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# City of Fort Collins Social Sustainability Gaps Analysis—2020 Update

**PREPARED FOR:**

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**REVISED REPORT**

6/8/2020

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## INTRODUCTION

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### SOCIAL SUSTAINABILITY GAPS UPDATE

# Introduction

## Report Overview

**Purpose.** This report summarizes the results of a Social Sustainability Gaps Analysis, conducted by Root Policy Research (Root) for the City of Fort Collins (“the City”). The City commissioned an update to the gaps analysis, originally conducted in 2014, as part of its initiative to build a cohesive, coordinated approach to community sustainability across City departments.

This study complements five plans the City of Fort Collins updated internally in 2019 and 2020. City led plans related to this gaps analysis include the federal Department of Housing and Urban Development (HUD) required Consolidated Plan and Analysis of Impediments to Fair Housing Choice, as well as, the City’s Affordable Housing Strategic Plan, the 2019 City Plan, and a Human Services Prioritization Plan. Ultimately, these plans will help guide City Council and City staff in setting future work program and priorities.

This Social Sustainability Gaps Analysis will help support the development of these plans by providing a quantitative and qualitative assessment of supportive service gaps in the community. It is intended to provide a summary of current trends in the Fort Collins community, related to various components of social sustainability, including but not limited to housing, homelessness, poverty, health, wellness, education, diversity, and the needs of special populations. This report also highlights many different programs and initiatives of the City of Fort Collins and other local organizations working to address these trends and community needs.

The report provides a high-level overview of the current state of affairs to inform the City of Fort Collins’ strategic planning process and decision-making related to social sustainability. While this document may also inform other organizations and efforts, it is necessary to clarify that this report is not intended to serve as an exhaustive inventory of all organizations, resources, or service providers available to residents within the City of Fort Collins.

**What is Social Sustainability?** Social sustainability is the practice of ensuring healthy social systems so that people in our community can thrive. We do this through partnerships, programs and policies that provide equity and opportunities for all.

**Methodology.** 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 Fort Collins and Larimer 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.

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

- Some types of residents with specific types of 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 a large number of issue areas and targeted population groups. It is by no means a comprehensive study of the needs of a specific group, but instead a broad assessment of supportive service needs.

This study incorporates the best data available at the time it was completed. It is important to note that the research, stakeholder outreach, and data used in this report reflect market trends prior to the outbreak of COVID-19. The needs of residents leading up to the outbreak can help inform policy responses to housing and community service needs by providing a "baseline" measure of conditions. It is likely that, at least in the short-term, service needs are more acute than captured here. 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.

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

- Housing
- Homelessness
- Poverty
- Health and wellness

- At-risk youth, education, and childcare
- Diversity and equity
- Targeted populations
  - Persons with disabilities
  - Seniors
  - Victims of domestic violence
  - Veterans (discussed in the homelessness section)
  - At-risk youth (discussed in the 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.

Each topic-based section includes an overview, list of key definitions, and summary of key findings followed by detailed discussion of current data and trends. An inventory of current community resources, including organizations, projects, initiatives, and other efforts follows. Then each section provides a discussion of analysis and gaps, including discussion of key indicators of need, ways to address those needs, and computed or observed gaps. 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.

## Summary of Findings

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 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 organizations, job losses for residents), and some are driven by demographics or the unique needs of special populations. The following pages highlight the primary gaps from each section of this report.

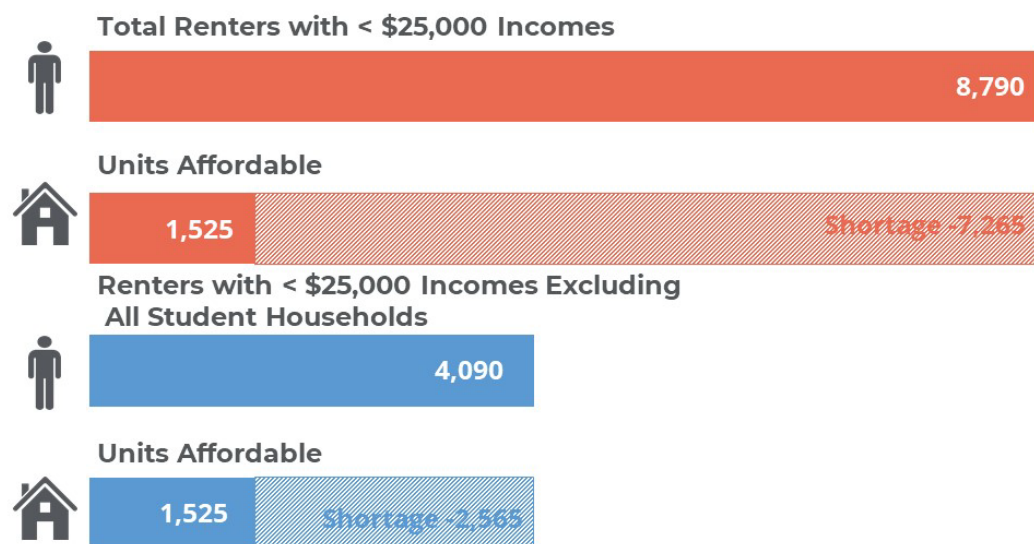
**Housing.** This report begins with an analysis of housing affordability overall in the City. Lack of affordable housing affects most of the target populations examined in this study—although some are impacted more than most, such as persons experiencing or at-risk of homelessness, persons with disabilities, seniors, and persons earning low wages and living in poverty. The overall analysis of housing affordability found four primary needs in the current market:

- **Under provision of affordable rentals.** An estimated 17,300 households in Fort Collins are renting apartments or homes that they cannot afford. These households are “cost burdened,” meaning they are paying more than 30 percent of gross household income in housing and basic utility costs (an industry standard). Many of these cost-burdened households are students. The remainder of cost burdened households are working residents earning low wages, residents who are unemployed and residents who are disabled and cannot work.

The large university presence in Fort Collins ensures students, while they are a transient population, will remain a factor in the housing market. Even though some students are genuinely living in poverty and require assistance to secure safe and affordable housing, other students rely on family or other sources of income to support themselves financially through college. Therefore, it is difficult to separate those students who would benefit from subsidized housing and students who do not require assistance in the data. Altogether, the City has a shortage of rental units priced affordably for renters earning less than \$25,000 per year of 7,265 units. 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. An estimated 4,700 units could be occupied by current students living in private housing in the community.

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 2,600 non-student households in need of affordable housing, as shown in Figure 1 below.

**Figure 1.**  
**Rental Market Gaps Fort Collins, 2018**



Source: 2018 ACS and Root Policy Research



The City could benefit from as many as 2,600 additional housing subsidies for households earning less than \$25,000 (or about 30% AMI), which is an improvement from 2012 when the need was closer to 4,000 additional housing units and subsidies. Some of this improvement reflects the efforts of the City and Housing Authority to increase the supply of affordable housing; nearly 950 affordable units have been added since 2012 for a total inventory of 3,356 in 2019.

However, it also reflects the reality that some low income households have been displaced from the City and are no longer factored into demand for housing at this price point. Fort Collins renter households earning less than \$25,000 decreased by nearly 3,000 households (a decrease of 24%) while households earning more than \$75,000 increased by nearly 4,000 households (an increase of 105%).

- **Challenging environment for maintaining and attaining homeownership.** Overall, there are 7,000 homeowners (21% of all owners) in Fort Collins that cannot afford their monthly housing costs; these owners are cost burdened. In addition, renters wanting to buy have very few options in the market until they earn more than \$75,000 per year and can afford homes priced above \$280,000. Even at that price-point the for-sale market remains tight and very competitive. In other words, there is a shortage of entry-level homes on the market for first-time buyers (priced below \$250,000), and as a result, many Fort Collins buyers are purchasing homes elsewhere in the region. More than 60 percent of homebuyers who participated in Neighbor to Neighbor's homebuyer education program in Fort Collins purchased a home outside the City.
- **Under provision of accessible units.** Nearly 4,700 residents are estimated to have an ambulatory disability, the majority of whom are seniors. As the population of Fort Collins ages, the need for accessible, affordable units will continue to rise. Additionally, accessible units paired with access to transportation and nearby services are imperative to the independence of disabled residents.<sup>1</sup> Stakeholders indicate the city has an overall shortage of affordable, accessible units. One of the challenges reported by stakeholders is that many accessible units in Fort Collins are occupied by non-disabled people.
- **Lack of protections for residents of manufactured housing communities.** Manufactured homes<sup>2</sup> provide naturally occurring affordable housing for low income residents and seniors. However, the instability of manufactured housing community ownership and the potential for redevelopment of communities leads to unique challenges for maintaining affordable inventory and relocating residents if it becomes

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<sup>1</sup> Data are not available on the total number of accessible units.

<sup>2</sup> Manufactured housing is used throughout this report to refer to both mobile homes and manufactured homes. The Federal definition differentiates mobile homes as units constructed prior to 1976 and manufactured homes as units constructed after 1976.

necessary. While the City of Fort Collins has made progress by bringing the discussion of the challenges in manufactured housing communities for both residents and community managers to the forefront of policy discussions, much remains to be resolved. Short term solutions to alleviate disputes within communities and protect communities against redevelopment are underway. However, long term stabilizing policies have not been implemented.

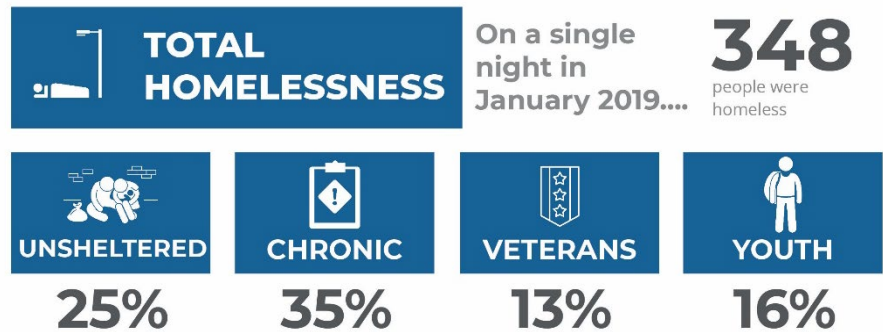
Fort Collins has implemented many outstanding programs to address housing needs. Yet rising housing prices, shifting demographics, and concern over displacement have made it challenging to keep up with needs. To address current housing needs and ensure that low and middle-income households can remain in the community in the future:

- The City could benefit from as many as 2,600 additional housing subsidies and/or affordable rentals for households earning less than \$25,000, that can afford to pay no more than \$625 per month in rent and utilities.
- Housing programming should focus on providing a continuum of housing types. Ideally, all areas of the City should have a variety of housing types (single family homes, townhomes, accessory dwelling units, multifamily apartments) at a range of price points.
- The City should continue to implement innovative approaches to addressing housing needs, such as its land banking program, and continue to foster private-public partnerships.
- Additional resources should focus on the development of accessible affordable housing to accommodate the growing population of seniors and people with disabilities in need.
- The City should continue to explore policy and actions that protect vulnerable communities from displacement and mistreatment. Residents of manufactured housing communities or manufactured housing communities should continue to be a particular focus for the City's efforts.

**Homelessness.** The factors underlying homelessness are complicated and many, and addressing homelessness requires a comprehensive approach for both housing and services. At any point in time, it is estimated that the Fort Collins homeless population is around 350 people, and more than 1,000 elementary and secondary students in the Poudre School District are estimated to be homeless at some point during the school year. The share of homeless veterans in the City (13%) is disproportionately high compared to the national average of 7 percent.

**Figure 1.**  
**Individuals**  
**Experiencing**  
**Homelessness,**  
**Fort Collins, 2019**

Source:  
 2019 PIT and Root Policy  
 Research.



Fort Collins has many resources in place to prevent and address homelessness—yet gaps remain in some areas. The community has been working hard to coordinate and collaborate to fill gaps in our service delivery system for the homeless population, including the efforts required for Larimer and Weld Counties to receive the designation as the fourth Continuum of Care in Colorado, the Northern Colorado CoC, by HUD. The primary gaps in providing a more sustainable network for people who are homeless include:

- Increased case management capacity to promote access to and sustained stability for individuals and families exiting homelessness;
- Additional funding to support homelessness prevention through rent assistance for a greater number of households and a longer duration per household (currently one month);
- Expanded shelter options for families and youth including a day shelter;
- Permanent supportive housing to keep residents from falling back into homelessness (which support rapid re-housing programming);
- Transitional housing, especially in periods when subsidized housing supply is oversubscribed<sup>3</sup>;
- A shelter for youth who are homeless; and
- Expanded onsite and mobile resources, particularly rapid access to mental health care for people who are homeless.

**Poverty.** Although most residents in Fort Collins have strong economic situations, some residents struggle to make ends meet. <sup>4</sup> Poverty rates overall have decreased since 2012 due to the economic recovery but the recovery was not equally distributed among all

<sup>3</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).

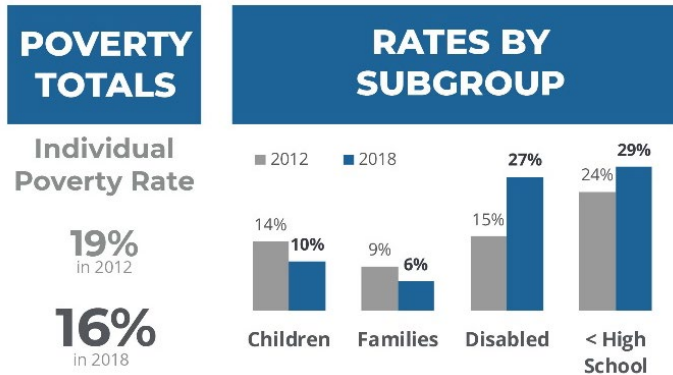
<sup>4</sup> This analysis presents poverty as the primary measure of economic stability in the City, but additional measures related to economic stability, specifically housing cost burden, are presented in the housing section of this report.

residents and challenges remain for some. Recent American Community Survey (ACS) data on poverty in the city show:

- 16 percent of Fort Collins residents (25,419 people) are poor;
- 9 percent of all non-college aged residents are poor (11,372);
- 6 percent of Fort Collins families are poor;
- 10 percent of children are living in poverty;
- Persons living in poverty are generally educated and employed;
- Poverty rates for disabled residents and minority households are very high; and
- Poverty rates have decreased since 2012 due to the economic recovery.

