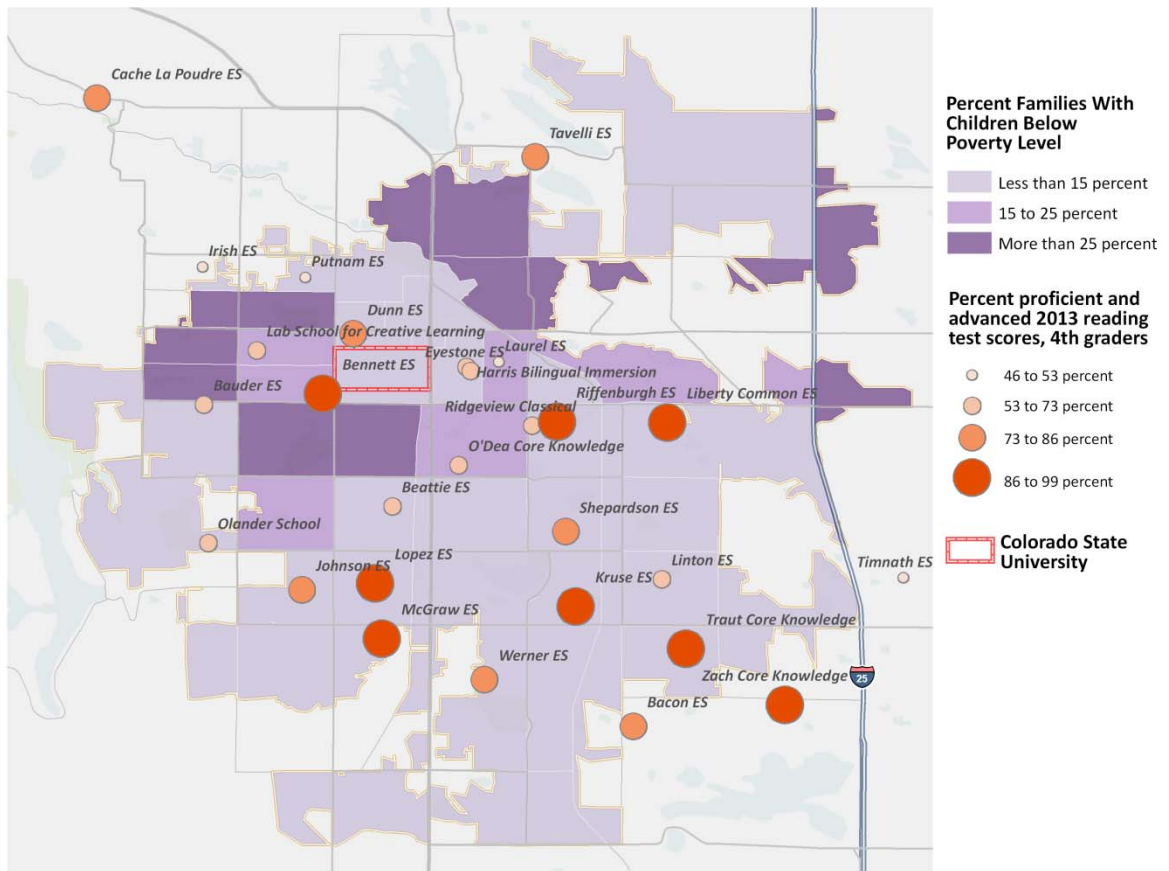
Figures V-10 through V-15 show reading and math proficiency rates by school overlaid on family poverty rates. As the maps demonstrate, some, but not all, of the lower performing schools are located in neighborhoods with higher rates of poverty.

**Figure V-10.**  
**Percent 4<sup>th</sup> Graders Scoring Proficient and Advanced in Math and Poverty Concentrations, 2010 and 2013**



Source: 2010 Census, Colorado Department of Education.

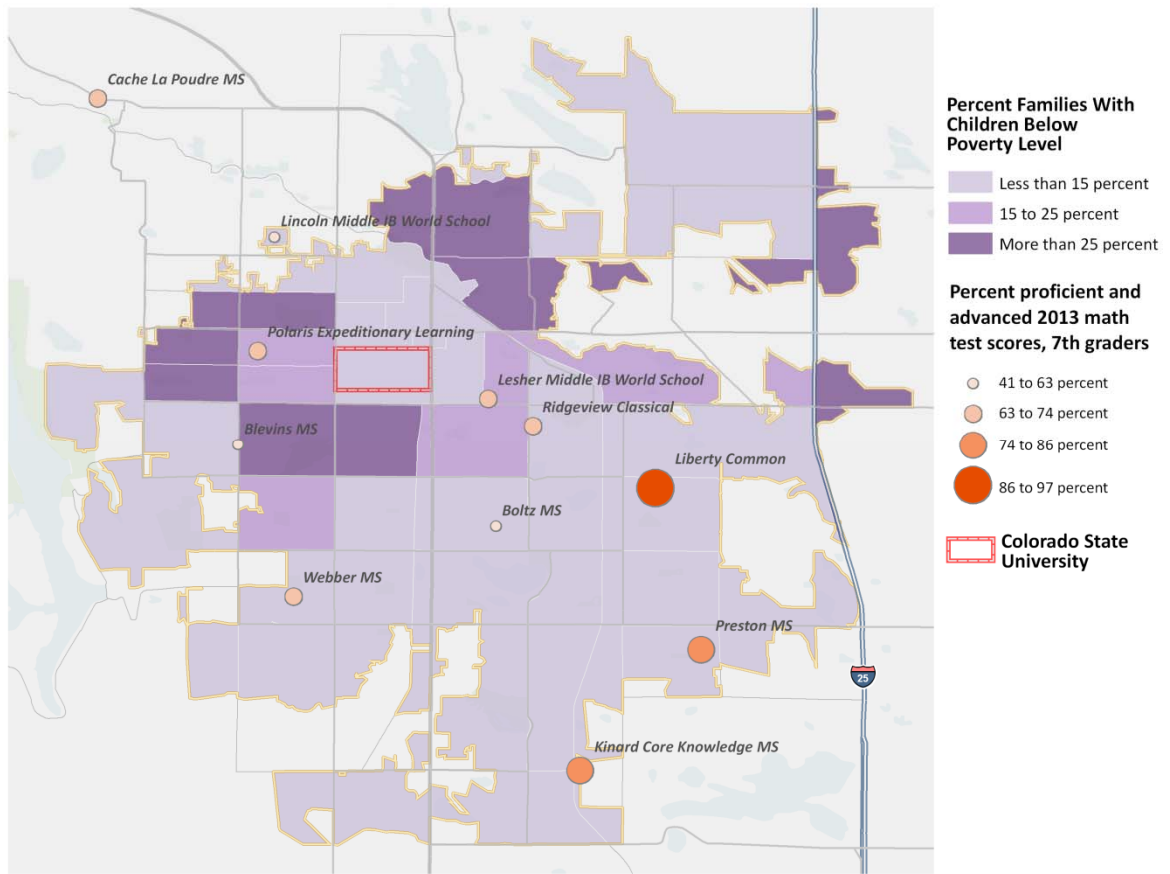
**Figure V-11.**  
**Percent 4<sup>th</sup> Graders Scoring Proficient and Advanced in Reading and Poverty Concentrations,**  
**2010 and 2013**



Source: 2010 Census, Colorado Department of Education.

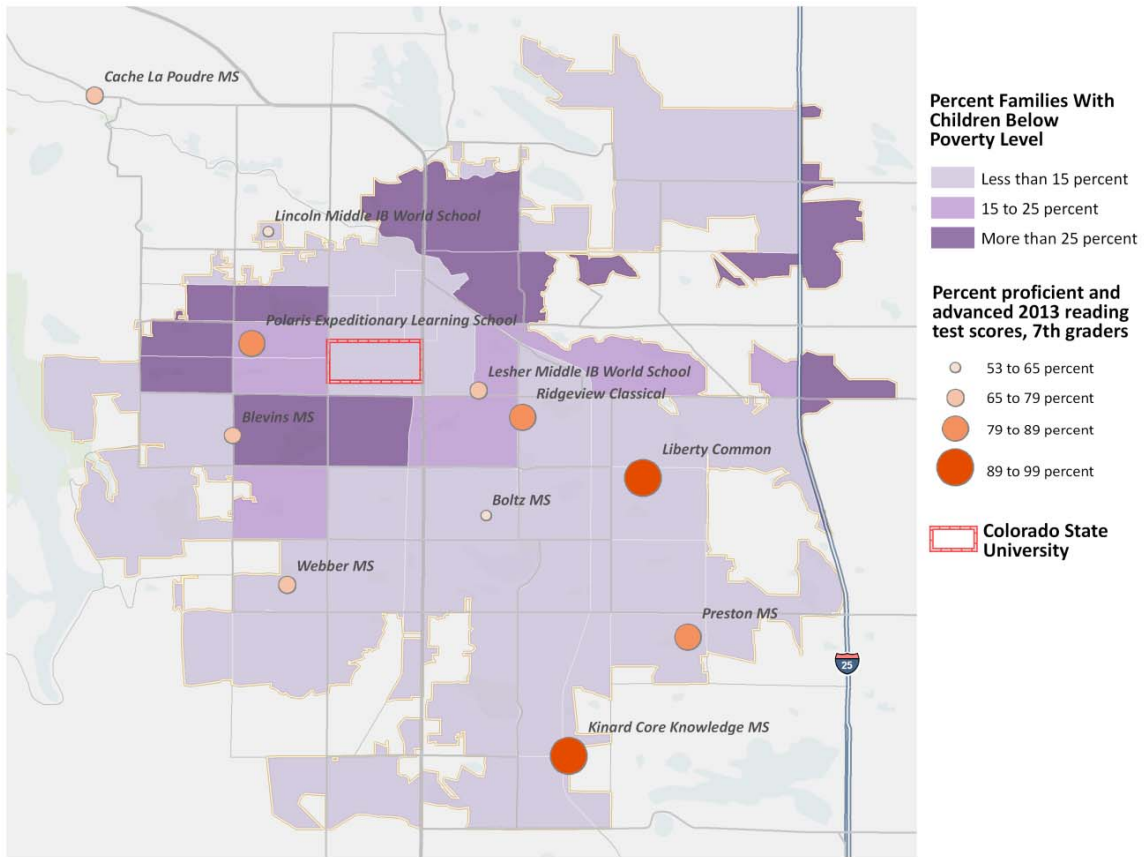


**Figure V-12.**  
**Percent 7<sup>th</sup> Graders Scoring Proficient and Advanced in Math and Poverty Concentrations, 2010**  
**and 2013**



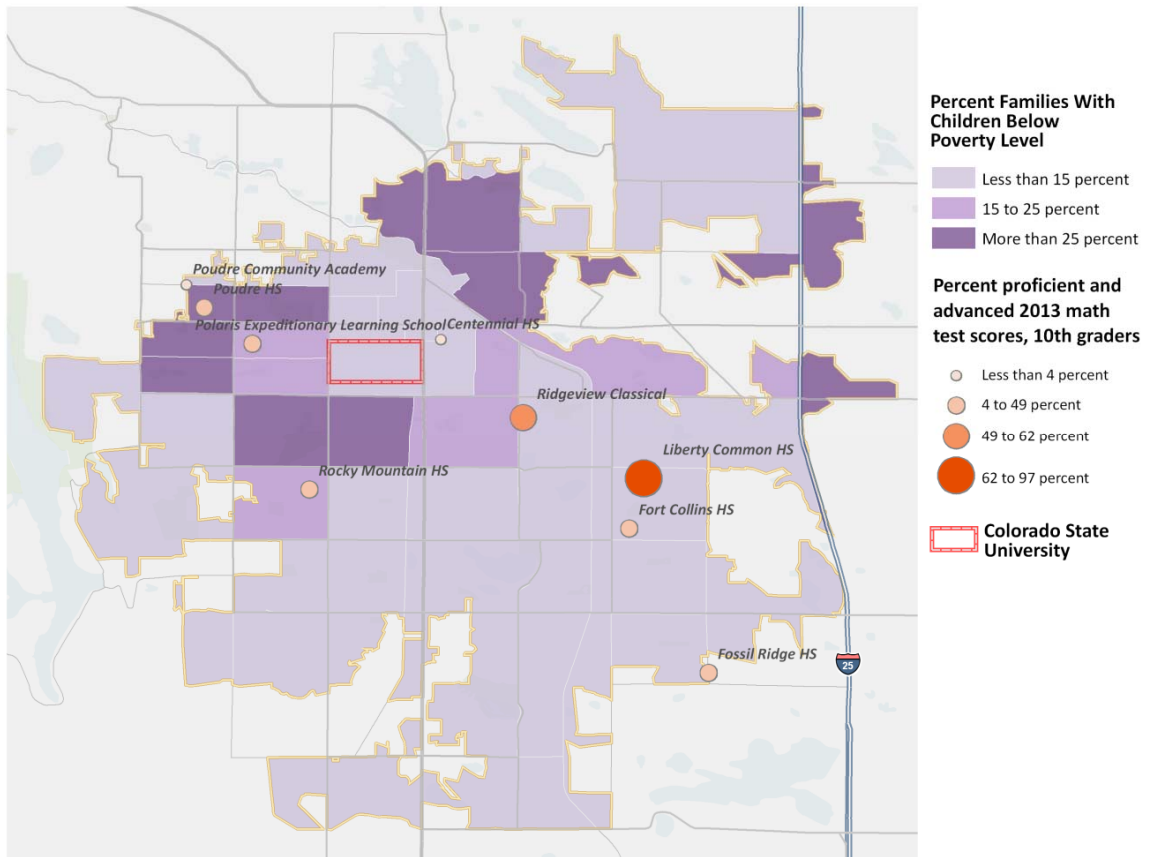
Source: 2010 Census, Colorado Department of Education.