**Figure 3.**  
**Poverty Rates, Fort Collins,**  
**2012 - 2018**

Source:  
2012 ACS, 2018 ACS, and Root Policy Research

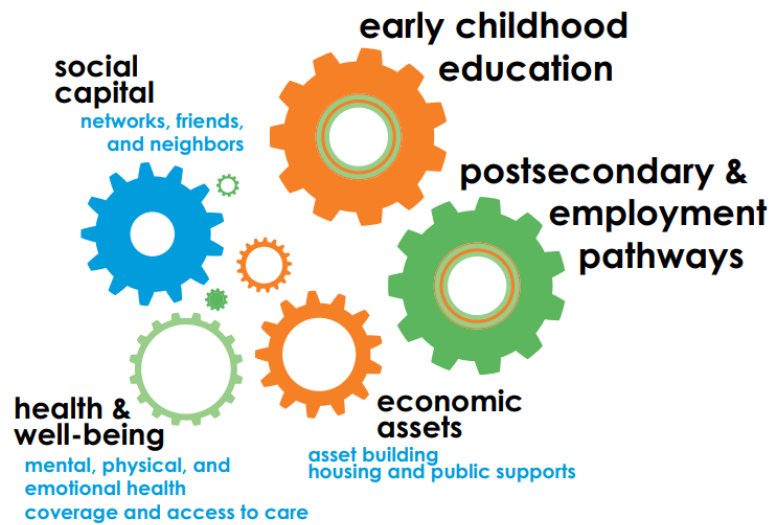


The City has many programs to help persons in poverty with their daily needs, including housing costs.<sup>5</sup> Efforts to reduce poverty should focus on breaking intergenerational poverty, through a two-generation (2Gen) approach that focuses on appropriate supports for each member of the family—as well as building a more aligned network of services, health, and financial support for both children and parents.

<sup>5</sup> Housing affordability and housing cost burden are included in the housing section of this report.

**Figure 4.**  
**The 2Gen Framework**

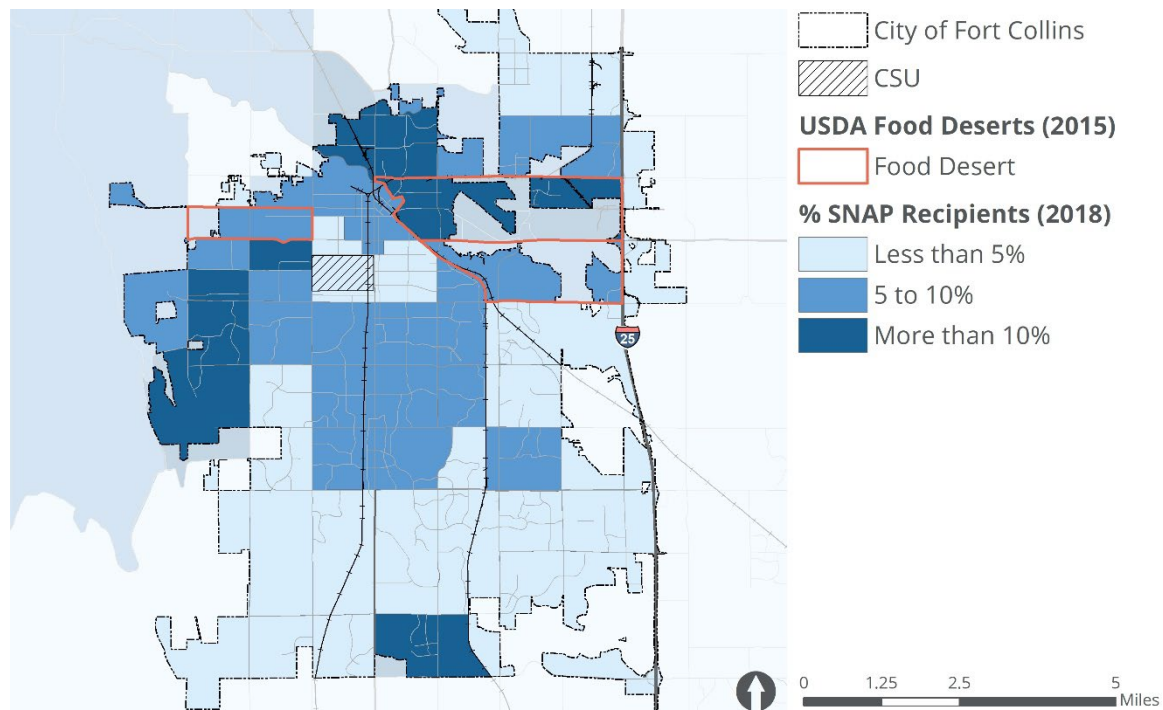
Source:  
Aspen Institute



**Health and wellness.** The most significant gaps, based on observations of data, service provider inventory, and agency interviews, include the following:

- There is lack of capacity and consistency for the provision of mental health and substance use disorder treatment (e.g., walk in sites), particularly for low income residents lacking private insurance.
- The community lacks long-term residential treatment programs.
- There are no residential treatment facilities available for children under age 10 with behavioral or mental illness.
- The City lacks a detox center for substance abusers; however, the new behavioral health service facility (opening 2022) will host a detox center and crisis unit.
- The City has a strong infrastructure for physical education and recreation—yet growing obesity rates among the City’s youth indicate a need to integrate more physical activity into daily life.
- Gaps in food provision generally reflect economic differences (inability to afford healthy food); however, food deserts are present in north Fort Collins indicating a need for better access to healthy and affordable food.

**Figure 5.**  
**Food Deserts and Snap Recipients, Fort Collins, 2018**



Source: 2018 5-year ACS and Root Policy Research

**At-Risk Youth, education, and childcare.** Most children in Fort Collins benefit from the City's strong educational institutions, cultural offerings and safe and stable environment. Some children are not as fortunate and need strong community and school supports to ensure that they succeed. These children include an estimated:

- 3,000 children who live below the poverty level;
- 1,000 who are homeless in Poudre School District;
- 350 who are neglected and abused;
- 1,300 who have severe mental illness;
- 1,700 who leave school because of dropping out or are asked to leave (suspended/expelled); and
- As many as 5,500 who score below proficiency on standardized tests.
- As many as 1,300 need mental health treatment. In addition, many could benefit from enhanced and continued programs to stabilize their educational environments.

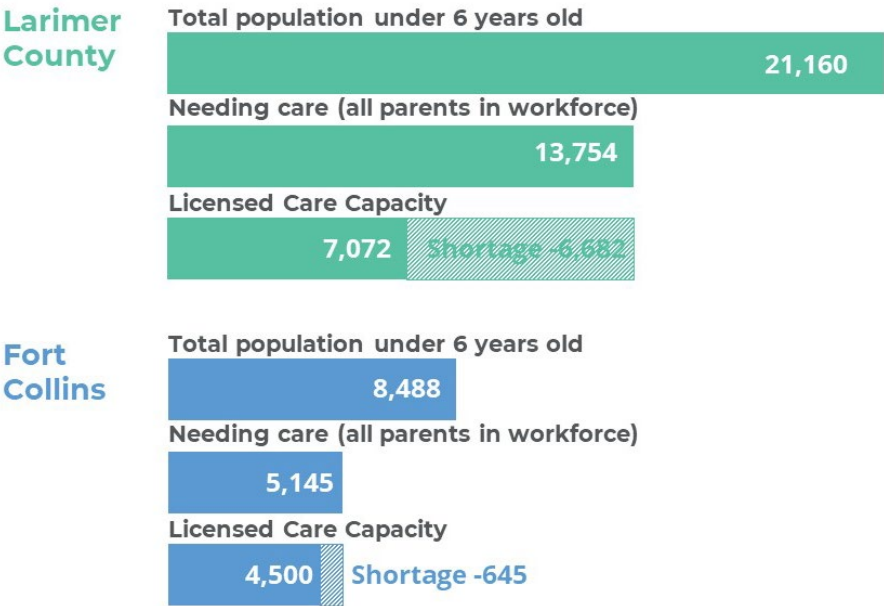
Addressing the needs of the community's children begins in preschool and, for some children, continues throughout their growth. Although Fort Collins offers many programs and a strong educational environment, not all children are receiving the supports they need. There is an estimated service gap of 3,339 for children that are less than two years

old and an additional gap of 3,343 for children aged between two and six years in Larimer County.<sup>6</sup>

In Fort Collins, the estimated gap in childcare is 645 for children under six years old. However, due to the prevalence of in commuting from Larimer and Weld Counties, the demand for childcare in Fort Collins is an underestimation of the true demand.

**Figure 6.**  
**Childcare Gaps**

Source:  
2018 ACS, State of Colorado  
Licensed Childcare, and  
Root Policy Research



**Diversity and equity.** The review of diversity and equity in Fort Collins found many positive elements of an inclusive, welcoming and diverse community. Improving equity for all residents is a priority for city leadership and staff. City Council approved \$80,000 to conduct a data collection effort for race-based equity metrics; however, due to the outbreak of COVID-19 (and related city budget adjustments) it is unknown at this time if future projects will proceed as planned.

The primary gaps identified by stakeholders include the educational attainment gap, underemployment, disparities in public investment and access to services (geographically), and underrepresentation of people of color in leadership roles across multiple sectors.

- The City has made a commitment to improve equity in the community, and that requires the removal of obstacles that prevent historically marginalized groups from thriving. There are some inequities and gaps related to equity and accessibility for different races and ethnic groups across the community. These include the following:

<sup>6</sup> A Workforce Strategy and Major Economic Driver: Child Care in Larimer County, 2018.



- Racial and ethnic disparities in income and poverty are evident in Fort Collins:
  - More than one in four of both Asian and Hispanic households earn less than \$25,000 per year, compared with just 19 percent of non-Hispanic white households.
  - Poverty rates are highest for Black/African American Residents (22% of the 2,312 total Black residents are living in poverty), and lowest for non-Hispanic white residents (16% of the 123,833 total non-Hispanic white residents).
- Racial and ethnic disparities are also apparent in educational attainment for Hispanic and African American residents of Fort Collins: just 32 percent of Hispanic residents and 41 percent of African American residents have a bachelor's degree or higher compared to 59 percent of non-Hispanic white and 69 percent of Asian residents.
- Twelve percent of the City's residents speak languages other than English at home and may face unique challenges access services and/or community amenities.
- Stakeholders also noted disparities in public investment and access to services (geographically); and underrepresentation of people of color in leadership roles across multiple sectors.
- While the community has various places of worship for different religious affiliations, stakeholders acknowledge a dominance of Christian ethos in the community and provided anecdotal evidence of religious bias, including deliberate vandalism of the Islamic Center of Fort Collins in 2017.<sup>7</sup>

The community has many resources, both on and off the Colorado State University (CSU) campus, to support diversity and further inclusiveness. Improving equity for all residents is also a priority for city leadership and staff. City Council approved \$80,000 to conduct a data collection effort for race-based equity metrics; however, due to the outbreak of COVID-19 (and related city budget adjustments) it is unknown at this time if future projects will proceed as planned.

The equity metrics, equity education for staff, development of an equity dashboard, and deploying an equity lens in all policy development will carry this conversation forward and identify outcomes to measure collective progress in addressing these underlying inequities in the community.

**Targeted Populations.** The targeted populations discussed in this section of the report include the needs of persons with disabilities, seniors, and victims of domestic violence. These targeted populations were chosen because they often face some of the

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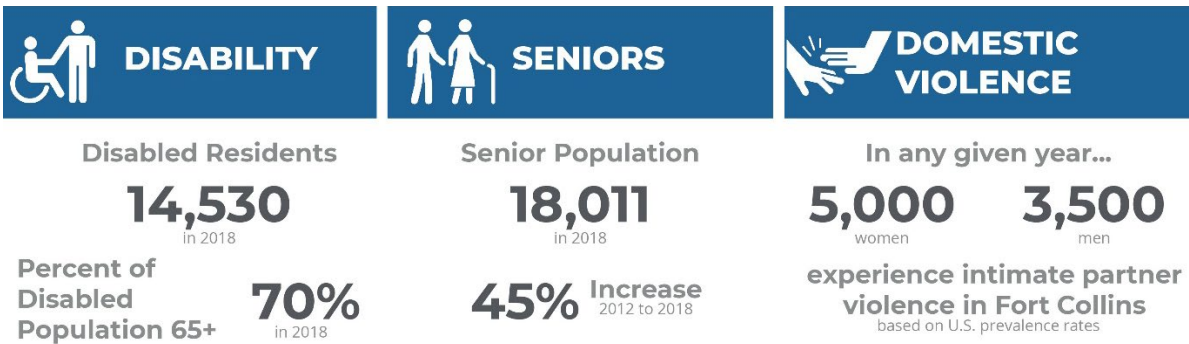
<sup>7</sup> <https://www.thedenverchannel.com/news/local-news/man-who-vandalized-fort-collins-mosque-kills-himself>



greatest challenges to accessing the housing and services they need and may require public support and subsidies.

Figure 7 below shows that in 2018 there were an estimated 14,530 persons with a disability, 18,011 seniors, and 8,500 victims of domestic violence in Fort Collins.

**Figure 7.**  
**Target Populations, Fort Collins, 2018**



Source: 2018 5-year ACS and Root Policy Research

While the needs and gaps of the targeted populations examined in this section vary, there are some common themes among them, including, but not limited to the following:

- Affordable, accessible, and appropriate housing;
- Emergency support and rapid access to services;
- Ongoing and enhanced services and support; and
- A broader range of transportation options.

These needs are also apparent in the other targeted populations examined in other sections of this report (residents who are veterans and at-risk youth).

## SECTION I.

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### HOUSING

# SECTION I.

## Housing

### Overview

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. Communities often face barriers to creating a socially sustainable housing market. Common issues include increasing unaffordability, a lack of accessible homes, and inadequate resources for people who have special housing needs.

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 for rent and utilities (consistent with federal definitions). Households that spend 30 percent or more of their monthly income on housing expenses are considered “cost burdened.”

### Summary of Findings

This analysis of housing affordability in Fort Collins identified four primary needs in the current market:

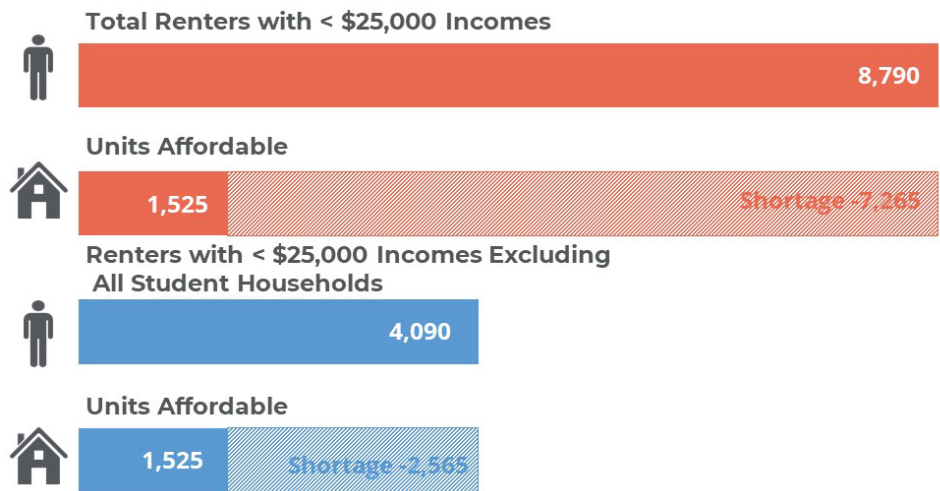
- **Under provision of affordable rentals.** An estimated 17,300 households in Fort Collins are renting apartments or homes that they cannot afford. These households are “cost burdened,” meaning they are paying more than 30 percent of gross household income in housing and basic utility costs (an industry standard). Many of these cost-burdened households are students. The remainder of cost burdened households are working residents earning low wages, residents who are unemployed and residents who are disabled and cannot work.

The large university presence in Fort Collins ensures students, while they are a transient population, will remain a factor in the housing market. Even though some students are genuinely living in poverty and require assistance to secure safe and affordable housing, other students rely on family or other sources of income to support themselves financially through college. Therefore, it is difficult to separate those students who would benefit from subsidized housing and students who do not require assistance in the data. Altogether, the City has a shortage of rental units priced

affordably for renters earning less than \$25,000 per year of 7,265 units. 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. An estimated 4,700 units could be occupied by current students living in private housing in the community.

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 2,600 non-student households in need of affordable housing, as shown in Figure I-1 below.

**Figure I-1.**  
**Rental Market Gaps, Fort Collins, 2018**



Source: 2018 ACS and Root Policy Research

The City could benefit from as many as 2,600 additional housing subsidies for households earning less than \$25,000 (or about 30% AMI), which is an improvement from 2012 when the need was closer to 4,000 additional housing units and subsidies. Some of this improvement reflects the efforts of the City and Housing Authority to increase the supply of affordable housing; nearly 950 affordable units have been added since 2012 for a total inventory of 3,356 in 2019.

However, it also reflects the reality that some low income households have been displaced from the City and are no longer factored into demand for housing at this price point. Fort Collins renter households earning less than \$25,000 decreased by nearly 3,000 households (a decrease of 24%) while households earning more than \$75,000 increased by nearly 4,000 households (an increase of 105%).

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to buy have very few options in the market until they earn more than \$75,000 per year and can afford homes priced above \$280,000. Even at that price-point the for-sale market remains tight and very competitive. In other words, there is a shortage of entry-level homes on the market for first-time buyers (priced below \$250,000), and as a result, many Fort Collins's buyers are purchasing homes elsewhere in the region. More than 60 percent of the Fort Collins's residents who participated in Neighbor to Neighbor's homebuyer education program in Fort Collins purchased a home outside the City.

- **Under provision of accessible units.** Nearly 4,700 residents are estimated to have an ambulatory disability, the majority of whom are seniors. As the population of Fort Collins ages, the need for accessible, affordable units will continue to rise. Additionally, accessible units paired with access to transportation and nearby services are imperative to the independence of disabled residents.<sup>1</sup> Stakeholders indicate the city has an overall shortage of affordable, accessible units. One of the challenges reported by stakeholders is that many accessible units in Fort Collins are occupied by non-disabled people.
- **Lack of protections for residents of manufactured housing communities.** Manufactured homes<sup>2</sup> provide naturally occurring affordable housing for low income residents and seniors. However, the instability of manufactured housing community ownership and the potential for redevelopment of communities leads to unique challenges for maintaining affordable inventory and relocating residents if it becomes necessary. While the City of Fort Collins has made progress by bringing the discussion of the challenges in manufactured housing communities for both residents and community managers to the forefront of policy discussions, much remains to be resolved. Short term solutions to alleviate disputes within communities and protect communities against redevelopment are underway. However, long term stabilizing policies have not been implemented.

Fort Collins has implemented many outstanding programs to address housing needs. Yet rising housing prices, shifting demographics, and concern over displacement have made it challenging to keep up with needs. To address current housing needs and ensure that low and middle-income households can remain in the community in the future:

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- The City could benefit from as many as 2,600 additional housing subsidies and/or affordable rentals for households earning less than \$25,000, that can afford to pay no more than \$625 per month in rent and utilities.
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- The City should continue to implement innovative approaches to addressing housing needs, such as its land banking program, and continue to foster private-public partnerships.
- Additional resources should focus on the development of accessible affordable housing to accommodate the growing population of seniors and people with disabilities in need.
- The City should continue to explore policy and actions that protect vulnerable communities from displacement and mistreatment. Residents of manufactured housing communities or manufactured housing communities should continue to be a particular focus for the City's efforts.

## **Data and Trends**

A number of reports are in the process of being updated to reflect the current state of housing in Fort Collins including the City's Human Services Strategic Plan, the Affordable Housing Strategic Plan (last updated 2015), the Consolidated Housing and Community Development Plan (last updated 2015; 2020 update in progress), and the Fort Collins Analysis of Impediments to Fair Housing Choice (last updated 2017). Another important source of data is the Colorado Division of Housing, which publishes Vacancy and Rent Surveys on a quarterly basis.

The primary needs identified by those reports can be summarized into the following categories:

- Affordable housing (rental units and resources for potential home buyers).
- Housing for people with special needs, especially seniors and residents with disabilities.
- Resources for residents of manufactured housing communities, especially communities facing instability and a perceived risk of displacement.

Those three needs categories, 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.

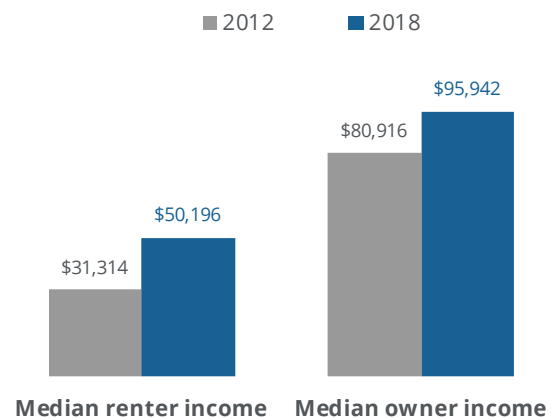
**Affordability.** Median housing costs—as measured by rent and home value—in Fort Collins are higher than in Colorado as a whole, and higher than in surrounding communities of Loveland, Laramie and Greeley. Yet the City's median income is lower than in the state overall, partially due to the student 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. However, the university presence also impacts the ownership market in Fort Collins due to outside investors and parents buying homes for student housing, particularly entry level ownership products.

**Household income.** In 2018, the median household income was estimated at \$50,196 for renters and \$95,942 for owners, as shown in Figure I-2 below. There was a significant increase in higher income renters from 2012 to 2018 in Fort Collins resulting in a 60 percent increase in median renter income (an increase of \$18,882). The number of renter households earning less than \$25,000 decreased by nearly 3,000 households (a decrease of 24%) while households earning more than \$75,000 increased by nearly 4,000 households (an increase of 105%).

Over the same time, the median household income of owner households increased 19 percent or \$15,026.

**Figure I-2.**  
**Changes in Median Income, Fort Collins, 2012 to 2018**

Source:  
2012 ACS, 2018 ACS and Root Policy Research.



**Changes in affordability.** In 2018, the median rent in the City was estimated at \$1,369 and the median home value was estimated at \$414,900. Since 2012, median rent increased by \$367 per month or 37 percent while median home value increased by \$166,100 or 67 percent.

According to the Fort Collins Board of Realtors, the median sale price in 2019 for single family detached housing was \$430,000 and \$295,000 for townhomes and condos.<sup>3</sup>

Figure I-3 shows changes in affordability in both the rental and ownership markets by comparing median rent and value (and the income required to afford median rent and value) with the actual median income of renters and owners.

In 2018, the income needed to afford the median monthly rent in the City is roughly \$5,000 more than the median household income for renter households. Similarly, the income needed to afford the mortgage payments for a median priced home is \$12,500 more than the median income of owner households.

The affordability of the for sale market in the City has decreased since 2012 when the median household income was greater than the income needed to purchase a median priced home. Conversely, the gap between the median income and required income to rent the median priced unit in 2012 was approximately \$4,000 more than in 2018.

**Figure I-3.**  
**Changes in**  
**Affordability, Fort**  
**Collins, 2000 to 2018**

Source:  
2000 Census, 2012 ACS, 2018 ACS and Root  
Policy Research.

Tenure	2000	2012	2018
<b>Renters</b>			
Median rent	\$689	\$1,002	\$1,369
Median renter income	\$26,977	\$31,314	\$50,196
<i>Income required to afford median rent</i>	<i>\$27,560</i>	<i>\$40,080</i>	<i>\$54,760</i>
<b>Owners</b>			
Median value	\$169,000	\$248,800	\$414,900
Median owner income	\$61,532	\$80,916	\$95,942
<i>Income required to afford median value</i>		<i>\$72,651</i>	<i>\$108,623</i>

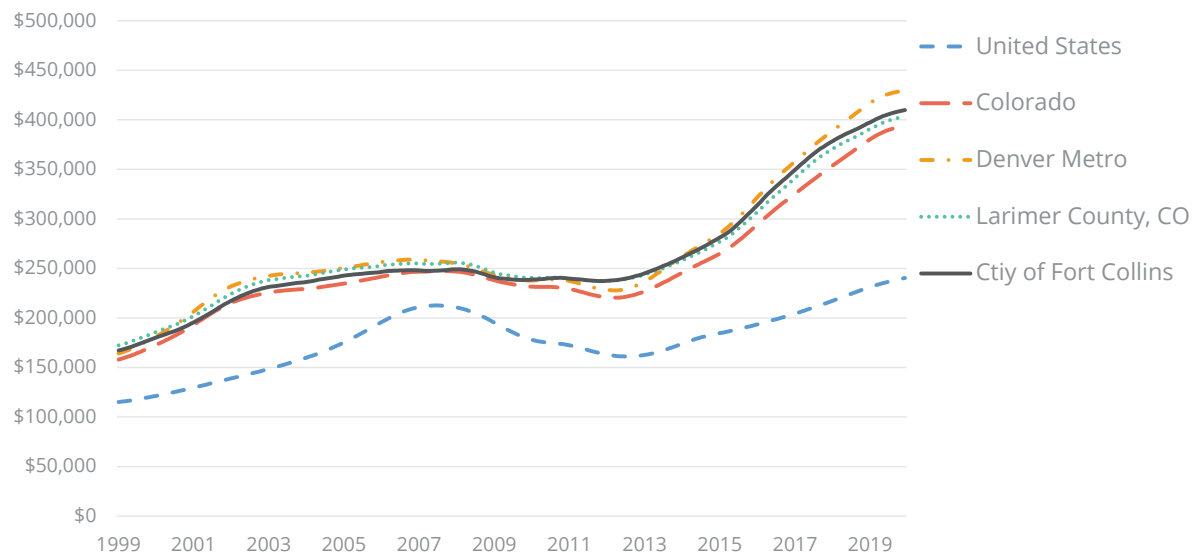
**Ownership market trends.** The State of Colorado and the City of Fort Collins have maintained strong ownership housing markets compared to the United States since 1999. During the economic expansion from 1999 to 2008, the median home price in the City of Fort Collins increased by \$62,005 while the statewide median increased by \$67,539. During the Great Recession (from 2008 to 2012), the median home price in Fort Collins only fell by \$3,813 compared to a decrease of \$13,127 statewide.

Since 2012, the housing market in Fort Collins has accelerated, similar to the Denver Metro area and the State of Colorado, as the median home price increased by \$160,721 from 2012 to 2019, as shown in Figure I-4 below.

<sup>3</sup> FCBR Monthly Housing Report October 2019



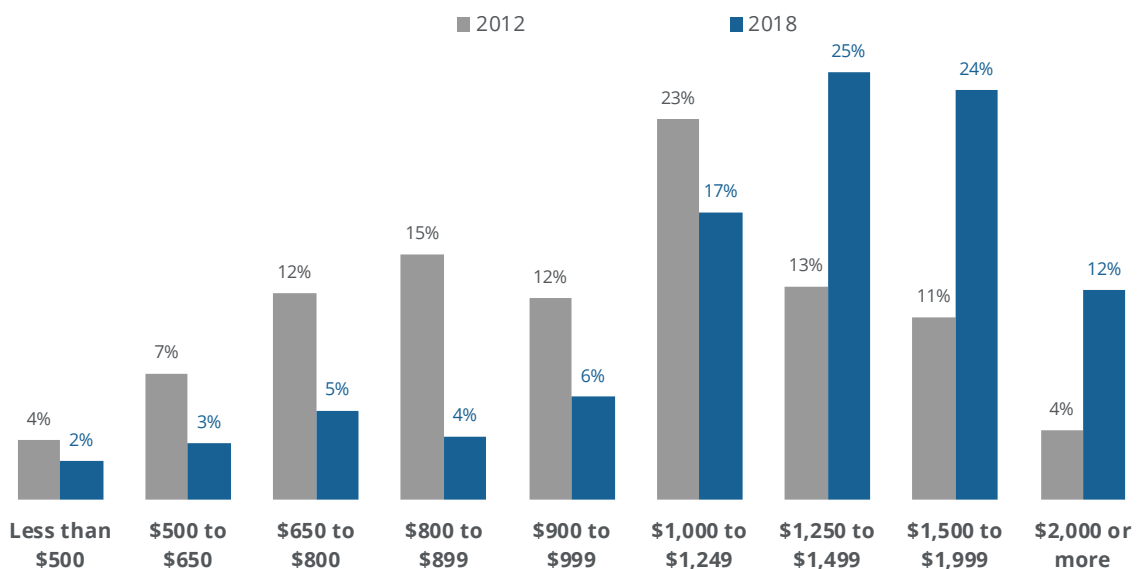
**Figure I-4.**  
**Median Home Price Trends, 1999 to 2019**



Source: Zillow and Root Policy Research

**Rental market trends.** As shown in Figure I-5, the price distribution of rentals in Fort Collins shifted markedly upward between 2012 and 2018. The City of Fort Collins saw a 40 percent decrease in rental units priced below \$1,250 per month from 2012 to 2018. The inventory of units priced \$1,250 to \$1,500 increased by roughly 4,500 units (increase of 130%) and those price over \$1,500 per month increased by 7,500 units (increase of 182%).