**Figure V-13.**  
**Percent 7<sup>th</sup> Graders Scoring Proficient and Advanced in Reading and Poverty Concentrations,**  
**2010 and 2013**



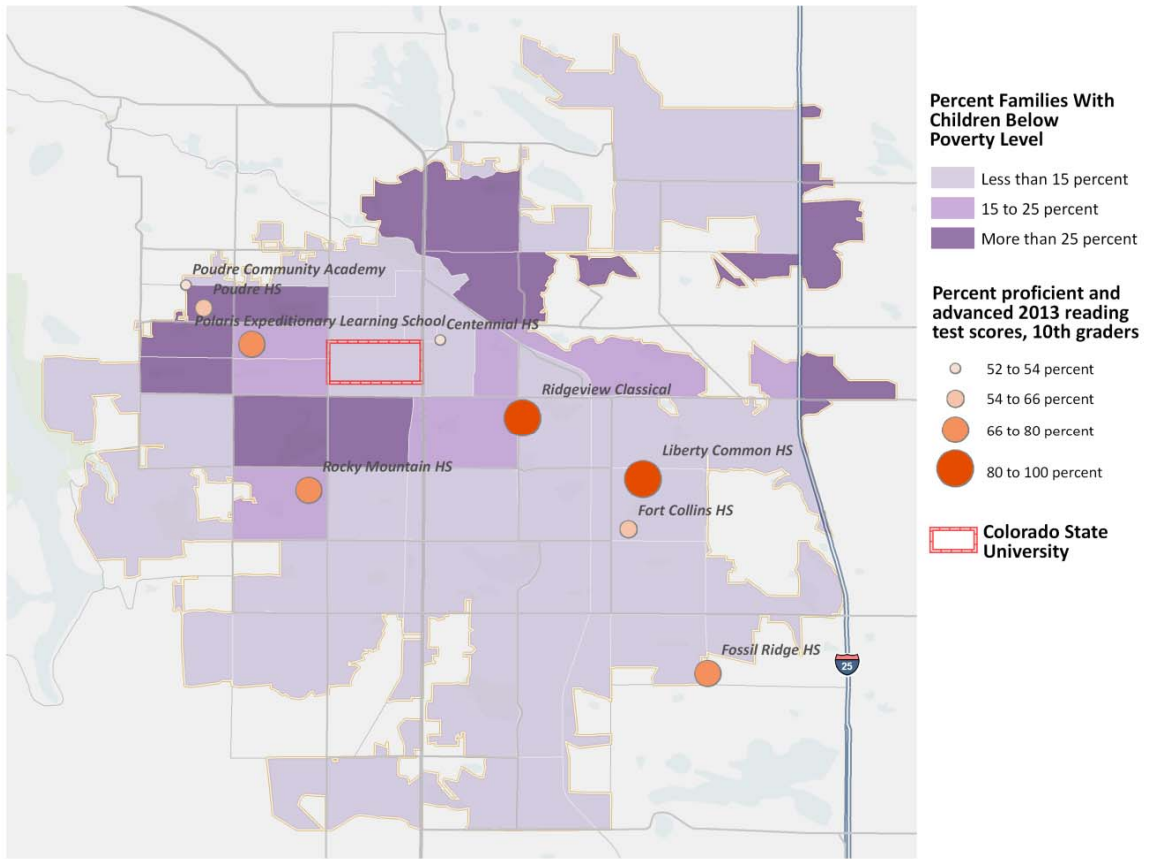
Source: 2010 Census, Colorado Department of Education.

**Figure V-14.**  
**Percent 10<sup>th</sup> Graders Scoring Proficient and Advanced in Math and Poverty Concentrations, 2010**  
**and 2013**



Source: 2010 Census, Colorado Department of Education.

**Figure V-15.**  
**Percent 10<sup>th</sup> Graders Scoring Proficient and Advanced in Reading and Poverty Concentrations,**  
**2010 and 2013**



Source: 2010 Census, Colorado Department of Education.

## Educational Supports

### Child care and ECE subsidies.

**Child Care Assistance Program (CCAP).** As discussed in the at-risk section above, the CCAP is a child care assistance program administered through the Larimer County Department of Human Services and funded by the state. According to Larimer County Human Services, the CCAP program currently serves 1,032 children in Larimer County during 2012—about 80 percent of the number of young children living in poverty in Fort Collins during 2012.

Because of high demand for the program, enrollment was stopped in March 2010 and the wait list capped in December 2011. Future budget cuts will require that the program lower eligibility from 150 percent of the poverty level to 130 percent, meaning that families earning more than 130 percent of the poverty level will no longer qualify. The City of Fort Collins Consolidated Plan estimated that \$1.3 million of supplemental funding is needed to support the program.

**Colorado Preschool Program (CPP).** CPP is another state program that subsidizes early childhood education services (v. child care, the focus of CCAP), including those delivered through public schools and Head Start. The program focuses on children who have identified risk factors that could impair their success in school. In 2012, 370 children in PSD received assistance. The number of children who receive subsidies is determined through the state's school finance formula.

**Early Childhood Council of Larimer County (ECCLC).** The ECCLC is one of 30 early childhood councils that work to improve early learning and care services for Colorado children and families. This includes improving availability and quality of early care and education; health care; parenting; and social and emotional health of families and children.

The ECCLC has recently conducted a number of studies demonstrating need for services in the county, including a decline in the number of centers that accept CCAP payments (from almost 300 in 2007 to 200 in 2012) and a drop in the centers who offer temporary/emergency care, 24 hour care, evening care, and care for children on rotating schedules. Just 12 centers are open before 6 a.m.; 24 are open until 10 p.m.; and nine offer care 24 hours/day. The centers that are open late have limited acceptance of CCAP. Fewer than 20 centers are open on weekends. The vast majority of centers have traditional hours—opening at 7:30 a.m. and closing at 5:30 p.m.—which do not accommodate families who work alternative schedules or are in service occupations.

**LaFamilia/Family Center.** This organization, also discussed in the at-risk youth section, provides child care for infants, toddlers, and preschoolers. The child care provider is unique in that it offers a sliding scale tuition, is bilingual, and offers parent support services. Capacity at the center is 65, with about 70 percent of children participating in the sliding scale tuition program. At the time this report was being prepared, about 120 families were on the wait list for care.

In September 2013, LaFamilia conducted a survey of their families to determine the greatest challenges they currently face, understand which resources they value most at the Center and identify what else they would like offered. The two top challenges reported were lack of time

management and not knowing or having the ability to learn English. The most utilized program at the Center is the parenting support program.

**Teaching Tree.** The Teaching Tree Childhood Early Learning Center provides child care, early learning and school readiness for children 6 weeks to 8 years old. Teaching Tree serves about 185 children in a year, and has the capacity to serve 101 at any time. As of November 2013, there were 103 children on the wait list for care; the majority were young children (54 children were on the wait list for spots serving infants, 6 weeks to 1 year old). About 40 percent of their families are low income. Teaching tree serves an unlimited number of CCAP families and offers sliding fees for families who don't qualify for CCAP.

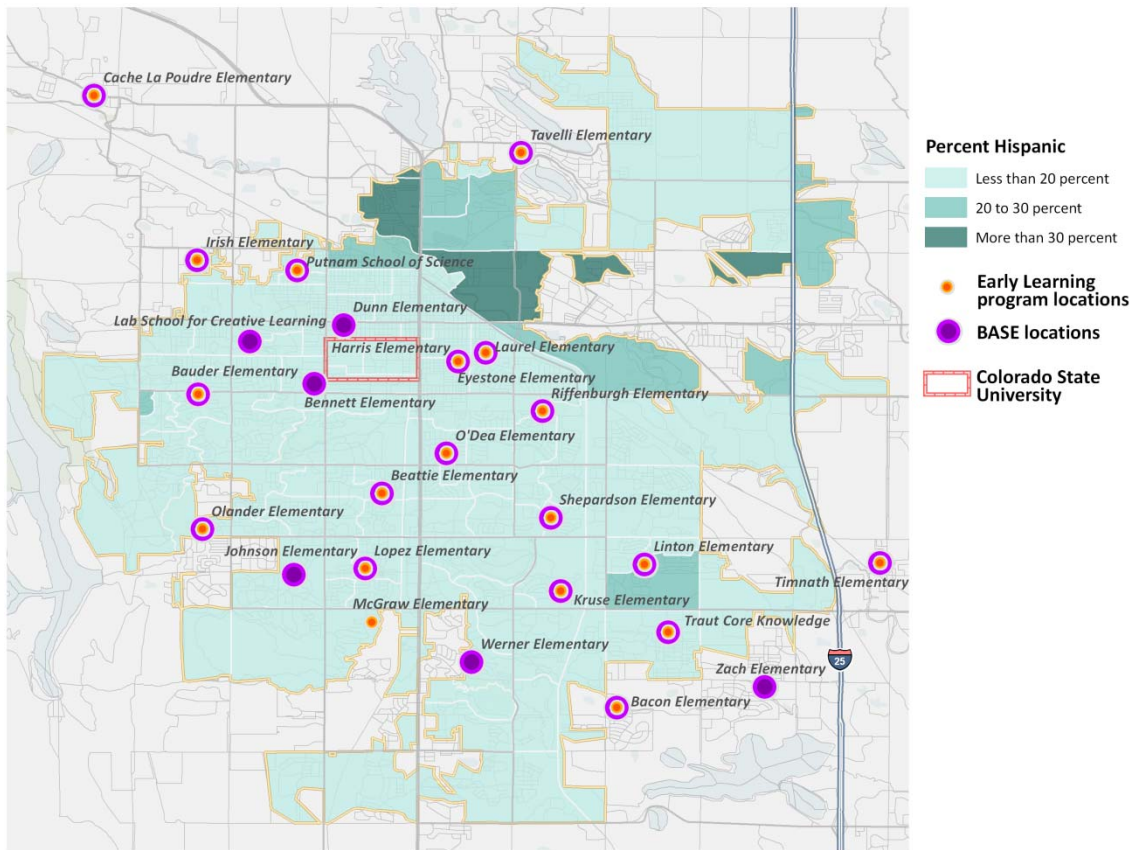
Teaching Tree reports high demand for “immediate” or “emergency” care—e.g., when a parent gets a job and needs care in few days. Often low income parents, these families cannot afford to keep their children in care while job hunting. The organization would like to be able to offer an “emergency” rotating spots for 1-2 children in each class, which would require independent funding.

**PSD ECE.** Fort Collins has ECE and parental support programs available to the public through elementary schools in PSD. These range from Early Head Start qualifying families (serving children birth to age 3) to subsidized preschool programs.

Twenty-one schools in PSD offer early learning programs; six schools do not. These programs are available citywide, except for three schools just west of CSU, which are adjacent to neighborhoods with relatively high family poverty rates.

ECE location can be a barrier to access, especially for families who rely on public transit. Figure V-16 shows the location of PSD ECE programs overlaid with residents who are Hispanic. Locations overlaid with families living in poverty appear in Figure V-17. This map suggests a need for early learning programs in closer proximity to areas of high poverty.

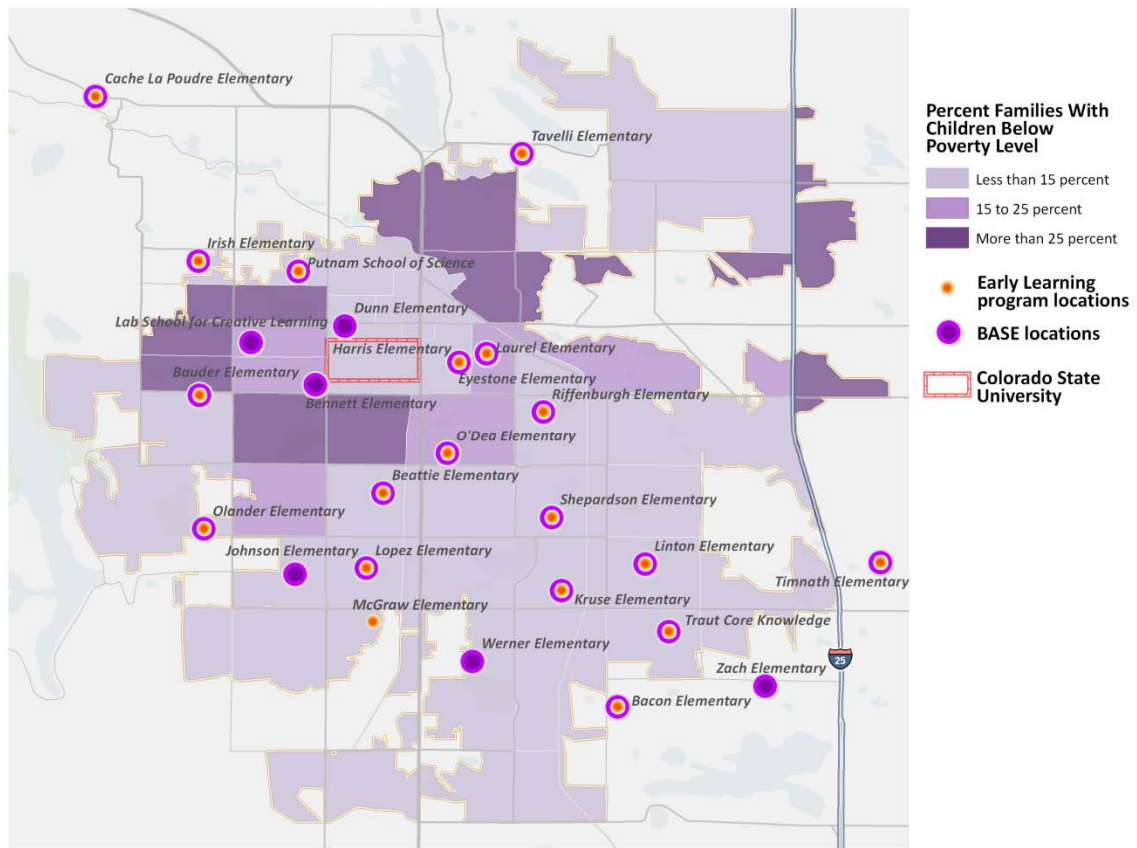
**Figure V-16.**  
**ECE Program and Before and After School Enrichment (BASE) Program Locations with Hispanic Concentrations, 2010 and 2012-13**



Source: 2010 Census, Colorado Department of Education.