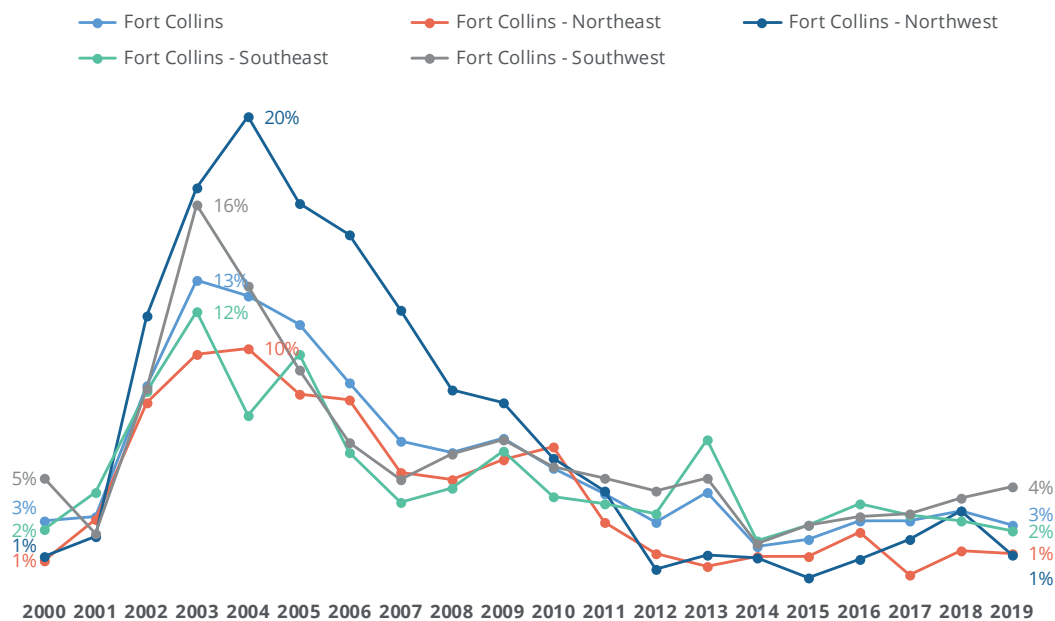
**Figure I-5.**  
**Changes in Rent, City of Fort Collins, 2012 to 2018**



Source: 2012 ACS, 2018 ACS, and Root Policy Research

**Rental vacancy.** As shown in Figure I-6 below, citywide rental vacancy rates have remained at or below 5 percent since 2010, indicating a constrained rental market in Fort Collins. As a rule of thumb, housing markets are in equilibrium at a vacancy rate of five percent. Markets with vacancy rates over five percent are considered over-supplied and markets under five percent are constrained. The highest vacancy rates were observed in the City's south market areas while the lowest vacancy rates were observed in the north market areas during the same time period. However, citywide vacancy rates are consistently low.

**Figure I-6.**  
**Rental Vacancy Rates, Fort Collins, 2000 to 2019**



Source: Colorado Division of Housing, Colorado Multifamily Housing Vacancy and Rental Survey, and Root Policy Research

**Manufactured housing communities.** Manufactured homes provide naturally occurring affordable housing for low income residents and seniors. However, the instability of manufactured housing communities ownership and the potential for redevelopment of communities leads to unique challenges for maintaining affordable inventory and relocating residents if it becomes necessary.

**Inventory.** In 2019, there were a total of 1,590 units in City limits with an additional 1,947 units in the Fort Collins Growth Management Area (GMA) for a total of 3,537 manufactured homes in the City's GMA. The GMA includes areas in Larimer County that may be annexed into the City of Fort Collins in the future. With an estimated 70,630 total housing units in 2018 within Fort Collins City limits, the 1,590 manufactured homes make up 2.25 percent of the City's housing inventory, see Figure I-7 below. Moreover, manufactured homes provide naturally occurring affordable housing to residents in the City. The 3,537 manufactured

homes in the GMA is roughly equal to the 3,356 subsidized affordable units in the City of Fort Collins.<sup>4</sup>

There have been no community closures in Fort Collins since Bender Mobile Home Park closed in 2012, displacing 32 households.<sup>5</sup> Of the remaining 14 communities in Fort Collins City limits, eight communities are in targeted redevelopment areas and vulnerable to displacement.<sup>6</sup> City Council is currently considering the formation of a Manufactured Home Preservation Zone to help address this vulnerability and prevent displacement of existing manufactured home communities.

**Figure I-7.  
Housing Units by  
Type, Fort Collins,  
2012-2018**

Source:  
2012 ACS, 2018 ACS, City of Fort  
Collins, and Root Policy Research.

Units in Structure	2012	2018	2012-2018 change	
			No. increase	% increase
1-unit, detached	33,900	38,032	4,132	12%
1-unit, attached	4,471	5,622	1,151	26%
2 units	1,317	1,662	345	26%
3 or 4 units	3,343	4,556	1,213	36%
5 to 9 units	4,967	6,518	1,551	31%
10 to 19 units	5,602	5,277	-325	-6%
20 or more units	5,148	7,371	2,223	43%
Mobile home	1,558	1,590	32	2%
<b>Total Units</b>	<b>60,306</b>	<b>70,628</b>	<b>10,322</b>	<b>17%</b>

**Tenure and costs.** In 2018, manufactured homes in the City were 80 percent owner occupied compared to only 76 percent of manufactured homes in the county, as shown in Figure I-8 below. While more than 1,200 residents in the City own their manufactured home, price instability remains an issue for manufactured housing community residents due to the variable costs of lot rent and utilities. Additionally, moving a manufactured home is expensive and, in some cases, impossible due to the age of the home or community regulations.

Residents of four manufactured housing communities in Fort Collins were surveyed by the Coloradoan for a story in September 2019. Over the past five to ten years, all residents reported annual rent increases of \$25 to \$50 per month. In many cases, this increase in lot rent within the manufactured housing community is coupled with unpredictable utility

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<sup>4</sup> Fort Collins City Council Work Session Item Manufactured Housing Preservation and Livability Strategies. Staff Tom Leeson, Sue Beck-Ferkiss, and Jeff Mihelich. December 10, 2019.

<sup>5</sup> <https://www.coloradoan.com/story/news/local/2014/03/15/housing-hundreds-displaced-as-citys-mobile-home-parks-disappear/6475185/>

<sup>6</sup> <https://www.coloradoan.com/story/news/2019/09/17/fort-collins-mobile-home-parks-more-protections-owners/2314412001/>

billing by the property manager year to year. Rising and variable costs contribute to the instability and displacement of these communities.<sup>7</sup>

**Figure I-8.  
Manufactured Home  
Tenure, 2018**

Source:  
2018 ACS, City of Fort Collins, and Root Policy  
Research.

	Fort Collins		Larimer County	
	Units	Percent	Units	Percent
Owner Occupied	1,269	80%	4,295	76%
Renter Occupied	321	20%	1,335	24%
<b>Occupied Units</b>	<b>1,590</b>	<b>100%</b>	<b>5,630</b>	<b>100%</b>

**Household type.** Figure I-19 shows households by type in occupied manufactured homes. About half of households in manufactured homes are family households. Residents in Fort Collins have a higher share of family households, but a lower share of married family households compared to Larimer County.

**Figure I-9.  
Households in  
Occupied  
Manufactured  
Homes, 2018**

Source:  
2018 ACS and Root Policy  
Research.

	Fort Collins		Larimer County	
	Units	Percent	Units	Percent
<b>Total Occupied Manufactured Homes</b>	<b>1,590</b>	<b>100%</b>	<b>5,630</b>	<b>100%</b>
<b>Family Households</b>	<b>824</b>	<b>52%</b>	<b>3,119</b>	<b>55%</b>
Married-couple	287	18%	1,953	35%
Male householder, no wife present	199	13%	209	4%
Female householder, no husband present	338	21%	957	17%
<b>Nonfamily Households</b>	<b>766</b>	<b>48%</b>	<b>2,511</b>	<b>45%</b>

**Accessibility.** According to the report, “Housing Equity: A Vision of Housing Security, Health, and Opportunity,” by the Colorado Health Institute, only one percent of homes are accessible to residents with a wheelchair in Colorado. Accessible housing is particularly important for seniors because home modifications can help reduce the risk of falls, which are the leading cause of fatal injury and trauma-related hospital visits for seniors nationally.

In addition to accessibility within the home, accessible transportation is a barrier for residents with limited mobility. Residents with limited mobility are five times more likely to miss a medical appointment than other residents likely due to transportation challenges.

**Disability characteristics in Fort Collins.** An estimated 14,500 individuals in Fort Collins have some type of disability, which is roughly 9 percent of the noninstitutionalized population, as shown in Figure I-10. Most residents with a disability are 65 years or older,

<sup>7</sup> <https://www.coloradoan.com/story/news/2019/09/17/fort-collins-mobile-home-parks-more-protections-owners/2314412001/>

which represents 69 percent of the total disabled population. Accessible housing is already in demand. As the population continues to age, that demand is likely to increase.

Individuals with cognitive and ambulatory disabilities make up nearly 50 percent of the disabled population followed by individuals with a hearing disability (17%) and individuals with difficulty living independently (17%). Residents with an ambulatory disability comprise 20 percent of all disabled residents—a total of nearly 4,700 individuals. These statistics highlight the need for housing units that are accessible.

**Figure I-10.**  
**Disability Characteristics, Fort Collins, 2018**

	Total Population	With a Disability	Percent with a Disability
Noninstitutionalized population	165,483	14,530	9%
<b>Disability by Age</b>			
Under 5 years	6,697	0	0%
5 to 17 years	23,496	903	4%
18 to 34 years	67,126	4,077	6%
35 to 64 years	50,651	4,194	8%
65 to 74 years	11,748	2,623	22%
75 years and over	5,765	2,733	47%
<b>Type of Disability</b>			
With a hearing difficulty		4,029	17%
With a vision difficulty		1,907	8%
With a cognitive difficulty		6,651	29%
With an ambulatory difficulty		4,685	20%
With a self-care difficulty		1,846	8%
With an independent living difficulty		3,939	17%

Source: 2018 ACS and Root Policy Research

Stakeholders indicate the city has an overall shortage of affordable, accessible units. One of the challenges reported by stakeholders is that many accessible units in Fort Collins are occupied by non-disabled people. Often this is a result of timing in the housing market, since quite often when an accessible unit is available for rent, no one in need of an accessible unit is looking, and it is rented to a non-disabled tenant. Additionally, some people with disabilities are limited in their ability to work and rely on Social Security and disability payments as their primary source of income (an average of \$14,800 per year). These low income households are not able to afford market rate accessible units and need subsidized affordable and accessible units.

Improving housing options for special needs populations (the elderly, people with disabilities, at-risk/endangered teens and young adults, victims of domestic violence, and people with mental illness and/or substance abuse issues) has also been identified as a

top-level housing need in Fort Collins and is a priority for the city. Population sizes and needs for those special needs groups are discussed in subsequent sections of this report.

## Community 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 principles and policies related to Neighborhood Livability and Social Health, which affordable housing is a key component. The following principles in City Plan are reflective of the City's dedication to the integration of affordable housing and the livability of Fort Collins for all residents.

- Principle LIV 5: Create more opportunities for housing choices.
- Principle LIV 6: Improve access to housing that meets the needs of residents regardless of their race, ethnicity, income, age, ability, or background.
- Principle LIV 7: Promote a more inclusive and equitable community that encourages and celebrates diversity.
- Principle LIV 8: Develop an equitable, comprehensive, coordinated and efficient system of health and human services that is accessible to all residents in need of assistance.

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 (updated in 2015) proposes five strategies to achieve the City's short-term goal of having 6 percent of all housing units be affordable units built utilizing affordable housing programs. These strategies are:

- Increase the inventory of affordable rental units;
- Preserve the long-term affordability and physical condition of the existing stock of housing;
- Increase housing and associated supportive services for people with special needs;
- Support opportunities to obtain and sustain affordable homeownership; and
- Refine development incentives and expand funding sources and partnerships.

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), Private Activity Bonds (PAB), and the Affordable Housing Capital Fund (AHCF).<sup>8</sup>

The Fort Collins 2012 Analysis of Impediments to Fair Housing Choice (AI) evaluated Fort Collins' housing market and regulatory climate to assess both public and private sector conditions that impact fair housing choice. Since 2012, the City has taken the following action to further fair housing choice, as noted in the 2017 AI:

- The City's Social Sustainability webpage on fair housing contains state law, City ordinance, and mortgage lending regulations that provide protection for individuals with disabilities.
- The creation of the Equal Opportunity and Compliance Manager position within the City Manager's Office.
- The new Equal Opportunity and Compliance Manager has streamlined processes for Fair Housing discrimination complaints to the City, and trained Social Sustainability, Community Development and Neighborhood Services, City Manager's Office, and City Clerk's Office staff on how to direct potential housing discrimination inquiries.
- Community Development and Neighborhood Services department offers biennial landlord training which includes information on fair housing.
- In 2017 the City revised the Land Use Code to add a process to review requests for reasonable accommodations for qualified individuals under the Fair Housing Act and the Americans with Disabilities Act. This Ordinance establishes an administrative review process and provides criteria to be considered when reviewing a request for a reasonable accommodation.

In 2013, the City Council adopted a special report titled "Affordable Housing Redevelopment Displacement Mitigation Strategy," which discusses City policies and responsibilities related to the preservation of affordable housing (with an emphasis on manufactured housing communities). The report outlines 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.

In July 2019, City Council passed a moratorium on redevelopment of manufactured housing communities until August 2020.<sup>9</sup> The purpose of the moratorium is Manufactured

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<sup>8</sup> The Affordable Housing Capital Fund was passed in 2015 and created a sales tax income stream dedicated to affordable housing for 10 years. The fund is estimated to produce \$4 million over the 10 year period.

<sup>9</sup> <https://www.coloradoan.com/story/news/2019/09/17/fort-collins-mobile-home-parks-more-protections-owners/2314412001/>

Housing Preservation. Resident livability regulations are also being considered by City leaders.