**Figure V-17.**  
**ECE Program and Before and After School Enrichment (BASE) Program Locations with Poverty Concentrations, 2010 and 2012-13**



Source: 2010 Census, Colorado Department of Education.

**Before and afterschool programs.** In Fort Collins, two organizations provide much of the before and after school care serving low income children: B.A.S.E. and the Boys & Girls Club.

**Before and After School Enrichment Camp (B.A.S.E.).** B.A.S.E. provides before and after school care, summer camps, and out of school care. The program includes homework assistance, arts and crafts, sports, science, and music activities. Staff are expected to coordinate with their host school to reinforce classroom learning.

The organization mainly serves Fort Collins, although children from surrounding areas also participate in the program. B.A.S.E. has programs in 32 elementary schools in the Fort Collins area. The City serves about 3,000 children ages 3 through 14. The majority of client-families in summer months are low income, as these families have the fewest resources for care during the summer (market rate camps are cost prohibitive). During the school year, about one-third of families are low income. Families pay tuition on a sliding scale program that varies with income levels; these families are assisted through some federal assistance and donations.

The organization aims to help all children who need the program. B.A.S.E. has a goal to take any children during the school year and summer who need care.



As shown in Figure V-17 above, B.A.S.E. is available in most of the PSD schools in Fort Collins except for those west of CSU (areas of higher poverty) and in South Fort Collins.

**Boys & Girls Club.** The Boys & Girls Club in Larimer County has three dedicated clubhouses open daily afterschool until 7 p.m. and during the summer from 7:30 a.m. to 6 p.m. The Club has three main goals for the children it serves: 1) Academic Success, 2) Making sure the children have good character and citizenship, and 3) Making sure the children lead a healthy lifestyle. Seventy percent of children served receive FRL; most of the children live below or are on the edge of poverty. The organization would like to have more resources to serve additional children who could benefit from their programs.

**Gaps.** The gaps in services for at-risk youth and education can be separated into two, broad categories: 1) Unmet demand, or the inability to provide services to all who need them; and 2) Gaps in delivery of quality services, or the inability to deliver the right amount or type of supports needed. This section discusses both.

**Unmet demand.** Unmet demand is the gap between needs and resources that can be measured quantitatively. Unmet demand is evident in wait lists, extensive delays in accessing needed services, and residents who are unserved or unaware of services.

The At-Risk and Education Graphic attached to the end of this section summarizes the needs, resources and gaps in provision of services to at-risk youth, as well as delivery of educational services, particularly to low income children—all of which are discussed above. This graphic represents the unmet demand for at-risk youth and educational programming in Fort Collins.

**Service delivery.** Service delivery means making sure that the right types and amount of services reach residents in need in a timely manner. Evaluating the delivery of services by the organizations that youth in Fort Collins was beyond the scope of this study. However, interviews with providers elicited information on gaps in service delivery and recommendations for improvement. These include the following:

- Youth and families cannot always access programs because of limited transit. For example, some children receive bussing to access the Boys & Girls Club through PSD, but others, who live in Fort Collins and don't attend certain schools, do not have buses provided.
- New or expanded facilities and programs are needed to reduce unmet demand. Many service providers are limited in their current spaces and need to expand to reduce wait lists and/or serve more youth in need. For child care, "immediate" or "emergency" care is needed, especially for infants, for parents who find jobs without much notice.
- Low salaries for staff who work with at-risk youth—combined with the challenges of the job—can cause high turnover, which can adversely affect at-risk youth.

# **SECTION VI.**

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## **Diversity and Equity**

## SECTION VI.

# Diversity and Equity

This section discusses the sustainability of diversity and equity in the City by exploring a wide variety of indicators in the community, including those related to race/ethnicity, gender, religion, culture, and sexual orientation. It should be noted that this section is not all inclusive of all types of diversity and equity, but rather examines where discrimination can be the most common.

### Measures of Diversity and Equity

**Definition.** The City’s Diversity Plan, which was first adopted in 1992, serves as a guide for the City’s efforts, goals, and actions in the area of diversity. In the plan, the City Council committed the City to the “eradication of prejudice and harmful discrimination against any person because of race, color, gender, age, religion, national origin, ancestry or disabilities. The City is also committed to the establishment of a community that fosters, promotes and enforces an environment of mutual respect for all people, regardless of individual differences.”<sup>1</sup>

Indicators of diversity can be difficult to find, other than racial and ethnic diversity, which is reported by the Census. This section discusses a variety of measures including the availability and accessibility of information in native tongues other than English; the availability and locations of different types of religious institutions; equitable provision of assisted housing; and the availability of resources to foster diversity and inclusiveness.

Additionally, data from the Hate Crime Statistics Program includes annual statistics for hate crimes in the following categories: race, religion, sexual orientation, ethnicity, and disability. The hate crime data is compared to neighboring communities of similar size in Colorado.

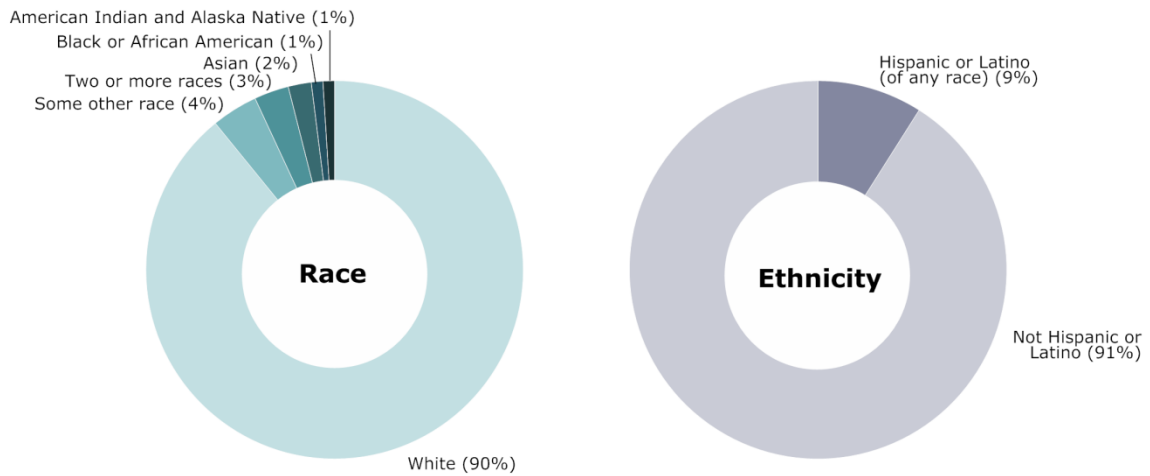
### Racial and Ethnic Diversity

The vast majority of Fort Collins residents identify their race as white (89%) and ethnicity as non-Hispanic (90%), as shown below. The largest minority group in Fort Collins is persons of Hispanic descent at 10 percent of the City population. This compares to 11 percent for Larimer County and 21 percent for the state as a whole. Figures VI-1 and VI-2 present the race and ethnicity composition of the Fort Collins population in both 2000 and 2010.

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<sup>1</sup> City of Fort Collins Diversity Plan, Resolution Number 134.

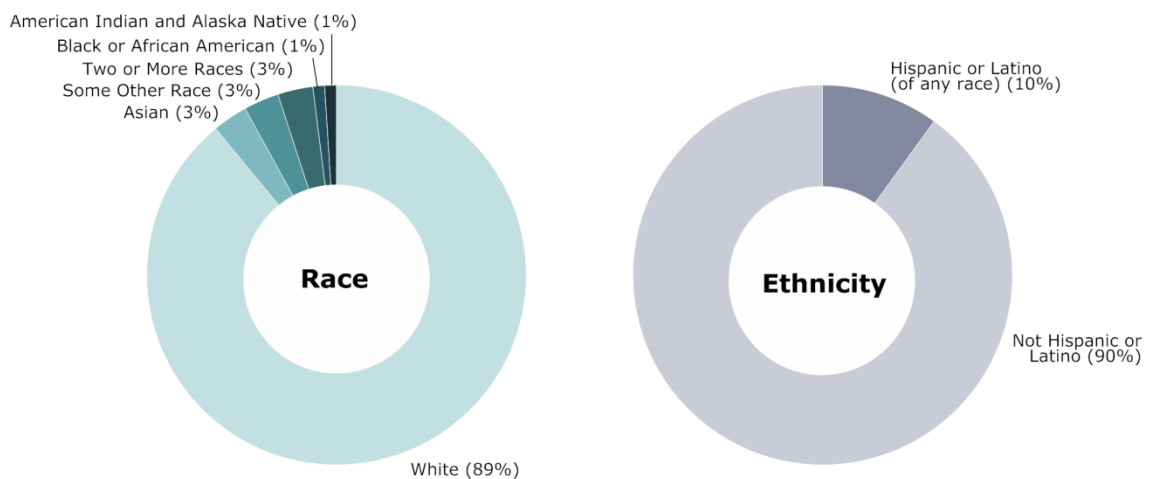
**Figure VI-1.**  
**Race and Ethnicity in Fort Collins, 2000**



Source: 2000 Census.

Between 2000 and 2010 the fastest growing minority groups were African Americans (43% increase), Asians (43% increase), those identifying as two or more races (47% increase), and Hispanics (40% increase). The number of non-Hispanic white residents increased by 18 percent over the same period. Despite these high growth rates for many minority populations the City's overall diversity changed little between 2000 and 2010, as shown in the graphics above. This is because the minority populations are very small in numbers relative to the City's white population.

**Figure VI-2.**  
**Race and Ethnicity in Fort Collins, 2010**



Source: 2010 Census.

Figure VI-3 shows the racial and ethnic distribution of Fort Collins in 2000 and 2010 along with growth rates between 2000 and 2010.

**Figure VI-3.  
Race and Ethnicity, City of Fort Collins, 2000 and 2010**

	2000		2010		2000-2010 Percent Change
	Number	Percent	Number	Percent	
<b>Total population</b>	<b>118,652</b>		<b>143,986</b>		<b>21%</b>
<b>Race</b>					
American Indian and Alaska Native	715	1%	933	1%	30%
Asian	2,948	2%	4,222	3%	43%
Black or African American	1,213	1%	1,740	1%	43%
Native Hawaiian and Other Pacific Islander	143	0%	128	0%	-10%
White	106,347	90%	128,211	89%	21%
Some other race	4,281	4%	4,339	3%	1%
Two or more races	3,005	3%	4,413	3%	47%
<b>Ethnicity</b>					
Hispanic or Latino	10,402	9%	14,572	10%	40%
Non-Hispanic White	101,384	85%	119,695	83%	18%

Source: 2000 and 2010 U.S. Census.

CSU attracts a student body from all over the U.S. and abroad, although its racial and ethnic diversity is similar to that of the City overall. Figure VI-4 presents the racial and ethnic proportions of CSU students from 2010 to 2013. The data are not directly comparable to those in the above table, which considers ethnicity separate from race and does not classify international students (following the Census classification).