**City programs.** To address its affordability needs, the City combines federal block grant and local funding with a handful of other affordable housing programs. These include developer incentives, a housing trust fund, a new partnership with a community land trust, 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 down payment 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.
- 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. Those incentives include impact fee delay, limited development review and capital expansion fee waivers, limited administrative construction fee waivers, priority application processing and density bonuses. Although the incentives were developed to help foster affordable housing development, the City has acknowledged



that the incentives may not be sufficient to stimulate development of affordable housing projects and should be evaluated for effectiveness and periodically compared to best practices of other communities.

The City does not have an inclusionary zoning ordinance. The City considered adopting an ordinance again in 2020 via a feasibility study but was dissuaded by local conditions and Colorado's prohibition from including rental units as part of inclusionary zoning. The City also conducted a nexus study for an affordable housing impact fee. Staff has recommended that the City continue to explore the adoption of an impact fee in the context of a scheduled update of all development fees in 2021.

**Housing fund.** The City has a housing program (the "Affordable Housing Fund") that is funded through General Fund contributions. The City's budgeted dollars are the fund's sole source of revenue. An ongoing, additional permanent source of revenue has not been identified. The annual contributions have increased from \$285,000 in 2014 to \$525,000 in 2019 and 2020. The 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 in 2001 with a general fund contribution of almost \$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 up to 15 years). After a holding period ends on a specific property, the next step is for the City to issue a request for proposals (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).

To date, the City has acquired six Land Bank sites; one parcel was sold to Housing Catalyst and another is under negotiation for development. Housing Catalyst developed 96 new family oriented rental homes using low income housing tax credits on the parcel they purchased. The City has chosen an exclusive negotiating partner on another parcel to produce 60 new for sale townhomes that will be permanently affordable through a partnership with Elevation Community Land Trust. Additionally, the City has acquired a new five-acre parcel to add another property to the Land Bank Program.

**Housing Catalyst.** Housing Catalyst, the public housing authority in Fort Collins, actively pursues opportunities to expand access and supply of affordable homes in Northern Colorado. The scope and capacity of Housing Catalyst to serve the community has evolved over the years with the resources available. Housing Catalyst currently administers the Housing Choice Voucher program (Section 8); owns and operates affordable housing throughout the City; provides support services to residents through its

own staff along with local partners; and collaborates with other developers in bringing additional affordable housing products to the area.

Housing Catalyst has developed an array of affordable housing products that include permanent supportive housing, affordable duplex and single family units, and single room occupancy (SRO) through the innovative use of LIHTC, CDBG funds, and partnerships. Nearly all of the units in Housing Catalyst's portfolio of 1,076 units are affordable to households earning less than 60 percent AMI (1,068 units) while 22 percent of units (236 units) are available to households earning less than 30 percent AMI, as shown in Figure I-11 below.

**Figure I-11.**  
**Housing Catalyst Inventory, Fort Collins, 2020**

Property	Total Units	Units by AMI Restriction						No Restriction
		<30%	<40%	<50%	<60%	<80%	<95%	
Permanent Supportive Housing	60	40	6	14	0	0	0	0
Public Housing	112	112	0	0	0	0	0	0
Apartment Rental Units	852	84	166	157	427	1	17	0
Duplex and Single Family Units	23	0	0	5	4	0	0	14
Single Room Occupancy (SRO)	29	0	0	29	0	0	0	0
<b>Total Units</b>	<b>1,076</b>	<b>236</b>	<b>172</b>	<b>205</b>	<b>431</b>	<b>1</b>	<b>17</b>	<b>14</b>
<i>Percent of units</i>		22%	16%	19%	40%	0%	2%	1%

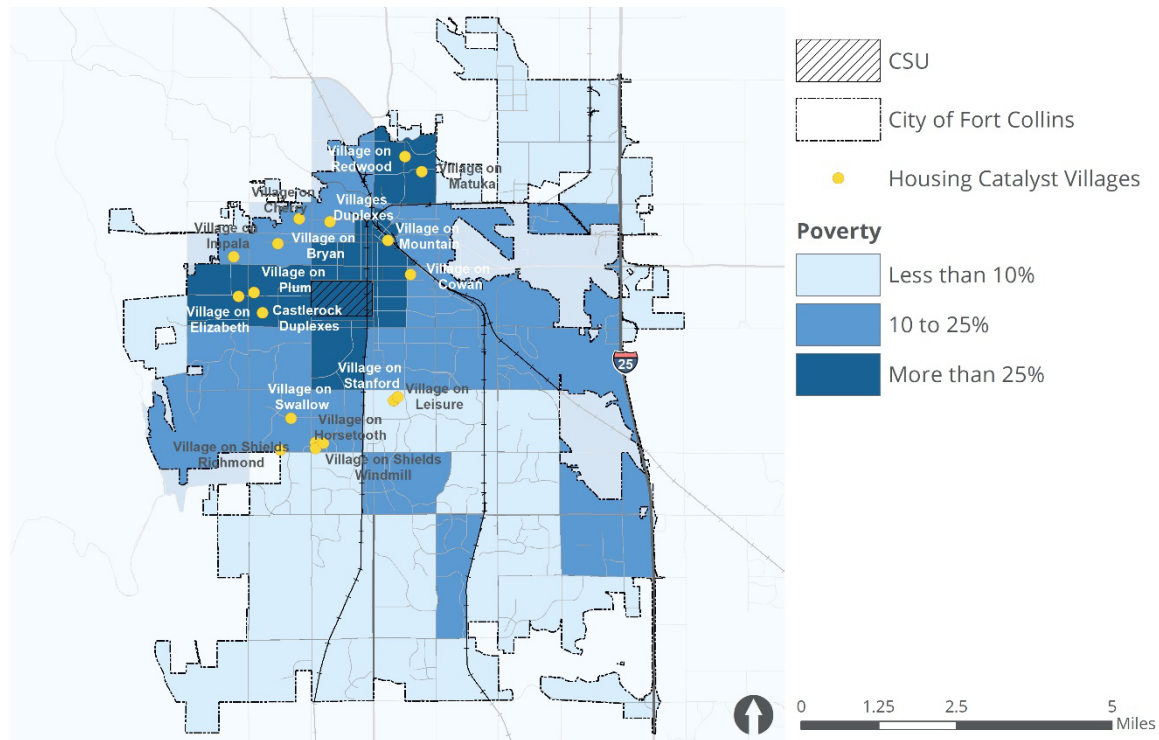
Source: Housing Catalyst and Root Policy Research

**Permanent Supportive Housing.** Housing Catalyst opened the first permanent supportive housing community in Fort Collins called Redtail Ponds in 2015 and is scheduled to open a second community called Mason Place by the end of 2020. These developments are dedicated to residents with disabilities who have experienced homelessness, and details about these two communities are provided in Section II Homelessness.

**Villages Apartment Communities.** Housing Catalyst's portfolio includes scattered site duplexes, single family homes and apartments marketed under their subsidiary Villages name. Rentals include one to four bedroom units and are available for households earning less than 30 percent AMI (84 units) to households earning less than 95 percent AMI. Most units (750 units) are available to households earning between 30 and 60 percent AMI.

The geographic distribution of Housing Catalyst's properties is shown below in Figure I-12. The majority of units are located in central or south-central Fort Collins. While there are a greater number of properties in the northern area of Fort Collins, there is an equal distribution in the number of units north and south of Drake.

**Figure I-12.**  
**Housing Catalyst Villages**



Source: Housing Catalyst and Root Policy Research

**Housing Choice Vouchers (Section 8).** Housing Catalyst administers a total of 1,307 Housing Choice Vouchers, including 228 project-based vouchers, 598 tenant based vouchers, 152 Veterans Affairs Supportive Housing (VASH) vouchers, 50 Family Unification Program (FUP) vouchers, 200 Non-Elderly Disabled (NED) vouchers, and 79 Mainstream vouchers.

Housing Choice Vouchers are a key resource available for households who are unable to afford market rate rents in the City of Fort Collins. However, there are a limited number of vouchers available. Housing Catalyst, the housing authority responsible for managing and distributing Housing Choice Vouchers in Fort Collins, has a total of 1,207 vouchers available, and some vouchers are reserved for targeted populations such as Veterans. Waitlists for housing vouchers through Housing Catalyst are generally closed. However, the waitlists for targeted special populations are periodically opened. Therefore, Housing Catalyst's waitlist numbers are not indicative of the full scale of community need.

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 racial, 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.

**Public Housing Units.** From a total of 154, Housing Catalyst now owns 70 scattered site public housing units. More than half of Housing Catalyst’s inventory has been repositioned through the RAD and Section 18 programs. Repositioning of the inventory continues as Housing Catalyst is in the process of selling 44 properties to Elevations Community Land Trust to be permanently affordable homeownership properties in Fort Collins.

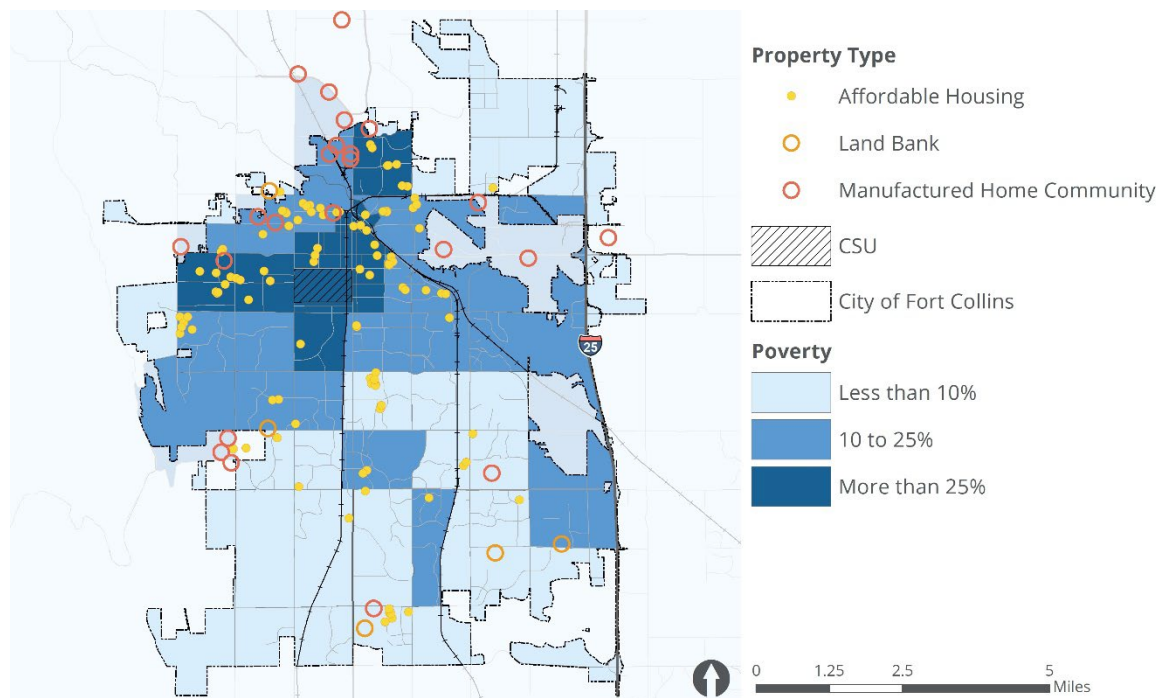
### **Other affordable housing providers and advocacy organizations.**

A number of nonprofit organizations provide additional housing resources for Fort Collins residents. Figure I-13 contains a map of all affordable housing properties, land bank properties, and manufactured home communities. Since 2012, the affordable housing inventory in the City has increased by 949 units for a total inventory of 3,356 units in 2019. The majority of units are rentals with 2,995 rental units, 290 owner units, and 71 single room occupancy and assisted living units. Housing Catalyst and Villages are responsible for the development of 40 percent of rental units (1,178 units), 11 percent of owner units (33 units), and 62 percent of single room occupancy units (44 units).

It should be noted that landlords accepting housing choice vouchers may be included in that total; it is not additive to the voucher and public housing authority unit count. Some of the primary affordable housing organizations are discussed below, however, the following list should not be considered exhaustive.

**Figure I-13.**

### **Affordable Housing Properties, Land Bank Properties, and Manufactured Home Communities**



Source: City of Fort Collins and Root Policy Research

**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 324 units designed for working families earning between 30 and 60 percent of AMI.<sup>10</sup>

**Neighbor to Neighbor (N2N).** The mission of Neighbor to Neighbor is to “open doors and advance lives from homelessness through homeownership by providing sustainable housing, supportive services, and education to the Larimer County community.”<sup>11</sup> N2N services include homebuyer education, foreclosure prevention, the HomeShare program to match senior homeowners with roommates, affordable units, first month’s rent assistance, and homelessness prevention.

In 2018, N2N educated 1,287 homeowners, prevented 606 families from experiencing homelessness, helped clients purchase 500 homes, helped 90 percent of clients achieve long term housing stability, provided 3,219 families with counseling and budget education, and provided 132 affordable apartments to renters. Neighbor to Neighbor owns and operates 132 affordable units in 11 properties across Larimer County for moderate to low income renters (earning 0-60% of the AMI).<sup>12</sup>

As of February 2020, N2N had 243 households on the wait list for two bedroom units and 125 for three bedroom units. The average wait time is two years for a two bedroom unit and seven to ten years for a three bedroom unit. 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 Habitat has built 74 homes locally.<sup>13</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.** This is a Community Development Financial Institution (CDFI) based in Loveland that helps create access to capital in underserved markets and among target populations throughout Colorado. Loan

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

<sup>11</sup> <https://www.n2n.org/about-n2n/>

<sup>12</sup> <https://www.n2n.org/rental-options/n2n-communities/>

<sup>13</sup> <http://www.fortcollinshabitat.org/>.

programs offered in Larimer County include project financing for developers, residential purchase assistance for populations between 60 and 100 percent AMI (home loans and down payment assistance), manufactured housing financing, and nonprofits that serve low income population for the purchase and/or construction of community space.<sup>14</sup>

- **GreenPath Debt Solutions.** Formerly Consumer Credit Counseling Services of Northern Colorado,<sup>15</sup> GreenPath is a national non-profit agency specializing in consumer budgeting with an office location in Fort Collins. 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>16</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.

**Naturally occurring affordable housing.** As evidenced above, Fort Collins has very active and essential affordable housing developers, including Housing Catalyst, working to provide income-restricted housing for the city's most vulnerable renters. However, in any market it is also critical that the private sector play a role. Privately provided housing that serves lower income households is commonly referred to as "naturally occurring affordable housing," or NOAH, and is loosely defined as housing that does not include public assistance or subsidy but does meet the affordability needs of lower income households.

There is no perfect data source to measure NOAH in Fort Collins but the estimate shown in Figure I-14 estimates NOAH by comparing ACS data on rental units by price point with the City of Fort Collins affordable housing inventory. The difference between ACS data and the affordable inventory is the estimated NOAH in Fort Collins by AMI.

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<sup>14</sup> <http://www.fundingpartners.org/loan-programs/county/Larimer>.

<sup>15</sup> Consumer Credit Counseling Service of Northern Colorado and Southeast Wyoming combined operations with GreenPath Debt Solutions in 2011.

<sup>16</sup> <http://www.greenpath.com/cccs-of-nc.htm>.



**Figure I-14.  
Naturally Occurring  
Affordable Housing,  
Fort Collins**

Note:

Rental units by AMI reflects affordability for a 2-person household.

Source:

2018 ACS, City of Fort Collins, Housing Catalyst, and Root Policy Research.

Household Income (as a % of AMI)	Max Affordable Rent	Total Number of Rental Units	Publicly Assisted Rental Units	Privately Provided Housing (NOAH)
0-30% of AMI	\$511	819	501	318
31-50% of AMI	\$851	3,571	1,262	2,309
51-60% of AMI	\$1,022	3,194	1,180	2,014
61-80% of AMI	\$1,363	9,188	162	9,026
81-100% of AMI	\$1,703	8,066	17	8,049
101-120% of AMI	\$2,043	5,148	0	5,148
More than 120% of AMI	\$2,043 +	3,981	0	3,981

This estimate indicates the City of Fort Collins has about 300 units of privately provided housing priced for households earning 30 percent AMI, 2,300 units of privately provided rentals affordable to households earning 31 percent to 50 percent AMI, and another 2,000 units affordable to households earning 51 percent to 60 percent of AMI. These estimates may include households using housing choice vouchers as the ACS estimates reflect what households are paying for rent, as opposed to the rent charged.

## Analysis and Gaps

There are many needs and gaps in the Fort Collins housing market. The largest gap remains an adequate supply of inventory that is affordable to a large portion of residents (primarily households earning less than \$25,000 per year). Lack of affordable options impacts vulnerable populations disproportionately, including residents on a fixed income, seniors, residents with a disability, and low income households. While affordability remains the greatest need, other needs persist as well, including adequate accessibility for the aging population and disabled residents as well as protections and resources for residents experiencing displacement and instability.

**Affordability.** To examine how well Fort Collins' current housing market meets the needs of its residents—and to determine how likely it is to accommodate demand of future residents and workers—Root 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 too few units, the market is “under-supplying” housing. Conversely, if there are more housing units than households, the market is “over-supplying” housing at that price range. Note that the “surplus” units are not necessarily available as they are occupied by renters at lower incomes “renting up” into units above their affordability range and occupied by higher income renters “renting down” to save money. It is also important to note that the home size (i.e. bedrooms), condition, and housing preferences are not considered in the affordability model.

**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-15 compares the number of renter households in the City in 2018, 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>17</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 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.

Figure I-15 also includes rental gaps by AMI (in addition to nominal income level). The AMI analysis reflects affordability based on HUD income limits for a 2-person household in Fort Collins.

Figure I-16 presents the same gaps analysis information in graphic format. Rental gaps in this graphic format are present when the supply line (dotted line) is below the demand line (solid line).

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<sup>17</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-15.**  
**Rental Market Gaps, Fort Collins, 2018**

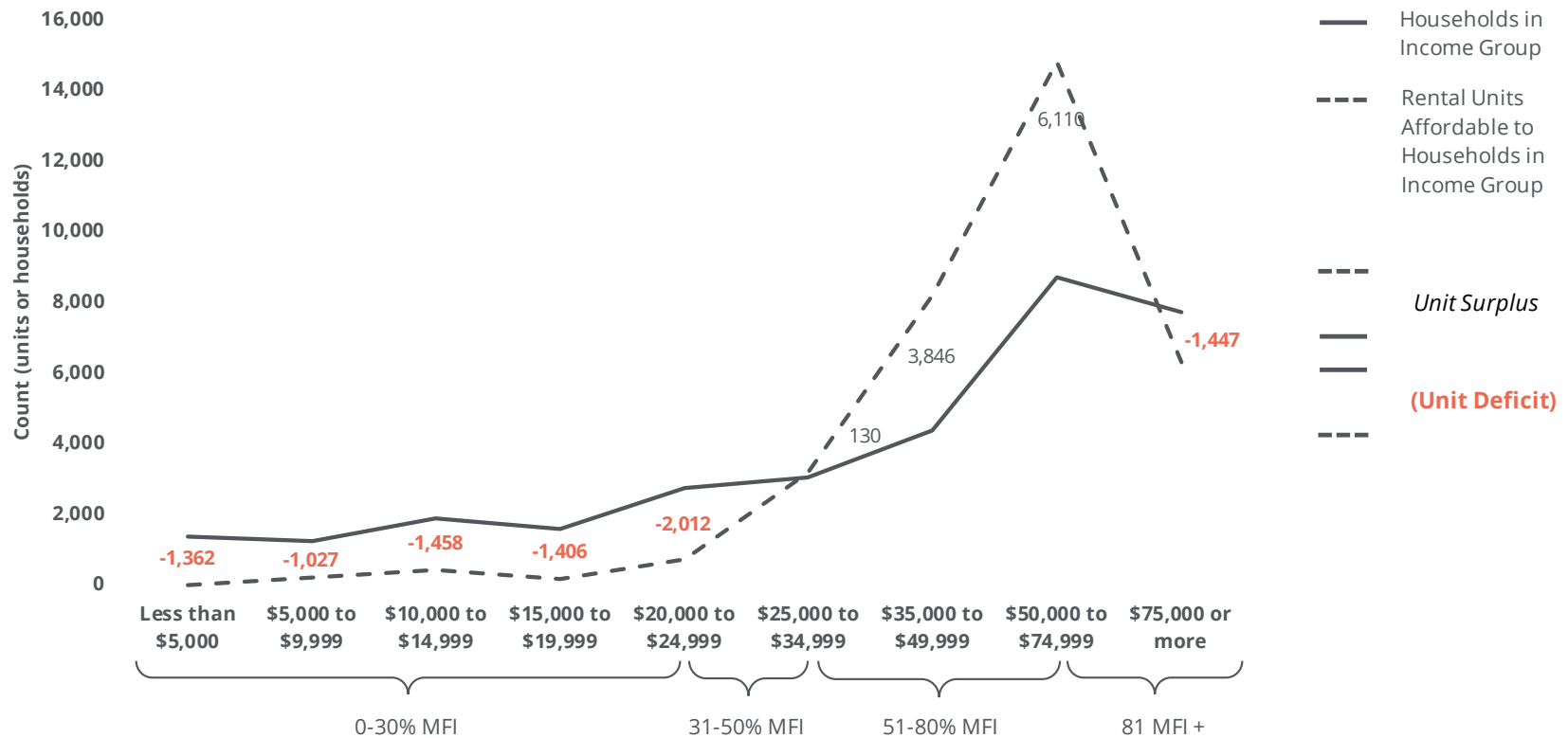
Income Range		Renters	% of Renters	Max. Affordable Rent	Rental Units	% of Rental Units	Rental Gap	Cumulative Gap
Households by Income Category								
Less than \$5,000		1,362	4%	\$125	0	0%	-1,362	-1,362
\$5,000 to \$9,999		1,217	4%	\$250	190	1%	-1,027	-2,389
\$10,000 to \$14,999		1,870	6%	\$375	412	1%	-1,458	-3,847
\$15,000 to \$19,999		1,587	5%	\$500	181	1%	-1,406	-5,253
\$20,000 to \$24,999		2,754	8%	\$625	742	2%	-2,012	-7,265
\$25,000 to \$34,999		3,031	9%	\$875	3,161	9%	130	-7,134
\$35,000 to \$49,999		4,350	13%	\$1,250	8,196	24%	3,846	-3,288
\$50,000 to \$74,999		8,683	27%	\$1,875	14,793	44%	6,110	2,822
\$75,000 or more		7,738	24%	\$1,875 +	6,291	19%	-1,447	1,375
Total		32,592	100%		33,967	100%	-7,265	

Income Range		Max Income	Renters	% of Renters	Max. Affordable Rent	Rental Units	% of Rental Units	Rental Gap	Cumulative Gap
Households by Area Median Income (AMI)									
Less than 30% of AMI		\$20,450	6,284	19%	\$511	819	2%	-5,465	-5,465
31-50% of AMI		\$34,050	5,249	16%	\$851	3,571	11%	-1,678	-7,143
51-60% of AMI		\$40,860	1,987	6%	\$1,022	3,194	9%	1,207	-5,936
61-80% of AMI		\$54,500	4,213	13%	\$1,363	9,188	27%	4,975	-962
81-100% of AMI		\$68,100	4,724	14%	\$1,703	8,066	24%	3,342	2,380
101-120% of AMI		\$81,720	3,317	10%	\$2,043	5,148	15%	1,831	4,212
More than 120% of AMI		\$81,720 +	6,818	21%	\$2,043 +	3,981	12%	-2,837	1,375
Total			32,592	100%		33,967	100%	-7,143	

Note: Total rental gaps between households by income category and households by AMI do not match due to the differences in income breaks. AMI limits are HUD defined income limits for a 2-person household in FY 2018.

Source: 2018 ACS and Root Policy Research

**Figure I-16.**  
**Rental Market Gaps, Fort Collins, 2018**



Source: 2018 ACS and Root Policy Research

The gaps analysis in Figures I-15 and I-16 show that:

- Almost 2,600 renters earn less than \$10,000 per year but there are only 190 rental units priced at their affordability range (less than \$250/month). This leaves a “gap,” or shortage, of 2,389 units for these extremely low income households.
- Rental unit shortages also exist for renters earning between \$10,000 and \$15,000 per year (1,870 renters versus 412 units), renters earning between \$15,000 and \$20,000 per year (1,587 renters and 181 units) and those earning between \$20,000 and \$25,000 per year (2,754 renters and 742 units).
- Altogether, the City has a shortage of rental units priced affordably for renters earning less than \$25,000 per year of 7,265 units. Some of these renters are students (discussed in more detail below).<sup>18</sup> These households are also working residents earning low wages, residents who are unemployed and residents who are disabled and cannot work
- The analysis shows that there is proportional affordability for households earning between \$25,000 and \$35,000 per year; however, as the cumulative gaps column indicates there is still a cumulative shortage of units after considering the fact that households in lower income categories are forced to rent up, above their affordability range. This creates a very tight rental market in the city for all price points below \$1,250, impacting all renters earning less than \$75,000.

One additional consideration is the varying needs of different size households, and the need for a variety of unit sizes to meet varying needs. This will need to be considered as affordable housing needs are addressed in the future.

**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 24,400 full-time undergraduates studying at CSU during the academic year and that approximately 8,100 live in university-provided housing. This leaves about 16,300 students living in private housing, primarily in the City limits. At an average household size of 3.5<sup>19</sup>, as many as 4,700 units could be occupied by current students. 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>20</sup> These

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<sup>18</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.

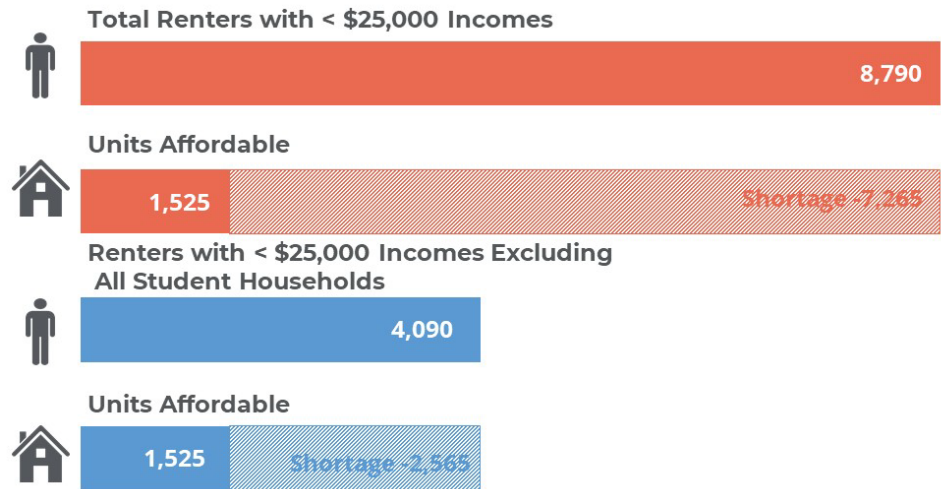
<sup>19</sup> Students are assumed to have an average household size of 3.5 for this analysis. The 2018 1-year ACS estimates the average household size in the City of Fort Collins at 2.42.

<sup>20</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.

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 2,600 non-student households in need of affordable housing, as shown in Figure I-17.

**Figure I-17.**  
**Rental Market Gaps, Fort Collins, 2018**



Source: 2018 ACS and Root Policy Research

**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>21</sup> The maximum affordable home prices shown in Figure I-18 assume a 30-year mortgage with a 10 percent down payment and an interest rate of 5.54 percent.<sup>22</sup> The estimates also incorporate property taxes, insurance and utilities (assumed to collectively account for 30% of the monthly payment).

<sup>21</sup> Home value was used as a proxy for ownership market options. The median value of homes in Fort Collins (\$414,900) is very similar to the median sale price (\$430,000); 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.

<sup>22</sup> There are a variety of factors that determine mortgage down payment options, specifically for low income households. For the purposes of this analysis, a down payment of 10 percent is the assumed, while acknowledging the following caveats. Low income households and first-time home buyers can access mortgages for as low as 3.5 percent through FHA loans; however, some households are bound by conventional mortgage requirements of 20 percent down payment. Conventional (10 to 20%) down payments are out of reach for many buyers, but these households may not qualify for a mortgage with 5 percent down because they will be required to pay mortgage insurance and are taking on a higher amount of debt (95% compared to 90% or 80%).

The “Renter Purchase Gap” column in Figure I-18 shows the difference between the proportion of renter households and the proportion of homes affordable to them. Negative numbers indicate a shortage of units at the specific income level; positive numbers indicate an excess of units.