**Figure VI-4.  
Total University Enrollment, by Race and Ethnicity, Fall 2010-2013**

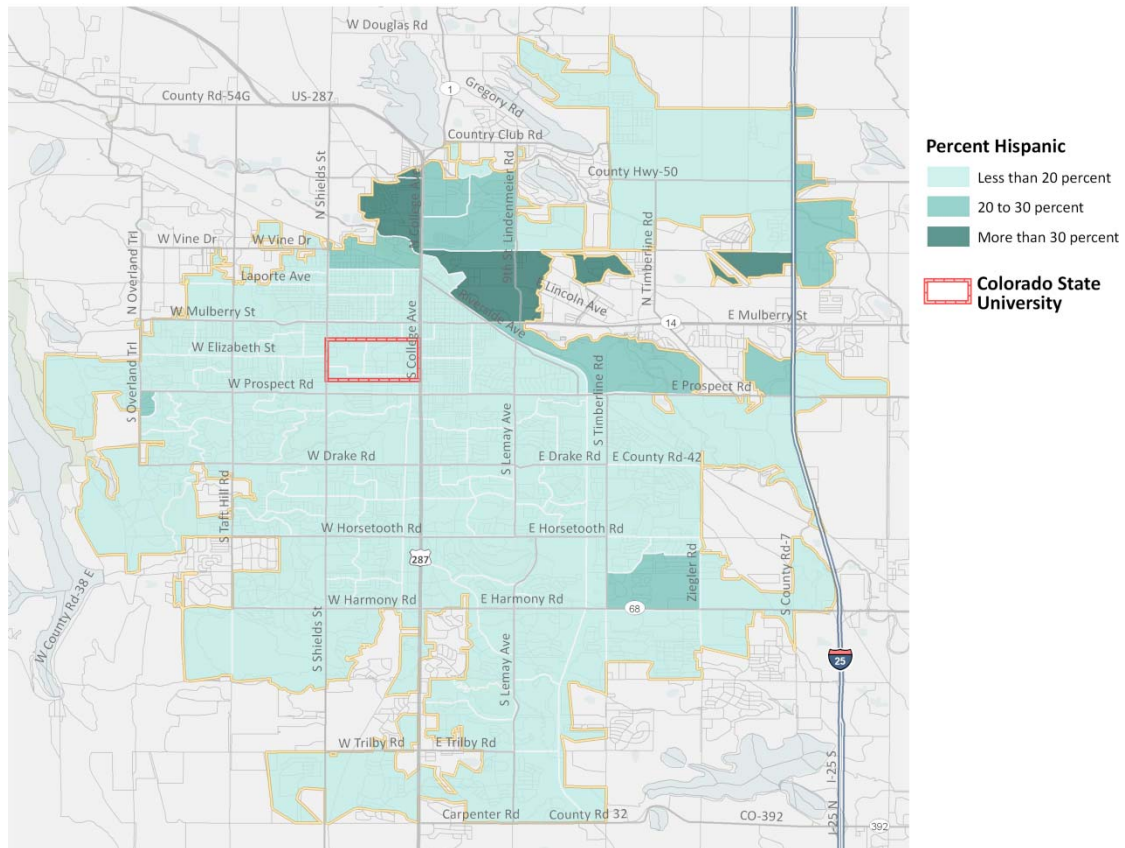
	2010		2011		2012		2013	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total Student Population</b>	<b>24,982</b>	<b>100%</b>	<b>25,167</b>	<b>100%</b>	<b>25,116</b>	<b>100%</b>	<b>25,501</b>	<b>100%</b>
<b>Hispanic/Latino</b>	1,881	8%	2,066	8%	2,254	9%	2,401	9%
<b>Non-Hispanic/Latino</b>								
Asian	481	2%	468	2%	468	2%	528	2%
Black	457	2%	508	2%	515	2%	511	2%
Hawaiian/Pacific Islander	46	0%	42	0%	36	0%	22	0%
Multi-Racial	656	3%	718	3%	808	3%	873	3%
Native American	110	0%	108	0%	104	0%	96	0%
White	20,311	81%	20,124	80%	19,705	78%	19,564	77%
<b>International</b>	1,040	4%	1,133	5%	1,226	5%	1,506	6%

Source: Colorado State University Institutional Research, Census Date Enrollment.

**Geographic concentrations.** Figure VI-5 shows geographic concentrations of the City’s largest minority group, persons of Hispanic descent. As the map demonstrates, the City has several concentrated areas in north Fort Collins.<sup>2</sup>

In some cases, minority concentrations are a reflection of preferences—e.g., minorities may choose to live where they have access to grocery stores or restaurants that cater to them. In other cases, minority populations are intentionally steered away or discouraged from living in certain areas. Housing prices can also heavily influence where minorities live.

**Figure VI-5.**  
**Percent of Block Group Population that is Hispanic, City of Fort Collins, 2010**



Source: 2010 U.S. Census.

<sup>2</sup> For the purposes of the map, concentrations represent areas where persons of a particular race or ethnicity comprise a larger proportion of the population than the community overall. To align with HUD’s definition of “disproportionate need,” concentrations occur when the percentage of residents of a particular racial or ethnic group is 20 percentage points or more than the community-wide average. Since the overall Hispanic population in Fort Collins is 10 percent, a block group that is at least 30 percent Hispanic contains a concentration.

## Economic Equity

According to the 2006-2010 ACS (the most recent income data available by race/ethnicity), non-Hispanic whites have the highest median household income (\$52,055). One-third of both Asian and Hispanic households earn less than \$25,000 per year, as shown in Figure VI-6.

**Figure VI-6.  
Household Income  
Distribution by  
Race/Ethnicity, City of Fort  
Collins, 2006-2010**

Source:  
ACS 2006-2010 5-year estimate.

	Non- Hispanic White	Black or African American	Asian	Hispanic or Latino
Less than \$25,000	25%	31%	33%	33%
\$25,000 to \$34,999	10%	7%	9%	14%
\$35,000 to \$49,999	13%	21%	9%	19%
\$50,000 to \$74,999	17%	6%	11%	18%
\$75,000 to \$99,999	12%	12%	8%	7%
\$100,000 to \$149,999	14%	17%	16%	4%
\$150,000 or more	8%	6%	13%	4%
<b>Median Household Income</b>	<b>\$52,055</b>	<b>\$44,482</b>	<b>\$45,104</b>	<b>\$35,989</b>

**Percent of residents living in poverty.** In 2010, nearly 25,000 Fort Collins residents were living in poverty; this had risen to more than 27,000 to 2012. Poverty rates were highest for African American residents (38%), followed by residents of some other race (34%) and Hispanic residents (27%).

**Figure VI-7.  
Poverty by Race/Ethnicity,  
City of Fort Collins, 2006-  
2010**

Source:  
ACS 2006-2010  
5-year estimate.

	Total	Below Poverty	Percent Below Poverty
<b>Total Population</b>	<b>133,374</b>	<b>23,960</b>	<b>18%</b>
<b>Race</b>			
American Indian and Alaska Native	938	120	13%
Asian	3,948	823	21%
Black or African American	1,379	526	38%
White	119,266	20,313	17%
Some other race	3,474	1,185	34%
Two or more races	4,282	937	22%
<b>Ethnicity</b>			
Hispanic or Latino origin	13,109	3,546	27%
White alone, not Hispanic or Latino	111,425	18,495	17%

## Language Diversity

As shown in Figure VI-8, 9.5% of the City’s residents speak languages other than English in the home. The most prevalent language other than English is Spanish with 5 percent of the population speaking it at home. Speakers of other Indo-European, Asian and Pacific Island, and other languages account for 4 percent of the City’s population.

**Figure VI-8.**  
**Language spoken at home, City of Fort Collins, 2012**

	Language Spoken at Home		Speak English less than "very well"	
	Total	Percent	Total	Percent
<b>Total Population 5 years and over</b>	<b>139,722</b>			
Speak only English	126,387	90.5%		
<b>Speak a language other than English</b>	<b>13,335</b>	<b>9.5%</b>	<b>3,024</b>	<b>2.2%</b>
Spanish or Spanish Creole	7,211	5.2%	1,556	1.1%
Other Indo-European	2,595	1.9%	306	0.2%
Asian and Pacific Island languages	2,654	1.9%	1,112	0.8%
Other languages	875	0.6%	50	0.0%

Source: U.S. Census Bureau, 2012 ACS.

Figure VI-8 also presents data on the proportion of non-English speakers that speak English less than “very well.” This smaller subset of the population represents 2 percent of the City, more than half of which are Spanish speakers. This group represents the portion of the population that is most isolated from services when resources are not available in their native tongue. As many as 3,000 Fort Collins residents may have challenges accessing services due to their limited English-speaking ability.

**City resources available in languages other than English.** A cursory review of information available in languages other than English found resources for many essential services such as public education and health care.

**City and county services.** The City of Fort Collins’ website can be translated into several different languages, from Afrikaans to Yiddish, powered by Google Translate through a drop down selection menu on the top left of every web page. Larimer County’s website is available in Spanish as well as English through the use of Google’s free language tools.

**Poudre School District.** The Poudre School District (PSD), along with many individual schools in the district, offers access to its website in Spanish, as well as several information resources. For example, Early Childhood Transition Services, a division of the Early Childhood Program, which helps parents transition their children into kindergarten, offers on their webpage many resources in both English and Spanish, such as “Parent Tip Sheets” and the *Transition to Kindergarten Handbook*.<sup>3</sup>

<sup>3</sup> [http://center.serve.org/TT/fp\\_tips.html](http://center.serve.org/TT/fp_tips.html).



PSD also offers translation services for students whose primary language is not English. Spanish and Arabic are the two most readily available translation services, although Mandarin Chinese, Vietnamese, and Korean translators are also available. The Newcomer Academy programs at Lincoln Middle School and Poudre Valley High School provide extensive support to English Language Learners (ELL).<sup>4</sup>

**Health care services.** Websites for the health care sector in Fort Collins tend to be available in English only, including those of Family Medicine Center, Touchstone Health Centers, and the Health District of Larimer County. Salud Family Health Centers’ website is available in both English and Spanish.

**Other information.** The City Housing Authority website is only available in English. There are two community newspapers written in English, the Coloradoan and the Northern Colorado Business Report, but there are no Hispanic newspapers in Fort Collins.

## Religious Diversity

Larimer County offers diverse opportunities to worship. There are 7.3 religious congregations per 10,000 people in Larimer County. Figure VI-9 presents the distribution of religious congregations in Larimer County by religion. As shown, the greatest proportion of congregations is Evangelical Protestant (43% of congregations).

**Figure VI-9.**  
**Religious Congregations in Larimer County**

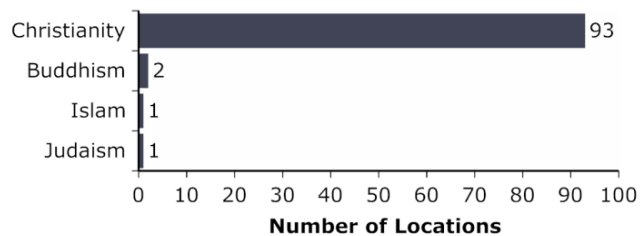
Source:  
Colorado Department of Public Health and Environment, Health Indicators for Larimer County.

	% of Congregations in Larimer County
Evangelical Protestant	43%
Other religions	27%
Mainline Protestant	17%
Roman Catholic	4%
Latter-day Saint (Mormon)	3%
Jehovah's Witnesses	3%
Jewish	2%
Orthodox Christian	1%

In Fort Collins, the existing religious organizations or places of worship mainly represent four major religions: Buddhism, Christianity, Islam, and Judaism. The vast majority of religious organizations are Christian, as shown in Figure VI-10.

**Figure VI-10.**  
**Religious Organizations in Fort Collins**

Source:  
Fort Collins Area Chamber of Commerce, FortNet—The Community Information Network,  
<http://www.fortnet.org/FortNet/comm/rel.html>.



<sup>4</sup> <http://www.psdschools.org/school/poudre-high-school>.



## **Inclusivity, Exclusivity, Tolerance and Perception of the City's Diversity**

**Inclusiveness of sexual orientation.** Members of the GLBT community can face challenges in finding acceptance and support in their city. Inclusiveness of sexual orientation is particularly important for youth: A study in Oregon high schools found a significant association between a having a positive social environment and lower rates of GLBT suicide attempts.<sup>5</sup> Measures included in examining the social environment of a given county included, but were not limited to:

- Proportion of schools with gay-straight alliances;
- Proportion of schools with anti-bullying policies specifically protecting GLBT students; and
- Proportion of schools with antidiscrimination policies that included sexual orientation.

One indicator of inclusiveness is the number of organized GLBT groups in a community, especially those in schools. Of the seven public high schools in PSD, three have registered Gay-Straight Alliances with the Colorado GSA Network. Those with GSA programs include Fort Collins High School, Rocky Mountain High School, and Poudre High School. Many high schools in the district have "Report a Bully" policies, but they do not include provisions specifically protecting GLBT students. Antidiscrimination policies were not available on individual school websites, although the PSD website does provide its policies and procedures about bullying prevention and education. The 2013-14 Student Rights & Code of Conduct defines bullying as:

“...Any written or oral expression, or physical or electronic act or gesture, or a pattern thereof, that is intended to coerce, intimidate or cause any physical, mental or emotional harm to any student. This includes but is not limited to such expression, act or gesture directed toward a student on the basis of that student’s race, color, religion, national origin, ancestry, sex, sexual orientation, disability or academic performance.”<sup>6</sup>

PSD requires all district employees to attend an hour-long diversity training in order to familiarize themselves with diversity, equity, and the district’s non-discrimination policy.

Colorado State University has a Gay, Lesbian, Bisexual, Transgender, Queer and Questioning Resource Center, which offers support and resources to the GLBT student population. The university also explicitly includes sexual orientation in its non-discrimination policy. Maintenance of current programs supporting GLBT students and the development of such programs where they are lacking is essential in sustaining a positive and supportive environment for GLBT youth.

**Perception of the City to outsiders and residents.** Online discussion groups and social media are frequently used to gauge social acceptance and inclusiveness of outsiders. A review of online blogs and discussions about diversity in Fort Collins was conducted for this study. The

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<sup>5</sup> <http://www.ncbi.nlm.nih.gov/pubmed/10323629>.

<sup>6</sup> 2013-14 Student Rights & Code of Conduct, District Policies and Regulations. A guide to Student Rights and the Code of Conduct for students in Poudre School District. <http://www.psdschools.org/webfm/3874>.

general perception from bloggers is that although Fort Collins is a mostly white community with little diversity, it is also generally an inclusive and welcoming place to minorities.

The following quotes are excerpts from public comments made on the online comment boards city-data.com and Sperling's Best Places:

**Moving to Fort Collins, how is racial diversity and safety? (4/7/13)**

*I'm planning on moving to Fort Collins...I have no family connections in that region and I'm African American and female. I'm curious about race relations here towards African Americans in particular? I'm interested in how people treat others that are of different racial backgrounds. I would love my experience in Fort Collins to be amazing...*

- "We've been in Fort Collins for 11 years. I lived in Detroit for 4 years, then San Francisco for 6, before moving here. The utter lack of diversity was a huge shocker for me. (I'm a white female, but I was rather used to being in the minority.) It's starting to change.

I live in Old Town (north of campus) and I think the folks around here are very tolerant and welcoming. My kids attend Lincoln Middle School which is the most diverse middle school in town. (The largest population is hispanic, followed by white, then asian and black. And because they have the "newcomer" program, there are students from all over the world whose parents are here as CSU students.) Because our kids attend Lincoln, we have had some negative experiences in terms of racial profiling. ("You send your kids THERE?!!!" "Isn't that a dangerous school?" etc.) So I know there's racism in Fort Collins. It's often against the hispanic population. And it's not generally overt.

I'd recommend living near campus (It doesn't have to be in Old Town.). I don't think Fort Collins is dangerous at all. But in terms of comfort, I think you'll probably find a more welcoming community closer to the school. That's not at all to say that other parts of town are definitively less welcoming, because they're not. I think it's just more likely you'll find folks around the fringes that simply aren't used to anything but their all white neighbors."

- "I used to live in Fort Collins and still have friends there. The area is somewhat conservative and most likely the only discrimination or profiling you will experience there would be based on religious or political views. As for the activities you enjoy, plenty of that around the area, especially over by Horsetooth and Larimer Park."<sup>7</sup>

**Thread title: Ethnic diversity in Colorado? (2/7/07)**

*From the stats I've been reading it seems that Colorado is mostly white with some areas having small Hispanic or Latino populations. My question is how are Asians treated there? Is there discrimination? Does it depend on the area? We are possibly relocating to Ft. Collins area and we are a multi-ethnic family. Hubby & me are white and we have 3 adopted children who are Asian. How would we/they be received?*

- "I wouldn't imagine you'd have any problems with racism in fort collins... Though there is definitely not much of an asian community here, if any at all. There seems to be a small middle eastern community, a small indian community, and a sizeable hispanic community

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<sup>7</sup> <http://www.city-data.com/forum/fort-collins-area/1835756-moving-fort-collins-how-racial-diversity.html#ixzz2jQnmAJ4d>.

though. This area is sometimes jokingly referred to by the locals as 'vanilla valley' because it's so white.

The ethnically asian people I know in fort collins are generally very americanized, and as far as I know they're not subject to any particular prejudice. I would be shocked if your children were treated any differently to other children here by anyone.

The only serious racism I've even heard of in this area are second-hand stories...about a church in Laporte with some nazi-like values, and a significant KKK congregation in Loveland. I have no way of verifying these things and they are just rumors as far as I know.”<sup>8</sup>

**Thread title: What are race relations like in FC? Are people tolerant? (5/1/12)**

*I'm African-American and am looking at a career opportunity in FC, which may lead to a relocation for me and my family. Can someone tell me whether FC is a racially tolerant city? Is there a separate African-American community or is the city integrated? Where would you find the most racially diverse schools?*

- “Totally integrated. I do not see many African-Americans but I do welcome you and I do wish to see more diversity in the city. I am a retired person and cannot address the schools.”
- “The schools closest to the university are likely to be the most diverse, as that is where many of the international students and faculty live with their families in university housing. The International Baccalaureate Program at Poudre High School is as ethnically diverse as any place in town and has the added benefit of being academically rigorous. There is also a "school of choice" program that allows you to apply to some schools outside of your neighborhood if they offer programs you're interested in IB, Core Knowledge, bilingual, etc.”
- “There isn't many African American people up here, But its not usually a problem. Fort Collins has lots of churches and stuff in it. People are normally friendly as far as I can tell.”<sup>9</sup>

**Thread title: Do any Asians live here?**

*I want to go to college here after I get out of the Marine Corps and was curious how rare is it to see an Asian walking around. I know there aren't many, and being from California, I'm used to diversity. Are they looked at differently, or treated differently than white people? Does anyone personally know any Asians in the area, or better yet, ARE Asian? (International students don't count) How much would I stick out?*

- “I'm a CSU alum. The Asian population in Fort Collins is pretty low, but the town is laid back and tolerant. There's a student services center for Asian students and several student organizations. So it will be very easy to get connected to other Asians if you attend CSU.”
- “Asian here. People are definitely very tolerant along the Front Range, although if you are used to diversity and are seeking it, you won't find it here =)”
- “I am Asian (Thai to be exact) and I grew up here in Northern Colorado. 20 years ago, the chance of seeing another Asian minority was slim but with the growth of the front range and the work of the local universities, many of the exchange students have stayed after

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<sup>8</sup> <http://www.city-data.com/forum/colorado/43480-ethnic-diversity-colorado-denver-fort-collins.html#ixzz2jQhSs17Z>.

<sup>9</sup> <http://www.city-data.com/forum/fort-collins-area/1564485-what-race-relations-like-fc-people.html#ixzz2jQp9MCEo>.

college allowing the asian population to grow. Being asian, I never felt out of place and even more so now, it is VERY tolerant here.”<sup>10</sup>

**Comment title: Cohesive community (7/18/11)**

- “I’m one of a bajillion non-natives who adopted Fort Collins as home and never, ever felt dissed or snubbed by the natives... as if I could even figure out who is native and who isn’t. Who cares, is a better response to all that. To the contrary, Ft. Collins welcomes visitors, students, and diversity of all sorts. This is a small city that has a center and a cohesive sense of community - something so many places have lost in the sprawl of the second half of the last century, and something, I might add, we will all need again as the problems we have created in the world come home to roost and we have to again turn to each other for support and resources.”<sup>11</sup>

**Hate crimes.** In 1990, Congress enacted the Hate Crime Statistics Act requiring the Department of Justice to collect data on crimes which “manifest prejudice based on race, religion, sexual orientation, gender or gender identity, disability or ethnicity.” Local law enforcement agencies report these crimes to the Department of Justice and the data are publicly available on the FBI’s website.<sup>12</sup> Once a local agency deems a crime a hate crime against a protected class designated by the Hate Crime Statistics Act, that crime is reported to the FBI and is included in the data.

In 2011, the Fort Collins law enforcement agency submitted six hate crime incidents to the FBI. Nationally, law enforcement reported 2.18 hate crime incidents per 100,000 people, compared to 4.10 in Fort Collins.<sup>13</sup> When compared to its neighboring communities, the rate of reported hate crime incidents in Fort Collins is lower than Greeley, but higher than Loveland and Boulder, as shown in Figure VI-12.

**Figure VI-12.  
Hate Crime Incidents per  
Capita, 2011**

State	Population	Total Number of Incidents Reported	Total Number of Reported Incidents, per 100,000 People
<b>U.S. Total</b>	<b>286,010,550</b>	<b>6,222</b>	<b>2.18</b>
<b>Colorado</b>	<b>4,992,496</b>	<b>186</b>	<b>3.73</b>
Fort Collins	146,494	6	<b>4.10</b>
Loveland	68,024	1	<b>1.47</b>
Greeley	94,507	10	<b>10.58</b>
Boulder	99,081	2	<b>2.02</b>

Source:  
Federal Bureau of Investigation, Hate  
Crime Statistics.

Figure VI-13 presents the motivation reported for hate crimes from 2007 to 2011 for Fort Collins. The majority of the hate crimes committed within that time frame were race related,

<sup>10</sup> <http://www.city-data.com/forum/fort-collins-area/1754859-do-any-asians-live-here-fort.html#ixzz2jQsKWxYL>.

<sup>11</sup> [http://www.bestplaces.net/backfence/viewcomment.aspx?id=AC592A6C-4C27-4A2C-AF1D-7C2C3826A45A&city=Fort\\_Collins\\_CO&p=50827425](http://www.bestplaces.net/backfence/viewcomment.aspx?id=AC592A6C-4C27-4A2C-AF1D-7C2C3826A45A&city=Fort_Collins_CO&p=50827425).

<sup>12</sup> <http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2011/hate-crime>.

<sup>13</sup> The FBI compares hate crime statistics across states by adjusting per 100,000 population.

while the second most common reason was related to sexual orientation. No hate crimes against persons with disabilities were reported.

**Figure VI-13.**  
**Hate Crime Incidents in Fort Collins, by Bias Motivation, 2007-2011**

Year	Number of incidents per bias motivation					Total incidents
	Race	Religion	Sexual orientation	Ethnicity	Disability	
2011	3	1	1	1	0	6
2010	2	0	4	1	0	7
2009	N/A	N/A	N/A	N/A	N/A	
2008	5	0	0	0	0	5
2007	5	0	2	1	0	8

Note: At the time of this report, the data were missing for the year 2009 on the FBI website.

Source: Federal Bureau of Investigation, Hate Crime Statistics.

## Housing Equity

In 2012, Fort Collins conducted a survey examining housing discrimination in an Analysis of Impediments to Fair Housing Choice (AI) study as required by HUD. The most common claims of discrimination were for being a student or low income individual with poor credit; disability; familial status; and gender and sexual orientation.

The study also examined access to housing by race and ethnicity in Fort Collins. Figure VI-14 depicts the race, ethnicity, gender, and disability status of heads of households who received assisted housing vouchers. The overwhelming majority of recipients of assisted housing vouchers self-identify as “White Only” by race. Ethnically Hispanic or Latino residents are overrepresented in FCHA housing programs. They hold approximately 40 percent of vouchers given out by the City.

**Figure VI-14.  
Distribution of  
Public Housing/  
Voucher Program  
Participants and  
Residents in Poverty**

Source:

Public housing and voucher program data: BBC Research & Consulting from FCHA data.

Poverty data for female head of household and disability from 2010 1-year ACS, poverty data by race and ethnicity from 2010 5-year ACS.

	Public Housing	All Vouchers Programs	Residents Living in Poverty
<b>Female Head of Household with Children</b>	54%	37%	2%
<b>Disability</b>	44%	55%	7%
<b>Head of Household's Race</b>			
American Indian or Alaska Native Only	2%	3%	1%
Asian Only	0%	1%	3%
Black/African American Only	3%	4%	2%
White Only	94%	92%	85%
White, American Indian/Alaska Native	1%	0%	
White, Black/African American	1%	0%	
<b>Head of Household's Ethnicity</b>			
Hispanic or Latino	42%	24%	15%
Not Hispanic or Latino	58%	76%	77%

As demonstrated in Figure VI-14, public housing and the voucher program provide housing to protected classes at higher rates than their representation of persons in poverty overall for female heads of households, persons with disabilities and persons of Hispanic descent. This may be an indicator of the limited ability or willingness of the private sector to provide affordable housing for these populations.

## Resources

This section discusses the resources in the City intended to foster diversity and inclusiveness. As demonstrated in this section, the resources in the City are many.

**City cultural diversity programs/groups.** Fort Collins has two commissions—the Women’s Commission and the Human Relations Commission—that are specifically dedicated to furthering diversity. The Northside Aztlan Community Center offers community space to many different types of residents for cultural events. And, as summarized below, CSU has many types of resource centers that promote diversity and inclusiveness.

**City of Fort Collins Women’s Commission.** The Women’s Commission was created for “the purpose of enhancing the status of and opportunities for all women in the City” with the ability to document women’s issues; conduct educational and public awareness programs; cooperate with other organizations regarding women’s issues; review proposed legislative or policy changes that could potentially affect the status of women; and make recommendations to the City Council of legislation or policies that could enhance the status of women in the City.

**City of Fort Collins Human Relations Commission.** The Human Relations Commission was created to “promote the acceptance and respect for diversity through educational programs and activities, and to discourage all forms of discrimination based on race, religion, age, gender, disability, etc.” The Commission also oversees the Citizen Liaison Program and presents an annual Human Relations Award.



**City of Fort Collins Northside Aztlan Community Center.** The Northside Aztlan Community Center’s mission is to ensure its success “by advocating for accessibility, effective programming and multicultural inclusion.” The Center offers programs such as a children’s meal program, youth nights, senior meals, and after-school activities.

**CSU and PSD resources.** Diversity initiatives and programs at the college and K-12 level include the following.

**Vice President for Diversity.** CSU has a vice president dedicated to diversity initiatives, “including assessment, evaluation, and accountability; developing strategic partnerships, alliances and collaborations; organizing the annual Diversity Symposium; helping to coordinate activities among on-campus units, commissions, committees, and task forces; and representing the university through networking and collaboration with outside communities, schools, and organizations.”

The Office of the Vice President for Diversity holds an annual Diversity Symposium at the University to celebrate diversity, and an annual High School Diversity Conference where high school students can challenge stereotypes and develop an appreciation and understanding of diversity.

**Colorado State University Student Diversity Programs & Services (SDPS).** CSU offers a selection of programs and services to support students and a diverse campus environment.

- ***Asian Pacific American Cultural Center***—provides resources for Asian/Pacific American awareness and education.
- ***Black/African American Cultural Center***—promotes a diverse, inclusive campus environment and serves as a resource to the campus and surrounding communities, through academic, professional, cultural and personal development programs that embrace Black and African American experiences. Its primary goal is to enhance the overall college experience so that students achieve academically and are able to compete in a global society.
- ***El Centro***—aims to increase the outreach, recruitment, retention, graduation, and cultural pride of Latinos/Hispanics at CSU.
- ***Gay, Lesbian, Bisexual, Transgender, Queer and Questioning Resource Center*** —is committed to providing support services, educational and cultural programs as well as a safe gathering place for GLBT people, other sexual minorities, and allies of the campus and Fort Collins community.
- ***Native American Cultural Center***—focuses on ensuring a successful educational experience for Native American students by providing advocacy and support services, primarily recruitment, retention, graduation and community outreach. The office embraces and encourages a supportive environment based on the traditions and cultures of Native Americans.

- **Resources for Disabled Students**—collaborates with students, staff, instructors, and community members to create useable, equitable, inclusive and sustainable learning environments for disabled students.
- **Women and Gender Advocacy Center**—provides programs and resources focusing on all genders, social justice, and interpersonal violence prevention. It also provides advocacy and support for victims of sexual violence, stalking, sexual harassment, and relationship violence.

**Poudre School District Office of Equity and Diversity.** PSD is committed to understanding the diversity that the children, staff, and families bring to their schools. The Office of Equity and Diversity supports diverse student leadership programs, community members, groups, and events; encourages professional development opportunities for staff, culturally relevant curriculum and other activities and culturally responsive and inclusive school and community engagement practices; and hears and supports individual concerns regarding equity and diversity in the PSD community.