**Figure I-18.**  
**Renter Purchase Gap, Fort Collins, 2018**

Income Range	Renters	% of Renters	Max. Affordable Home	% Homes by Value	Renter Purchase Gap	Cumulative Gap
Less than \$25,000	8,790	27%	\$94,532	4%	-23%	-23%
\$25,000 to \$34,999	3,031	9%	\$132,347	2%	-8%	-30%
\$35,000 to \$49,999	4,350	13%	\$189,068	5%	-8%	-38%
\$50,000 to \$74,999	8,683	27%	\$283,605	22%	-4%	-43%
\$75,000 to \$99,999	3,424	11%	\$378,141	28%	18%	-25%
\$100,000 or more	4,314	13%	\$378,141 +	38%	25%	0%
<b>Total</b>	<b>32,592</b>	<b>100%</b>		<b>100%</b>		

Note: Max affordable home price assumes a 10 percent down payment, 4.5 percent interest and 30 percent of monthly payment is used for property taxes, utilities and insurance.

Source: 2018 ACS and Root Policy Research.

The purchase gaps analysis shows the Fort Collins market to be relatively affordable for renters earning more than \$75,000 per year (looking for homes priced over \$283,605), assuming they are able to save for a downpayment, which can be a challenge in the current rental market. A 10 percent downpayment for a household earning \$75,000 would require \$28,000 in savings, 38 percent of that households annual gross income.

Households earning between \$50,000 and \$75,000 face a shortage of proportional affordability in the ownership market: 27 percent of renters are in this income range but only 22 percent of home values fall within their affordability range.

Only the top 11 percent of renters can afford the 2018 median home value of \$414,900, which requires an income of at least \$108,623.

**Homeowners.** Between 2012 and 2018, owner purchasing power decreased in the City’s housing market as home values increased faster than incomes. Median home value increased by 67 percent while median owner income increased by only 19 percent.

Overall, there are 7,000 homeowners (21% of all owners) in Fort Collins that cannot afford their monthly housing costs. Figure I-19 shows the number and proportion of owners that are cost burdened by mortgage status, age and income. Younger and senior homeowners and those with lower incomes are most likely to be cost-burdened. More than half of cost-burdened owners earn less than \$75,000 per year.

**Figure I-19.  
Homeowner Cost  
Burden, Fort  
Collins, 2018**

Source:  
2018 ACS and Root Policy  
Research

Category	Total Households	Cost Burdened	
		Number	Percent
<b>All Owner Occupied Households</b>	32,612	7,000	21%
<b>By Mortgage Status</b>			
With a mortgage	22,671	5,799	26%
Owned free and clear	9,941	1,201	12%
<b>By Age of Homeowner</b>			
Householder 15 to 24 years	730	169	23%
Householder 25 to 34 years	3,656	675	18%
Householder 35 to 64 years	20,302	3,712	18%
Householder 65 years and Over	8,408	2,444	29%
<b>By Income of Household</b>			
Income less than \$20,000	1,626	1,376	85%
Income \$20,000 to \$34,999	2,782	1,297	47%
Income \$35,000 to \$49,999	2,483	1,270	51%
Income \$50,000 to \$74,999	5,379	2,118	39%
Income \$75,000 or more	20,342	939	5%

Over the course of five years, from 2016 to 2019, Neighbor to Neighbor (N2N) tracked the location of homes purchased by households that participated in their homebuyer education programs in the City of Fort Collins. The majority (61%) of buyers moved out of the City of Fort Collins while the remaining 39 percent purchased in the City during this time. This data point illustrates the challenges moderate income buyers face when looking for housing in their price range in the city (the average income of N2N homebuyers was 87% of AMI).

Buyers earning less than 87 percent of AMI (\$74,000 for a family of four) have few options to buy in the City of Fort Collins. These households have a maximum purchasing power of roughly \$280,000. In 2018, an estimated 30 percent of homes in Fort Collins were valued at less than \$280,000.

**Accessibility.** Stakeholders and service providers in Fort Collins highlighted the need for accessible units in the City. Housing Catalyst performs a needs assessment as new projects come online and have increasingly found a need for accessible affordable units. The growing need for accessible efficiency and one-bedroom units is largely due to the aging population in the City. In addition to accessible units, many people with disabilities need housing located near public transportation and services which decreases the number of rentals that are feasible placements for this population. Gaps for the disabled population are further characterized in Section VII of this report on Targeted Populations.

**Vulnerable populations.** Other populations that face significant barriers in finding housing and maintaining stability include individuals with a criminal history, individuals with eviction records, and families and youth who require supportive services. Residents

with criminal history and evictions are prohibited from many public housing programs. Housing Catalyst is actively working to change policies to help house and stabilize this population. Additionally, many families and youth require additional supportive services to successfully maintain housing stability, and while there are some of these services available there is still a deficit in the community for those who need these stabilization services.

**Displacement and instability of manufactured housing residents.**

City staff and leadership have made efforts to mitigate the issues experienced by manufactured home residents including, but not limited to, lot rent volatility, non-uniform utility billing, transparency issues, unkempt properties, and retaliation. However, there are a variety of short, medium, and long term strategies to aide in the stabilization of these communities and preserve this naturally occurring affordable housing in the City of Fort Collins. Efforts to date have focused primarily on short term solutions to address residents and management issues in the parks. The most prevalent issues expressed by residents and management are as follows:

<i><b>Resident issues</b></i>	<i><b>Management issues</b></i>
<ul style="list-style-type: none"><li>■ Housing instability and fear of community closure</li><li>■ Utility billing transparency</li><li>■ Maintenance responsibilities</li><li>■ Retaliation and harassment</li><li>■ Frequent rent increases</li><li>■ Evictions</li><li>■ Safety (e.g. vehicle speeds and lighting)</li><li>■ Restriction on home sales</li><li>■ Availability of management</li><li>■ Language equity</li><li>■ Frequent rule changes</li><li>■ Infrastructure conditions</li></ul>	<ul style="list-style-type: none"><li>■ Frequent changes in management</li><li>■ Communication with residents (poor means to distribute information)</li><li>■ Relationships with outside service providers, tenants, and owners</li><li>■ Language barriers</li><li>■ Property maintenance enforcement</li><li>■ Home protections and resources for residents (e.g. insurance)</li></ul>

**Past efforts.** In 2013, the City of Fort Collins, in association with Clarion Associates and the National Manufactured Home Owners Association, developed an Affordable Housing Redevelopment Displacement Mitigation Strategy. The strategy, “establishes policies and procedures for the next time redevelopment causes displacement of residents of affordable housing, and also sets forth strategies to preserve existing affordable housing.” However, polices set forth in this process were never implemented by the City.

In July 2019, City Council passed a moratorium on redevelopment of manufactured housing communities until August 2020.<sup>23</sup> While the moratorium is in place, City leaders are investigating several policies to protect residents of manufactured housing communities including:

- Resident rights regulations including utility billing protection,
- Creating a zoning district for manufactured housing communities, and
- Providing the opportunity for residents to purchase land.

**Looking forward.** In December 2019 City Council, directed staff to explore two long term policy approaches for the preservation and stabilization of manufactured housing communities in the City to include licensing parks as businesses for more effective regulation and City ownership of communities.<sup>24</sup> While the City explores long term strategies, such as new zoning, Council wants to address pressing issues in the short term including unkempt vegetation, moderating utility billing, and providing protection from retaliation and eviction of residents.

Starting in 2020, three initiatives at the City are underway to alleviate some of the more immediate needs of residents which include:

- A manufactured home community handbook and website with resources, contacts, and information for both residents and owners;
- Neighborhood liaisons at the City of Fort Collins for high-need communities; and
- The Manufactured Housing Community Neighborhood Improvement and Community-Building Mini-Grants for translation services, sewer-scooping, tree maintenance, and community amenities.

As a first step to prevent redevelopment and subsequent displacement of community residents, City Council directed staff in April to bring back for their consideration a new zoning district dedicated to manufactured homes. A specialized zone district would help deter the redevelopment of communities.

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<sup>23</sup> <https://www.coloradoan.com/story/news/2019/09/17/fort-collins-mobile-home-parks-more-protections-owners/2314412001/>

<sup>24</sup> <https://www.coloradoan.com/story/news/2019/12/11/fort-collins-mobile-home-park-reforms-move-ahead/2634223001/>



SECTION II.

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HOMELESSNESS

# SECTION II.

## Homelessness

### Overview

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

**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.”

**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

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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).

- The individual or family lacks the resources or support networks needed to obtain other permanent housing.”

**Homeless under other federal statutes.** Under other federal statutes, HUD considers people 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.”

**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.”

## Summary of Findings

This analysis of homelessness in Fort Collins identified that the factors underlying homelessness are complicated and many, and addressing homelessness requires a comprehensive approach for both housing and services. At any point in time, it is estimated that the Fort Collins homeless population is around 350 people, and more than 1,000 students in Poudre School District are estimated to be homeless at some point during the school year.

Fort Collins has many resources in place to prevent and address homelessness—yet gaps remain in some areas. The community has been working hard to coordinate and collaborate to fill gaps in our service delivery system for the homeless population, including the efforts required for Larimer and Weld Counties to receive the designation as the fourth Continuum of Care in Colorado, the Northern Colorado CoC, by HUD. The primary gaps in providing a more sustainable network for people who are homeless include:

- Increased case management capacity to promote access to and sustained stability for individuals and families exiting homelessness;
- Additional funding to support homelessness prevention through rent assistance for a greater number of households and a longer duration per household (currently one month);

- Expanded shelter options for families and youth including a day shelter;
- Permanent supportive housing to keep residents from falling back into homelessness (which support rapid re-housing programming);
- Transitional housing, especially in periods when subsidized housing supply is oversubscribed<sup>2</sup>;
- A shelter for youth who are homeless; and
- Expanded onsite and mobile resources, particularly rapid access to mental health care for people who are homeless.

## Data and Trends

**Homeless population.** Point-in-time (PIT) surveys take place on a single night in January to count individuals experiencing homelessness. These estimates are not representative of the entire homeless population due to difficulties in surveying everyone, weather, and errors in self-reporting. However, the point-in-time survey provides a snapshot of individuals and families experiencing homelessness in the community.

The 2019 point-in-time survey reported 310 people in households experiencing homelessness and 348 total homeless individuals in Fort Collins. This is an increase from the 250 homeless individuals included in the 2013 PIT count. Most individuals experiencing homelessness were male with 229 males representing nearly 66 percent of the total homeless population. Over 16 percent of homeless individuals (57 people) in the City were children and young adults (24 years old and younger).

Approximately 25 percent of the total homeless population was unsheltered during the 2019 point-in-time survey. No children under the age of 17 years were counted as unsheltered; however, 15 individuals 18 to 24 years old were reported as unsheltered. Additionally, males were disproportionately unsheltered with 67 unsheltered males that make up 78 percent of all unsheltered individuals.

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<sup>2</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).

**Figure II-1.**  
**Homelessness Characteristics, Fort Collins, 2019**

	Emergency Shelter		Transitional Housing		Unsheltered		Total	
	Num.	Pct.	Num.	Pct.	Num.	Pct.	Num.	Pct.
<b>Total Number of Households</b>	226	73%	2	1%	82	26%	310	100%
<b>Total Number of Persons</b>	258	74%	4	1%	86	25%	348	100%
<b>Age</b>								
0-17	26	10%	2	50%	0	0%	28	8%
18-24	14	5%	0	0%	15	17%	29	8%
25+	218	84%	2	50%	71	83%	291	84%
<b>Gender</b>								
Male	161	62%	1	25%	67	78%	229	66%
Female	84	33%	3	75%	18	21%	105	30%
Transgender	4	2%	0	0%	0	0%	4	1%
Gender Non-Conforming	0	0%	0	0%	1	1%	1	0%
<b>Race</b>								
White	191	74%	4	100%	66	77%	261	75%
Am. Indian/Alaska Native	31	12%	0	0%	2	2%	33	9%
Black or African American	18	7%	0	0%	3	3%	21	6%
Multiple Races	8	3%	0	0%	5	6%	13	4%
Native Hawaiian/Pacific Isl.	1	0%	0	0%	5	6%	6	2%
Asian	2	1%	0	0%	0	0%	2	1%
<b>Ethnicity</b>								
Non-Hispanic	221	86%	1	25%	72	84%	294	84%
Hispanic	32	12%	3	75%	12	14%	47	14%
<b>Characteristics</b>								
Chronically Homeless	70	27%	0	0%	51	59%	121	35%
Veteran	24	9%	0	0%	22	26%	46	13%
Domestic Violence	51	20%	4	100%	4	5%	59	17%
Serious Mental Illness	54	21%	1	25%	39	45%	94	27%
Substance Abuse	46	18%	0	0%	18	21%	64	18%
Chronic Illness	71	28%	0	0%	40	47%	111	32%
HIV/AIDS	0	0%	0	0%	1	1%	1	0%
Developmental Disability	16	6%	0	0%	9	10%	25	7%
PTSD	49	19%	2	50%	23	27%	74	21%
Brain Injury	4	2%	0	0%	10	12%	14	4%

Note: Chronically Homeless: "As indicated by respondents being continuously homeless for at least one year OR being homeless on at least four separate occasions in the last 3 years for a total of at least 12 months of homelessness AND reporting at least one disability."

Source: Colorado Coalition for the Homeless 2019 Homeless Point-in-Time Study and Root Policy Research

**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 2019, 121 individuals living in Fort Collins were classified as chronically homeless. The chronically homeless population in Fort Collins represents nearly 35 percent of the total population experiencing homelessness compared to only 16 percent nationwide. In January 2019, 65 percent of chronically homeless individuals nationally were unsheltered in cars, parks, on the street, or other areas unsuitable for habitation.

The National Alliance to End Homelessness reports that the chronically homeless are among the most vulnerable of people experiencing homelessness. Chronic homelessness is strongly correlated with high rates of severe mental illness, substance abuse disorders and other physical illnesses. According to the Colorado Health Institute, chronically homeless individuals live an average of 30 years less than individuals who have never experienced homelessness.<sup>3</sup>

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.** Households with children make up 4 percent of all families experiencing homelessness with 12 families that have at least one child and one adult. Conversely, Poudre School District reported that during the 2017 to 2018 school year more than 1,000 students in the district were experiencing homelessness.<sup>4</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, where housing insecure households (e.g., doubling up for example) may qualify for “homelessness” by the school district.