Other organizations that are not formally affiliated with City government, CSU or PSD include the following:

**Fort Collins International Center.** The Fort Collins International Center is a nonprofit community organization that provides intercultural education programs about the world’s cultures in an effort to create a community that is “a model for creating cultural understanding, inclusive of diversity and able to understand cultural differences...” The Center’s programs include: International Friends, which pairs community members with foreign students to provide hospitality during an international newcomer’s stay in Fort Collins; Friday Afternoon Club, a weekly social gathering to connect with the international community and learn about activities and volunteer opportunities; Global Ambassadors Program, an international speakers’ bureau through which CSU international students may share their culture, heritage, language and history with local school classrooms and other community groups; International Night at the Library; Outdoor Programs; and Conversational English Classes.

**The Center – Northern Colorado Location.** The Center, founded in Denver, was created to “engage, empower, enrich, and advance the gay, lesbian, bisexual, and transgender community of Colorado.” The Northern Colorado location was opened in July 2012. The Center offers a safe place for the GLBT community to connect to counseling, social activities, and health and legal resources. The Northern Colorado location serves about 100 clients a month through phone referrals and another 300 who walk in.

The primary concerns of clients include discrimination in employment; access to resources by seniors who aren’t always comfortable discussing their GLBT status; and lack of understanding and bias against children with GLBT parents and GLBT kids. The Center reports that the majority of their children they see who are in PSD transfer schools (mostly to Centennial) to avoid bullying and challenges with transgender status in traditional school settings. The Center also works with Front Range Community College and University of Northern Colorado, providing services to students, as well as community outreach and awareness.

**Fort Collins Not in Our Town Alliance.** NIOTA is a “community-based effort to create and support collaboration among individuals, agencies, organizations and local governments to address the causes and effects of prejudice, discrimination and hate motivated behavior” by evaluating community diversity concerns, creating strategies to prevent discrimination, and appropriate and timely response to hate motivated incidents. NIOTA holds a regular book club meeting on every 4th Tuesday.

**India Association of Northern Colorado.** IANC is a volunteer-run nonprofit that promotes Indian culture, social, and spiritual activities in the community, and membership is open to all people interested in Indian culture. Members include CSU staff and employees in the high technology fields.

**Fuerza Latina.** Fuerza Latina is an organization in Northern Colorado of immigrants and allies for immigrants. Fuerza Latina works for human rights, justice and dignity for immigrants and is dedicated to educating, informing, organizing, and promoting change to facilitate an improved quality of life for immigrants in the community.

**Northern Colorado Intertribal Pow-wow Association (NCIPA).** The Northern Colorado Intertribal Pow-wow Association (NCIPA), a non-profit organization, was created in the summer of 1992 to provide opportunities for the Northern Colorado communities to share and participate in Native American cultures. In addition, NCIPA provides information, social networks and educational support to Native Americans in Northern Colorado. Membership in NCIPA is open to any nationality, race or creed. In order to share the diverse Native American cultures with the community, they present an annual pow-wow in the Fort Collins area. Each year they have attracted thousands of visitors each day, including hundreds of dancers and singers, many arts and crafts vendors, and spectators.

## **SECTION VII.**

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### **Needs of Targeted Populations**

## SECTION VII.

# Needs of Targeted Populations

This section discusses the supportive services and housing needs of three targeted resident groups in Fort Collins including:

- Persons with Disabilities,
- Seniors,
- Victims of Domestic Violence.

These targeted populations were chosen because they often face some of the greatest challenges to accessing the housing and services they need and may require public support and subsidies.

The needs of two other targeted population group—residents who are gay/lesbian/bisexual/transgender individuals (GLBT) and veterans—are addressed in other sections where their needs were best represented. The needs of GLBT residents are discussed in the Diversity/Equity section. The needs of veterans are discussed in the section on Homelessness.

Similarly, the needs of at-risk youth are discussed in the Education section.

### Persons with Disabilities

**Definition.** The Census defines a person with a disability as having a “long-lasting physical, mental or emotional condition, which can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning or remembering.” Moreover, “this condition can also impede a person from being able to go outside the home alone or to work at a job or business.”<sup>1</sup>

Persons with disabilities may require housing that has accessibility features, is near public transit and has supportive services, and is affordable, if their ability to work is limited. Persons with disabilities are also at greater risk of experiencing housing discrimination, often times due to a lack of knowledge about laws governing accommodations for persons who are disabled.

**Fort Collins population.** Approximately 10,000 Fort Collins residents aged five years or older have a disability, according to the 2010 Census. Disability rates are highest for seniors: one-quarter of residents aged 65 to 74 have a disability and half of residents 75 and older have a disability.

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<sup>1</sup> Definition taken from the Census glossary.

**Figure VII-1.  
Disability Status for the  
Population 5 Years Old  
or More, City of Fort  
Collins, 2010**

Source:  
ACS 2010 1-year estimate.

	Total	With a disability	Percent with a disability
<b>Population 5 years or older</b>	<b>134,009</b>	<b>10,100</b>	<b>8%</b>
5 to 17 years	20,904	388	2%
18 to 34 years	54,237	1,662	3%
35 to 64 years	46,454	3,437	7%
65 to 74 years	6,999	1,838	26%
75 years and over	5,415	2,775	51%

Figure VII-2 presents the number of Fort Collins residents with physical and cognitive disabilities by age cohort. The most common type of disability for seniors is a hearing difficulty, followed by ambulatory difficulty. For children, cognitive difficulties are the most common. Adults between the ages of 18 and 64 are most likely to have a cognitive or ambulatory disability.

**Figure VII-2.  
Number and Share of Fort Collins Residents with Disabilities, by Age Cohort, 2012**

	Ages 5 - 17		Ages 18 - 64		Ages 65+	
	# with a Disability	% of Age Cohort	# with a Disability	% of Age	# with a Disability	% of Age Cohort
Hearing difficulty	70	0.4 %	1,083	1.0 %	1,809	15.0 %
Vision difficulty	39	0.2	868	0.8	540	4.5
Cognitive difficulty	275	1.4	2,284	2.1	1,169	9.7
Ambulatory difficulty	35	0.2	2,543	2.4	1,528	12.7
Self-care difficulty	139	0.7 %	786	0.7	551	4.6
Independent living difficulty			1,592	1.5 %	1,241	10.3 %

Source: 2012 ACS.

**Children with developmental disabilities.** Figure VII-3 shows the estimated number of children in Fort Collins with a developmental disability, based on prevalence data from a 2011 PEDIATRICS study. Learning disabilities and ADHD are the most common developmental disabilities. Overall, an estimated 4,000 Fort Collins children have some form of developmental disability, about 15 percent of children ages five to 19. It is important to note that the number of children with disabilities in Figure VII-3 exceeds the Census estimate in Figure VII-2 because of different definitions of disability (e.g., the Census' "cognitive" disability definition does not appear to include ADHD or learning disabilities).

**Figure VII-3.**  
**Estimates of the Number of Fort Collins Children with Developmental Disabilities, 2012**

	Prevalence in the age cohort in the United States		Number of Children in Fort Collins	
	Ages 3 to 10	Ages 11 to 17	Ages 5 to 9	Ages 10 to 19
Any developmental disability	11.78 %	16.24 %	1,033	3,063
ADHD	4.72	8.93	414	1,684
Autism	0.56	0.37	49	70
Blind	0.10	0.16	9	30
Cerebral palsy	0.36	0.37	32	70
Moderate to profound hearing loss	0.44	0.46	39	87
Learning disabilities	5.07	9.27	445	1,748
Intellectual disabilities	0.59	0.84	52	158
Seizures in past 12 months	0.72	0.61	63	115
Stuttered or stammered in past 12 months	1.99	1.15	175	217
Other developmental delay	3.86 %	3.41 %	339	643
Total children in the FC population			8,772	18,859

Note: The age cohorts from the PEDIATRICS study and 2012 ACS do not align perfectly. As such, the estimate for children ages five to nine omits children ages three and four. Similarly, the estimate for children ages 10 to 19 includes 18- and 19-year-olds. This suggests that the number for younger children is a lower bound estimate while the number for older children is an upper bound estimate.

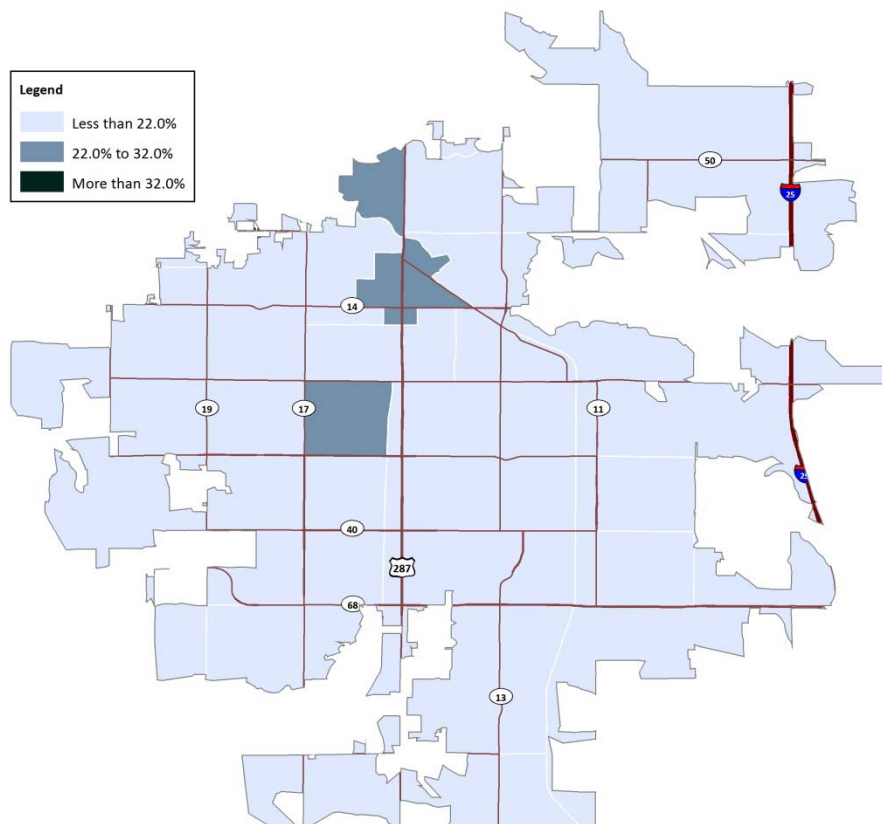
Source: BBC Research & Consulting from 2012 ACS and "Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008" Boyle, et. al., PEDIATRICS, Volume 127, Number 6, pp 1034-1046, June 2011.

**Residence concentrations.** Figure VII-4 uses 2000 Census data at the Census Tract level to examine geographic concentrations of persons with disabilities in Fort Collins.<sup>2</sup> Concentrations are based on the 2000 incidence of disability for Fort Collins, which was 12 percent. As the map shows, there are no concentrations of people with disabilities in Fort Collins, based on 2000 data.

<sup>2</sup> Data by Census block group were not available for all block groups in the city. Disability data from the 2010 ACS is not available by Census tract or block group.

**Figure VII-4.  
Percent of  
Residents with  
Disabilities, City  
of Fort Collins,  
2000**

Source:  
2000 U.S. Census.



**Income levels of persons with disabilities.** Some persons with disabilities are limited in their ability to work and rely on Social Security and disability payments as their primary source of income. The 2012 ACS reports that 47 percent of Fort Collins residents with disabilities are employed. Sixteen percent of residents with disabilities are unemployed and 36 percent are not in the labor force.

The median earnings of persons with disabilities are lower than for those without disabilities: in 2012, male workers with a disability earned \$21,334 per year compared to earnings of \$26,886 for men without a disability. For women, pay was \$12,040 for workers with a disability v. \$16,922 for workers without a disability. Although all levels of earnings are quite low, those of persons with disabilities are extremely low.

The Social Security Administration reports that the average monthly amount received by an eligible person with a disability in 2013 was \$1,129. This income, Social Security Disability Income (SSDI), is available only to people who have had a work history, and is equivalent to about \$13,500 per year. Supplemental Security Income (SSI) is available to people who do not have a work history or who don't qualify for SSDI. These payments average \$710 per month, equating to about \$8,520 per year.

Persons with disabilities who are awaiting approval for social security payments are eligible to receive a small amount of cash assistance from the State of Colorado (Aid to the Needy Disabled program). This assistance is just \$175/month, which equates to just \$2,100 annually.



**Resources.** This section discusses the resources available in Fort Collins for persons with disabilities. Where appropriate, the services are organized by type of client targeted.

**Disabled Resource Services (DRS).** DRS is the local Independent Living Center and is a non-profit agency that provides a variety of services to persons with disabilities in Larimer and Jackson counties. DRS administers 15 housing choice vouchers and provides case management services to more than 6,000 clients per year. On average, 200 of these clients are assisted with rental deposits.

DRS provides a range of services from housing location assistance to assistance accessing health care services to advocating for fair housing—e.g., denial of service animals by landlords and accessibility accommodations, as well as employment modifications and upholding civil rights laws. In the past year, the most common needs of clients were financial-related (e.g., assistance with SSDI applications/renewals/appeals, rent and transportation assistance), followed by information and referral needs. DRS' clients' needs are discussed in more detail below in the Gaps section.

**Accessible Space Incorporated (ASI).** ASI is a St. Paul, Minnesota nonprofit organization dedicated to creating supportive housing and assisted living options for persons with disabilities and persons with traumatic brain injuries (TBI). The organization builds housing developments that are accessible, affordable and offer a cooperative supportive services model. ASI developed and manages the Harmony Road Apartments in Fort Collins. The complex includes 23 accessible one- and two-bedroom apartments, wheelchair accessible kitchens, roll in showers, raised electrical outlets and lowered light switches, a controlled-access entry system and community room. Approved pets are accepted.

**Persons with cognitive disabilities.** Foothills Gateway and Mosaic offer a variety of housing, skills development, employment and caregiving services for persons with cognitive disabilities.

**Foothills Gateway.** Foothills Gateway is the local Community Center Board in Larimer County that serves Fort Collins. Foothills Gateway serves approximately 1,600 persons with cognitive disabilities and their families annually through a broad range of programs and services. Approximately 600 individuals are on their wait list for services.

- *Residential program.* Foothills Gateway's residential program includes supporting individuals living independently in apartments, in companion settings, host homes or staffed homes. The organization administers 111 housing choice vouchers and has placed 52 clients in project-based Section 8 units under a State Division of Housing funded program.
- *Supported employment and skills development.* The Supported Employment Services Program for adults with cognitive disabilities includes screening, job placement, coaching and supportive services. The Community Skill Development Program offers recreational, volunteer and employment opportunities with a focus on skills development, activities of daily living, socialization and recreation. While the Supported Employment Services and Community Skill Development programs are for adults, Foothills Gateway also offers prevocational services to individuals under age 18.

- *Adult Care Services and respite services.* Foothills Gateway offers respite services to family caregivers for up to a period of 14 days. In addition, they offer a Monday through Friday adult day program that is also available to persons eligible under an Elderly, Blind and Disabled waiver.
- *Early intervention services.* Foothills Gateway is mandated by the State of Colorado to serve any Larimer County child under age three with intellectual and developmental disabilities. The organization provides a variety of early intervention services. More than one-third of the children who are enrolled in the program for one year are able to mainstream into traditional preschool rather than special education.

**Mosaic in Northern Colorado.** Mosaic focuses on providing independent, host home and group living environments in Fort Collins for persons with cognitive disabilities. The Children’s Extensive Services program provides respite care to children living with their family.

**Respite Care** provides care to families who have children with development disabilities. According to the City’s Consolidated Plan, Respite Care provided over 38,000 hours of care to 111 families in 2009. Respite recently moved from a wait list approach to limiting care to a maximum of four days per week, except during vacation stays, to serve more families. The organization also runs a Summer Day Camp and after school care programs.

**Recreational resources for children and persons with disabilities.** Recreational opportunities for children with disabilities can be challenging, especially opportunities that afford such children the ability to play alongside peers without disabilities. New federal requirements under the Americans with Disabilities Act (ADA) are forcing changes in the landscape of public playgrounds. The new requirements for parks include equipment, materials and designs that provide children with disabilities access to the same play spaces as children without disabilities.

These new federal requirements create play spaces that are accessible—yet accessibility does not automatically translate into inclusive. It is important to note the distinction between an ADA accessible playground, and one that is fully accessible and “inclusive.” ADA compliant may mean that a child with a disability can “get to” playground equipment but may not actually be able to “use” the equipment. Accessible and inclusive playgrounds are built such that children with disabilities can engage in the play space in a similar manner as a non-disabled child.

Fort Collins opened its first fully accessible and inclusive playground in 2007. It was also the first such playground in the State of Colorado and remains one of only five of these types of playgrounds in the state.<sup>3</sup>

Fort Collins’ playground includes safe, state-of-the-art, sensory-rich structures that encourage integration and the development of cognitive, emotional, physical and social skills for all children. For example, sand centers are located above ground and are wheelchair accessible, allowing a child in wheelchair to play in the elevated sandbox next to other children. The playground is located in the southwest portion of the City.

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<sup>3</sup> The newest accessible playground is in Colorado Springs, see <http://gazette.com/side-streets-playground-lets-you-swing-high-even-if-you-cant-walk/article/99469>.

The Adaptive Recreation Opportunities (ARO) department with the City of Fort Collins provides quality and equal opportunities for recreation and leisure programs to persons with disabilities. There are a variety of specialized recreational opportunities that provide inclusive participation support and transitional assistance via recreational therapy specialists.

**Gaps.** The needs of persons with disabilities generally fall into three areas: housing needs, community service needs and transit needs.

**Housing needs.** It is challenging to quantify the housing needs of persons with disabilities because of the lack of data on the precise needs of residents with disabilities, as well as the numbers of accessible housing units. Yet service and housing providers agree that the need is very large. This is evidenced by the disproportionate representation of persons with disabilities on wait lists of housing providers.

The 2012 AI surveyed Fort Collins households about their accessibility needs. Of the 25 percent of households who reported having a household member with a disability, 23 percent said their current home or apartment did not meet their family's accessibility needs. The most common accessibility improvements needed were grab bars, ramps, wider doorways and single-level residences.

Although the survey was not a statistically significant representation of all Fort Collins households, the data can be used to get a general idea of the need for accessibility improvements. Assuming that 23 percent of the housing units occupied by residents who have at least one household member with a disability and a household size of 1.5 (smaller than the City's overall to account for seniors), as many as 2,000 housing units in the City are lacking needed accessibility improvements.

Wait lists for affordable, accessible housing can also be used to gauge the level of housing needs among persons with disabilities. ASI's wait list for Harmony Road apartments is two to three years long. Of the approximately 1,500 households on the city's wait list for public housing units, 391 have a disability. This is about 26 percent of all wait-listed households, much higher than the proportion of the population with a disability for the city overall. Similarly, 336 of the 1,200 households on the wait list for Section 8 vouchers have a disability, which is equal to 28 percent of Section 8 wait-listed households. Because the wait list has been closed for some time, these numbers are likely lower-bound estimates of need.

In general, it takes between two and three years for a person with a disability to find affordable housing in the City of Fort Collins. Housing to serve persons with disabilities must be deeply subsidized (renting for less than \$300/month) due to the low levels of earnings and income transfer payments received by persons with disabilities.

Another analysis in the AI examined what proportion of households benefitting from public housing and housing choice vouchers were disabled. At the time the study was conducted, 44 percent of public housing residents and 55 percent of voucher holders had a household member with a disability. These proportions are much higher than the proportion of residents in poverty who have a disability (7%), suggesting that persons with disabilities have higher rates of

participation in publicly subsidized housing because their options in the private market are limited.

The types of disabilities residents in Fort Collins, as in any other community, vary considerably, as do the housing needs of disabled residents. There is no “one size fits all” approach to providing housing opportunities to persons with disabilities. For example, while a resident with a physical disability may desire and need to live in the City core with ample transit and access to services, a resident with Post Traumatic Stress Disorder (PTSD) may have difficulty sharing an apartment complex with others and may be better suited in a semi-rural area in a single family home.

Landlords who understand reasonable accommodations laws, especially regulations governing companion and service animals, are also critical.

**Community service needs.** The community service needs of persons with disabilities can vary considerably depending on the disability. The primary needs include:

- Employment, particularly jobs that pay a living wage. The State of Colorado Division of Vocational Rehabilitation (DVR) assists persons with disabilities to find employment and live independently. DVR counselors help persons with disabilities develop personal employment plans. In 2008, DVR implemented an Order of Selection (OOS) process to help manage the demand for their services. Current wait lists for services are reportedly lengthy.
- Infrastructure improvements in Old Town and East Fort Collins to enable persons with disabilities the same access to community amenities as persons without disabilities (e.g., front door access to restaurants, easy access to restrooms, street curb cuts).
- Improved community knowledge about the variety of needs of persons with disabilities and how the community can help accommodate residents with disabilities. (For example, lighting dimmers, contrasting table settings for persons who are visually impaired).
- For low income residents, quick access (less than a month wait) to adequate health care, including the ability to see specialists.

Limits on health care reimbursements also contribute to the supportive service needs of persons with disabilities. For example, persons who are hearing impaired can receive free hearing exams if covered by Medicaid, but Medicaid will not cover the cost of hearing aids, which can exceed \$5,000.

Foothills Gateway has wait lists that average 300 adults and 200 children annually, which exceeds the number of persons who receive services from the organization. The organization reports increasing demand with insufficient resource levels to meet this demand.

**Transit needs.** For many persons with disabilities, transit is their only source of transportation. A limited transit system—both in terms of hours of operation and geographical reach—can limit housing choices for persons with disabilities and their ability to work, as well as access to supportive services and amenities. There are many parts of the urban growth area of Fort Collins that are not covered by the current public transit and para-transit systems. Persons with disabilities who live in an area that is not covered by these systems do not have other options and

are very isolated and dependent on family and friends for all transportation needs. Not only does this have an impact of their ability to socialize and access health care, it also impacts their ability for employment and their choice in housing options. In addition, if an individual dependent on public transit needs to go outside of the Fort Collins transit area, connecting to transit systems in adjacent communities can be time consuming, confusing, and/or unavailable.

The current transit system in Fort Collins runs from 6 a.m. to 6 p.m. and is closed on Sundays. This schedule limits the ability of persons with disabilities to find jobs, work, and access community activities during evenings and on Sundays.

## Seniors

**Fort Collins population.** The 2012 ACS reported 12,458 seniors in Larimer County, making up 8 percent of the City’s population. The majority of the City’s seniors are between the ages of 65 and 74 (7,100 or 5% of the City’s population). About 14,000 residents are “near seniors”—between the ages of 55 and 64. Fort Collins’ proportion of seniors is much smaller than Larimer County’s as shown in Figure VII-5.

**Figure VII-5.  
Population of  
Seniors and Near  
Seniors, Fort Collins  
and Larimer County,  
2012**

Source:  
2012 ACS.

	Fort Collins		Larimer County	
	Number	% of Population	Number	% of Population
Total Population	148,634	100%	310,487	100%
Under 55	121,998	82%	230,470	74%
Near Seniors (55 to 64 years)	14,178	10%	40,362	13%
<b>Seniors</b>	<b>12,458</b>	<b>8%</b>	<b>39,655</b>	<b>13%</b>
65 to 74 years	7,136	5%	22,744	7%
75 to 84 years	3,587	2%	11,592	4%
85 years and over	1,735	1%	5,319	2%

The Colorado Department of Local Affairs (DOLA) estimates population growth by age cohort at the county level. By 2025, seniors are expected to make up 18 percent of Larimer County’s residents, up from 13 percent currently. By 2030, the proportion will increase to 19 percent.

In total, the county is expected to have 30,600 more seniors by 2025 and 39,600 more by 2030. If Fort Collins’ seniors grow at the same rate, the City could add 10,000 seniors by 2025 and 12,500 by 2030.

**Figure VII-6.**  
**Projected Growth in Seniors, Larimer County, 2025 and 2030**

	2012		2025		Percent Growth, 2012-25	2030		Percent Growth, 2012-30
	Number	% of Population	Number	% of Population		Number	% of Population	
Total Population	310,065	100%	394,234	100%	27%	424,834	100%	37%
Under 55	230,771	74%	284,327	72%	23%	304,734	72%	32%
Near Seniors (55 to 64 years)	39,916	13%	39,885	10%	0%	41,094	10%	3%
<b>Seniors</b>	<b>39,378</b>	<b>13%</b>	<b>70,022</b>	<b>18%</b>	<b>78%</b>	<b>79,006</b>	<b>19%</b>	<b>101%</b>
65 to 74 years	22,850	7%	39,551	10%	73%	39,920	9%	75%
75 to 84 years	11,372	4%	23,198	6%	104%	29,221	7%	157%
85 years and over	5,156	2%	7,273	2%	41%	9,865	2%	91%
<b>Growth in number of seniors</b>			<b>30,644</b>			<b>39,628</b>		

Source: Colorado Department of Local Affairs.

**Characteristics of seniors.** The City’s seniors are less likely to be living below the poverty line than other age cohorts (the senior poverty rate is just 3.4%). And, the majority of the City’s seniors is retired and may not need to work, according to the 2012 ACS: Of 65-74 year olds, 29 percent work, 70 percent do not work and less than 1 percent are unemployed (desire to work but cannot find work). Five percent of 75 year olds+ work, none are unemployed and 93 percent are retired.

**Figure VII-7.**  
**Labor Force Status of Seniors, 2012**

Age	In Labor Force		Unemployed		Not in Labor Force	
	Number	%	Number	%	Number	%
65-74 years old	2,108	29.5%	60	0.8%	4,968	69.6%
75+ years old	378	5.3%	0	0.0%	4,944	92.9%

Source:  
 2012 ACS.

But seniors are much more likely to be disabled than other age cohorts, with 26 percent of younger seniors and 51 percent reporting a disability. Altogether, more than 4,500 of the City’s 12,500 seniors have one or more disabilities. The most common disability types are hearing and ambulatory, followed cognitive disabilities.

**Seniors’ housing situation.** According to a 2011 national report on older Americans conducted by the federal Administration on Aging, 29 percent of seniors overall live alone and almost half (47%) of senior women over the age of 75 live alone.

Figure VII-8 shows the living arrangements of seniors in Fort Collins as of the 2010 Census.

About 40 percent of Fort Collins seniors live alone; 60 percent live with someone else, mostly a family member.

**Figure VII-8.  
Living Arrangements of Fort Collins  
Seniors, 2012**

Living Arrangement	Number	Percent
Living alone	3,471	40%
Living with others	5,114	60%
Living with family member	4,925	57%
Living with other than family member	189	2%

Source:  
2012 ACS.

Very few seniors live in institutional settings (e.g., nursing homes), and the number has been declining. Nationwide, just one percent of 65-74 year olds and 3.5 percent of 75-84 year olds live in institutional settings. Nursing homes are largely occupied by 85 year olds+, 13 percent of whom live in institutional settings.

Similarly, despite a growing trend toward assisted living facilities, a very small proportion (2.4% nationwide) of seniors live in senior housing with at least one supportive service available to their residents.

**Resources.** There are many resources for seniors in Fort Collins, many of which are coordinated through the Larimer County Office on Aging (LCOA). This section provides a broad overview of those available. More detailed information can be found at the Larimer County Office on Aging website and web links (<http://www.larimer.org/seniors/>)

**Adult Resources for Care and Help**, or ARCH, provides resources, including short term case management, to seniors to help them remain independent.

The **Family Caregiver Support Program** supports family members who are caring for seniors in their homes. This includes counseling, respite assistance and connecting the caregiver to support groups.

The county also offers a **Long Term Care Ombudsman** program which matches professional advocates with families to provide assistance and mediation with long term care facilities.

The county's **Senior Tax Work-Off** program allows low income residents age 60+ to work off up to \$400 or their property tax bill. Qualified seniors are placed in jobs within Larimer County government offices; they also receive a stipend at the end of their service.

LCOA also helps coordinate **Project Visibility**, which trains administrators of nursing homes, assisted living facilities, home care agencies and other providers of services to older adults about LGBT seniors, their sensitivities and needs.

Other organizations that primarily serve seniors in the City include:

**Elderhaus** has two facilities that provide recreation and services to both special needs and "higher-energy" seniors. Services include transportation assistance, nutrition services, programming for veterans, mobile health services and a Medicaid Benefit Helper program.

**Rehabilitation Visiting Nurses Association (RVNA)**. RVNA is a home health care provider in northern Colorado. The majority of seniors served are very low income and many have disabilities and/or mental illnesses. The organization serves more than 200 Fort Collins seniors.

**Volunteer of America** provides a variety of services to seniors including respite services, households assistance (grocery shopping, handyman services), Meals on Wheels, congregate dining and volunteer transportation.

**Saint Volunteer Transportation (SAINT)** provides transportation, through volunteers, to seniors in Fort Collins and Loveland. About two-thirds of seniors served are moderate to high income; 24 percent are low income. Many are physically and developmentally disabled and/or have mental illnesses. The nonprofit provides an estimated 15,000 to 300 clients in Fort Collins.

A new program, known as the **Larimer County Special Needs Population Registry**, is a collaboration of seven local agencies and the Cities of Fort Collins and Loveland. This program allows individuals or family members to register persons who may need assistance to evacuate their residence, in times of emergencies.

Finally, the City's **Senior Center** provides life-enhancing services to seniors at all income levels.

**Senior housing.** The City's Consolidated Plan provides an inventory of senior housing options, including 534 subsidized housing units or units that have reduced rents for the elderly, which are also available to persons with disabilities; 560 independent living units; 538 assisted living beds, and more than 750 nursing home beds in Fort Collins. The Consolidated Plan reports that most of the nursing homes in Fort Collins accept Medicaid clients; most of assisted living facilities do not.

There are seven housing developments that provide affordable housing units for the elderly or frail elderly, accounting for more than 500 affordable units for seniors. In some cases, younger persons with disabilities may reside in these units. There between 150 and 200 elderly households on Housing Authority wait lists.

**Gaps.** Although there are a variety of services available to seniors in Fort Collins, gaps exist—and are likely to worsen as the number of seniors doubles in the next 15 years. The primary gaps include:

**Limited housing options for grandfamilies.** As discussed in the At-Risk Youth section, as many as 900 grandparents in Fort Collins have grandchildren living in their homes; 224 are the primary care givers to these children. Representatives of local grandfamily organizations report that finding housing that will accommodate the needs of low income grandparents is very challenging: 60 percent of grandfamilies who qualify for housing subsidies do not receive them, according to a recent report on Best Practices in Grandfamily housing conducted by CSU Extension in Larimer County. Subsidized senior housing facilities are generally small (1 bedroom apartments) and do not allow children, nor do they offer the amenities children need (playgrounds). The situation is more difficult for grandparents who have a disability and/or have a grandchild with special needs.

**Lack of visitable and accessible housing.** Housing that is “visitable”—i.e., incorporates a zero-step entry, features that can be made accessible with little modification—allows seniors to age in place with fewer challenges than traditional housing products, which have stairs, bathrooms that are difficult to make accessible, etc.



As many as 2,000 Fort Collins households expressed a need for accessibility improvements in the survey conducted for the City's recent fair housing study; many of these households are seniors. The need for accessibility improvements will increase in the next 15-20 as the relatively large cohort of "near seniors" ages.

Finally, between 150 and 200 seniors are in need of affordable rental housing, based on wait list information from the Fort Collins Housing Authority. At the time this report was prepared, 182 seniors were on the wait list for public housing and 149 were waiting for Section 8 vouchers. Because the wait list has been closed for some time, these numbers are likely lower-bound estimates of need.

**Growing demand for social service supports and transportation.** As the senior population in Larimer County and Fort Collins more than doubles in the next 15 years, demands for services will increase dramatically. The services more likely to be needed are in-home health care and household supports (since many seniors age in place) and transportation assistance, including public transit. SAINT identifies volunteer recruitment, as well as lack of paratransit between Fort Collins and Loveland and limited transit in greater Larimer County, as a major barrier to transportation assistance for seniors in the county and person with disabilities.

**Lack of affordable rental housing.** Low income seniors also face a gap in affordable rentals, as well as Medicaid-supported beds in assisted living facilities. As discussed in Section I, there is a shortage of more than 8,000 affordable rentals for low income households in Fort Collins. This gap affects seniors as much as other low income households. Assisted living facilities are generally too expensive for low income seniors unless they have some type of subsidy for the facility.

## Victims of Domestic Violence

**Definition.** Victims of domestic violence are those residents who have experienced, in the terms of the CDC, “intimate partner violence” or IPV. For the purposes of this section, victims include adults who have been subjected to IPV (youth are covered in the section on At-Risk Youth).

**Prevalence.** Local data on the prevalence of IPV are generally difficult to find due to privacy rights and reluctance of some victims to discuss or report IPV. The volume of calls to help lines, women and men receiving counseling and victims seeking shelter provide an indication of a point in time estimate of need. Surveys are necessary to estimate lifetime prevalence rates and the long term effects of such IPV.

**National prevalence.** At the national level, the CDC collects national data on lifetime prevalence of IPV through the National Intimate Partner and Sexual Violence Survey (NISVS).<sup>4</sup> This ongoing, nationally representative survey collects information about the IPV experiences of English- or Spanish-speaking men and women age 18 years and older. The most recent survey data are as of 2010 and include state prevalence rates. These data are used to estimate the number of IPV victims in Fort Collins.

Victims of domestic violence are disproportionately likely to be women—but it is a misconception that all victims are women. A 2010 national survey by the CDC reported that 25 percent of women nationwide have been the victim of severe physical violence by an intimate partner, compared to 14 percent of men. Gender differences are smaller when all types of physical violence and psychological violence are factored in. For example, nationally 36 percent of women and 29 percent of men have experienced rape, other physical violence, and/or stalking by an intimate partner in their lifetime according to the CDC survey. In Colorado, the lifetime prevalence is similar by gender: 33 percent for women and 29 percent for men.

National estimates on number of people in the U.S. who have experienced physical violence by an intimate partner at some point in their life are reported in Figure VII-9. These estimates of IPV may appear high upon a first read—yet the prevalence of domestic violence has been well documented nationally, especially for women. Studies consistently find the prevalence of physical violence against women to range from approximately one-quarter to one-third of adult women.<sup>1,5</sup>

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<sup>4</sup> “National Intimate Partner and Sexual Violence Survey,” Center for Disease Control, National Center for Injury Prevention and Control, 2010.

<sup>5</sup> “Full Report of the Prevalence, Incidence and Consequences of Violence Against Women,” Findings from the National Violence Against Women Survey, U.S. Department of Justice, 2000.

**Figure VII-9.**  
**Number of Victims and Prevalence of Violence by an Intimate Partner, U.S. Women and Men, 2010**

Prevalence of Intimate Partner Violence	Lifetime Prevalence		12 months	
	Women	Men	Women	Men
% Experiencing Rape, Physical Violence and/or Stalking	36%	29%	6%	5%
# of Victims	42,420,000	32,280,000	6,982,000	5,691,000
Type of Violence Experienced	# of Women Victimized	# of Men Victimized		
Slapped, pushed or shoved	34,943,000	27,989,000		
Severe physical violence (e.g., kicked, beaten)	27,882,000	14,915,000		
Rape	21,840,000	1,581,000		
Psychological aggression	55,447,000	54,091,000		

Source: National Intimate Partner and Sexual Violence Survey, Center for Disease Control, 2010.

**By race and ethnicity.** The reported prevalence of domestic violence is highest for female victims who are Multiracial (54% according to the NISVS), American Indian/Alaskan Native (46%) and African American (44%). These compare to rates for white women of 35 percent and, Hispanic women, 37 percent.

For men, the rates are highest for American Indian/Alaskan Natives (45%), Multiracial and African American (both 39%). White and Hispanic men report the lowest rates of victimization at 28 and 27 percent, respectively.

**Fort Collins population.** Approximately 20,000 women and 16,800 men in Fort Collins are estimated to have experienced IPV violence at some point in their lives. These numbers are based on State of Colorado lifetime prevalence rates from the CDC applied to the Fort Collins population of women and men 18 years and older.

Statewide prevalence rates also suggest that in *any given year*, an estimated 3,600 women and 2,900 men in Fort Collins experience IPV.<sup>6</sup>

It should be noted that the number of women experiencing IPV in Fort Collins at a point in time may be higher than that nationally because the City's age distribution is skewed towards 18-24 year olds, the age range during which IPV most commonly occurs for the first time.<sup>7</sup>

**Community demand for services.** Although the supportive and housing services needed by IPV victims vary, generally, all need health care and counseling immediately following the event and continued mental health support to assist with the traumatic stress disorder related to the event. Victims may also require assistance with substance abuse and mental health services, both of which are common among IPV victims. Affordable housing is also critical: the National Alliance

<sup>6</sup> These rates are based on national 12 month prevalence rates (state 12 month rates are not available).

<sup>7</sup> For example, the NISVS survey reports that 48 percent of bisexual women who had been raped were ages 11 to 17 when it occurred; 33 percent were between the ages of 18 and 24. Similarly, 28 percent of heterosexual women were first victimized when they were between 11 and 17 years old; 38 percent were victimized when they were 18 to 24 years old.

to End Homelessness argues that a “strong investment in housing is crucial [to victims of domestic violence]...so that the family or woman is able to leave the shelter system as quickly as possible without returning to the abuse.” This includes permanently affordable rentals as well as transitional housing that can be accessed quickly, when needed by victims fleeing violence.

The Alliance also reports that studies on homelessness have shown a correlation between domestic violence and homelessness.<sup>8</sup>

Based on the 12 month prevalence of IPV and above service needs, if 3,600 Fort Collins women and 2,900 men experience IPV annually, approximately 550 (300 women and 250 men) would need services on a monthly basis. This compares to the 202 adults and 21 children who sought and received services through Crossroads Safehouse’s counseling program.

Domestic violence can have lasting effects. The 2010 CDC survey found that IPV victims were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitation, poor physical health and poor mental health, at rates higher than those who did not experience IPV violence.

The NIPSVS estimates that 29 percent of Colorado women experiencing IPV, or 547,000 women, have IPV-related health impacts. These impacts include fear or concern for safety (28%), Post Traumatic Stress Disorder (22%), and injury or need for medical care (15%). This rate applied to Fort Collins’ population of women 18 years and older suggests that as many as 5,800 female adult residents of the City have IPV-related health challenges.

The long term health costs of IPV is unclear, because it is difficult to separate out health care problems that are directly related to IPV. It is likely, though, that the negative impacts of IPV are felt throughout the broader community in health care costs, missed time at work and school and lasting psychological effects on children and victims.

**Resources.** Fort Collins is fortunate to have one of the largest providers of domestic violence services in the State of Colorado. Crossroads Safehouse is Larimer County’s largest and oldest safehouse. The nonprofit has been in operation since 1980.

Crossroads provides:

- An emergency hotline for crisis intervention, available 24 hours/day, 7 days/week with language translation services,
- A safehouse with emergency shelter (81 emergency beds that allow up to a 6 week stay and 21 longer-term beds, with up to a 6 month stay)
- Transitional housing for up to two years (25 vouchers through the Fort Collins Housing Authority),
- Counseling services (202 unduplicated adults served in 2012),
- A unique program, Crosstrails, that provides emergency shelter/foster homes for pets belonging to Safehouse residents.

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<sup>8</sup> [http://www.endhomelessness.org/pages/domestic\\_violence](http://www.endhomelessness.org/pages/domestic_violence).

The Sexual Assault Victim Advocate Center, or SAVA, is also located in Fort Collins. The organization assists victims of sexual assault through crisis intervention, advocacy and counseling. SAVA also maintains a 24-hour hotline for victims and has a large education and outreach component that includes educational programs in schools.

SAVA reports that the greatest needs of their clients are mental health services, rental assistance, and—the most critical—emergency housing and transportation to the Medical Center of the Rockies. For the organization, sustainable sources of funding are needed to be able to increase school programming, add staff (bilingual, therapist), provide on-site medical services and fund client transportation services.

Many other organizations in the City serve residents who have experienced IPV, including health care providers (both physical and mental health), job training centers, assisted housing providers and the many programs that assist persons living in poverty.

**Gaps.** The service and housing demands, needs and gaps for residents who have experienced IPV are summarized in the following graphic. One of the most noticeable gaps in service is for victimized men. There are no domestic violence shelters in Fort Collins who only serve men. Prevalence rates suggest that as many as 2,900 men experienced domestic violence in the City in the past year.