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<sup>3</sup> Colorado Health Institute. Home Equity: A Vision of Housing Security, Health and Opportunity, 2019

<sup>4</sup> See Section V. At Risk Youth and Education for more detail on homeless children in the Poudre School District.

**Figure II-2.  
Presence of Children in  
Households Experiencing  
Homelessness, Fort Collins, 2019**

Source:  
Colorado Coalition for the Homeless 2019 Homeless Point-  
in-Time Study and Root Policy Research

	Number	Percent
Persons in household without Children	298	96.1%
Persons in household with at Least 1 Child and 1 Adult	12	3.9%
Persons in household with Only Children under 18	0	0.0%
<b>Total Households</b>	<b>310</b>	<b>100.0%</b>

The National Coalition for the Homeless reports that poverty, the lack of affordable housing, decreasing government supports, and domestic violence are the primary causes of family homelessness.<sup>5</sup> Unlike the chronically homeless, family homelessness tends to be shorter term—ending a single episode of homelessness within three to six months.

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 other households, couch surfing, and finally living in cars or motels before entering a shelter system. Most homeless families are single mothers, under age 30, with two young children. Many are fleeing domestic violence.<sup>6</sup> More than 90 percent of homeless mothers report being physically or sexually abused in their life.<sup>7</sup>

In the U.S., one in thirty children experience homelessness each year and 51 percent are under the age of five.<sup>8</sup> Homelessness can impact the education, health, sense of safety, and overall development of young children. Compared to low-income families not experiencing homelessness, homeless children have higher levels of emotional and behavioral problems, increased risk of serious health problems, are more likely to experience family separation, and are more likely to face education stability issues such as high mobility, dropping out, or repeating a grade. Homeless children are sick at twice the rate of other children and one in three homeless children develop a major mental disorder by age eight.<sup>9</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. Rapid re-

<sup>5</sup> <https://nationalhomeless.org/issues/families/>

<sup>6</sup> Ending Family Homelessness: National Trends and Local System Responses, October 2012.

<sup>7</sup> <https://bassukcenter.org/wp-content/uploads/2015/11/Services-Matter.pdf>

<sup>8</sup> <https://www.doorwaysva.org/our-work/education-advocacy/the-facts-about-family-homelessness/>

<sup>9</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/children-and-families/>

housing provides services to help families quickly transition back into housing through help with the housing search, financial assistance, and case management.<sup>10</sup>

A low proportion of homeless families—approximately 5 to 16 percent—have repeated instances of episodic homelessness.<sup>11</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 these families often involve intensive housing and service supports in the form of permanent supportive housing.<sup>12</sup>

**Unaccompanied youth.** The National Alliance to End Homelessness estimates that approximately 550,000 unaccompanied youth and young adults (age 24 and younger) experience an episode of homelessness for a week or more annually.<sup>13</sup> Youth homelessness is primarily caused by family conflict, but can also arise from circumstances like poverty, housing insecurity, racial disparities, mental health disorders, and substance use disorders. Young people with a higher likelihood of experiencing homelessness include:

- Youth with involvement in the child welfare or juvenile justice systems,
- Youth who identify as LGBTQ,
- Pregnant and parenting youth,
- Youth with special needs or disabilities, and
- Youth of color.<sup>14</sup>

Housing homeless youth and young adults requires education and employment support, short- and long-term housing options (e.g. rapid re-housing), and supportive connections to caring adults. In housing homeless youth and young adults, family reunification should be the priority if it is safe to do so. Improved crisis and systemic responses for youth at risk of homelessness are needed to prevent unsheltered young people and encourage an efficient transition to stable housing from homelessness.<sup>15</sup>

**Veterans.** Homeless veterans in Fort Collins make up 13 percent of the total homeless population with 46 homeless veterans in 2019. According to the 2018 American

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<sup>10</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/children-and-families/>

<sup>11</sup> Ending Family Homelessness: National Trends and Local System Responses, October 2012.

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

<sup>13</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

<sup>14</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

<sup>15</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>



Community Survey, veterans make up 5.6 percent of the population 18 years and older in Fort Collins, compared to 8.4 percent statewide. The share of homeless veterans in the City is disproportionately high compared to the national average of 7 percent. Nationally, the veteran population experiencing homelessness decreased by 2.1 percent from 2018 to 2019.<sup>16</sup>

In June 2018 the U.S. Interagency Council on Homelessness released the report, “Homelessness in America: Focus on Veterans,” which summarizes the most relevant data and research to inform policy for addressing homelessness among veterans. This report is part of the Homelessness in America series which will include reports focusing on subgroups of the homeless population including unaccompanied youth, families with children, individual adults, and people experiencing chronic homelessness.

Services for homeless veterans nationwide are provided through homeless services programs for emergency shelter and transitional housing, the Department of Veterans Affairs’ Supportive Services for Veteran Families (SSVF) program for rapid rehousing assistance, and through the HUD-VASH program which provides permanent supportive housing opportunities for veterans and their families.

According to the report, from 2010 to 2017 the number of veterans experiencing homelessness nationwide was reduced by an estimated 46 percent and the number of unsheltered veterans experiencing homelessness was reduced by an estimated 50 percent. According to the Homelessness Screening Clinical Reminder responses through the VA health system, 0.8 percent of veterans are currently experiencing homelessness and 1 percent are at risk of homelessness.

Post 9/11 veterans, typically serving in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), have higher rates of service connected disability, are more likely to receive public assistance, and have lower incomes compared to older veterans. Experiences before, during, or after military service have an impact on individuals risks of experiencing homelessness including, “poverty, unemployment and economic hardships, trauma, mental health conditions (including but not limited to PTSD), substance use disorders, family or relationship conflicts, disruptions in connections to social support networks, social isolation, and incarceration.”<sup>17</sup>

The report presented evidence that other veteran populations had an increased risk for experiencing homelessness.

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<sup>16</sup> <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/veterans/>

<sup>17</sup> Homelessness in America: Focus on Veterans (2018). U.S. Interagency Council on Homelessness.

- **Opioid use disorders.** Veterans treated for opioid use disorders were 10 times more likely than other veterans to experience homelessness.
- **Military sexual trauma (MST).** Veterans who served in Iraq or Afghanistan and reported MST were twice as likely as veterans with no MST to experience homelessness.
- **Intimate partner violence (IPV).** For veteran women, one in four women who screen positive for IPV in the past year were experiencing homelessness or housing instability compared to one in ten women who screened negative for IPV.
- **Criminal justice system involvement.** Criminal justice system involvement is cited in the report as both a risk factor and/or consequence of homelessness among veterans. Of veterans who have participated in VA homeless assistance programs, about half have been involved in the criminal justice system.

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. The findings are striking for all veterans, as well as those who served in OEF/OIF.<sup>18</sup>

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>19</sup>

It should be noted that there are additional challenges faced by those who leave the military with a less than honorable discharge. These people often face extreme challenges, and the VA does not provide any services or assistance.

**Health risks among homeless population.** According to the report “Housing Equity: A Vision of Housing Security, Health, and Opportunity” by the Colorado Health Institute, individuals experiencing homelessness are particularly vulnerable due to the instability of their environment, communicable disease exposure, and increased risk of

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<sup>18</sup> Homeless Incidence and Risk Factors for Becoming Homeless in Veterans, Department of Veterans Affairs, Office of the Inspector General, May 2012.

<sup>19</sup> Homeless Incidence and Risk Factors for Becoming Homeless in Veterans, Department of Veterans Affairs, Office of the Inspector General, May 2012.

alcohol and drug use. Chronic illnesses such as heart disease, cancer, and diabetes are particularly difficult to manage for those experiencing homelessness because they do not have a stable environment to properly treat and manage complex health conditions. Infectious diseases such as tuberculosis and viral hepatitis are more easily spread in community spaces including emergency shelters.<sup>20</sup>

***Observed health issues among individuals experiencing homelessness.*** Many of the health problems prevalent among the homeless population preceded their homelessness and, in some cases, may have contributed to homelessness including serious mental illness, alcoholism and drug dependence, disabilities resulting in unemployment, or any major illness that requires expensive treatment. Homelessness can also worsen health issues that are difficult to manage including diabetes, high blood pressure, and asthma.<sup>21</sup>

In 2018, Homeward Alliance began their health initiative based at the Murphy Center for Hope, a one-stop-shop for people experiencing homelessness in Larimer County. Over the course of 10 months, Homeward Alliance tracked the health needs of the homeless population who visited the Murphy Center and found the following ailments to be the most prevalent.

- Foot problems. Resulting from over walking and inadequate shoes.
- Skin problems. Due to high exposure to bed bugs, lice, and scabies at overnight shelters.
- Trauma injuries. Resulting from accidents, physical attacks, falling, and self-infliction.
- Seizures. Several guests are prone to seizures from various causes.
- Drug and alcohol use. Drug or alcohol overdose is common.
- Dental issues. Poor oral hygiene, cavities, gingival disease, and extractions without replacements are common.
- Serious diseases. Including heart disease, cancer, tumors, severe diabetes, and Huntington's.
- Eye problems. Individuals lack access to care for eye exams and prescription glasses.
- Sexually transmitted diseases. Drug use has been associated with higher STD rates.
- Colds, flu, and other upper respiratory problems. Extremely common during the winter months and exposure to the cold contributes to weakened immune systems among this population.

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<sup>20</sup> Colorado Health Institute. Home Equity: A Vision of Housing Security, Health and Opportunity, 2019

<sup>21</sup> Homeward Alliance Health Initiative. Needs, Accomplishments and Gaps in Meeting the Health Needs of the Homeless in Our Community, April 2019

- Exposure. Hypothermia and frostbite are common and are especially prevalent among individuals with alcohol and drug dependence.
- Degenerative diseases. Dementia and other degenerative diseases are common among this population and can also lead to homelessness.
- Traumatic brain injuries. Recent or past traumatic brain injuries were reported.
- Sleep deprivation. Due to inadequate rest; sleep deprivation contributes to weakened immune systems and other health problems.<sup>22</sup>

## Community Resources

Housing Catalyst 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.

**Northern Colorado Continuum of Care.** In 2020 Larimer and Weld Counties became the fourth Continuum of Care (CoC) in Colorado, the Northern Colorado CoC. Historically, Larimer and Weld Counties were a part of the Balance of State CoC which covers the remaining balance of state, excluding the Denver and Colorado Springs Metro Areas. With the designation as an independent CoC, Northern Colorado will have localized data and a direct stream of funding from HUD to distribute within the region. Rather than distributing funds to local entities, states, or municipalities, HUD distributes funds to CoC's which internally decide how to distribute funds throughout their regions. Homeward Alliance acts as the lead agency for the CoC as the central hub for Homeless Management Information System (HMIS) data, point of entry, and distribution of funds.

**Homeless 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. The following organizations and initiatives provide rent and utility assistance, along with other homelessness prevention services.

- **Neighbor to Neighbor Rent Assistance.** Neighbor to Neighbor (N2N) merged with the Homelessness Prevention Initiative in 2016 to have a greater community impact and align services. N2N serves all of Larimer County with emergency rent assistance to divert homelessness. In 2019, more than \$225,000 was distributed to 665 households to remain housed. An additional 1,000 households were served through related N2N programs such as housing search assistance, community rental resource guide, and lease review. N2N services focus on diversion.

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<sup>22</sup> Homeward Alliance Health Initiative. Needs, Accomplishments and Gaps in Meeting the Health Needs of the Homeless in Our Community, April 2019

N2N housing counselors are available on Mondays and Wednesdays at the Sister Mary Alice Murphy Center for Hope from 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 served basis, offered once per month.
- **Catholic Charities Utilities Assistance.** Qualified Larimer County residents with utility shutoff notices can receive emergency assistance from Catholic Charities.<sup>23</sup>
- **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.

**Coordination and day services.** The Sister Mary Alice Murphy Center for Hope (Murphy Center) serves as a single point of access for people 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, phone and computer access for employment contacts, mental and dental health assistance. 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 20 independent nonprofits 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; Neighbor to Neighbor provides housing search assistance as well as housing counseling and emergency 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.

**Emergency shelter and transitional housing.** Figure II-3 summarizes the emergency shelter beds, transitional housing beds, and permanent supportive housing in Fort Collins. As shown, there are a total of 287 emergency beds (including overflow and

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<sup>23</sup> <https://ccdenvr.org/larimer-county-services/emergency-assistance/>

seasonal beds), 90 transitional housing beds, and 226 permanent supportive housing beds, with an additional 60 units under development at Mason Place.

Catholic Charities operates a transitional housing program for up to 12 male veterans. The Fort Collins Rescue Mission New Life Program provides 72 beds in their transitional housing program. Through Housing Catalyst, Crossroads Safehouse hosts six transitional housing units onsite for those who cannot safely live in the community.

**Figure II-3.**  
**Emergency Shelter, Transitional Housing, and Permanent Supportive Housing, Fort Collins, 2020**

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round	Voucher/Seasonal/ Overflow	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	68	0	6	84	0
Households with Only Adults	165	54	84	142	60
<b>Total</b>	<b>233</b>	<b>54</b>	<b>90</b>	<b>226</b>	<b>60</b>
Chronically Homeless Households	0	0	0	25	60
Veterans	12	0	12	15	0
Unaccompanied Youth	0	0	0	0	0

Note: Emergency shelter beds and transitional housing are not additive. Catholic Charities and Fort Collins Rescue Mission transitional housing are included in the emergency shelter beds.

Source: Northern Colorado Continuum of Care, Housing Inventory Count 2019, Provider Websites, and Root Policy Research

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, the Family Housing Network has a day center three days per week for their families and families on their wait list.

**HOST Home Program.** The Matthews House is a local organization that empowers young adults and families in transition to navigate difficulties on the road to self-sufficiency. The Matthews House's revamped HOST (Housing Opportunities Supporting Transition) Program provides a temporary home for young adults (age 18 to 21) who are at risk of homelessness or currently homeless, through volunteer HOST families. HOST families provide a safe, welcoming space as young adults prepare to transition to independent living for up to six months.

**Crossroads Safehouse.** Crossroads Safehouse provides a Transitional Housing Program for victims of domestic violence and their children. In 2018, 13 clients were served through the Transitional Housing Program.

**Housing First Initiative.** In 2017, Homeward 2020 and Homeward Alliance partnered to create the Housing First Initiative (HFI), a two-year pilot project hosted at the Murphy Center. HFI primarily serves individuals who are identified as chronically homeless using a broader definition, six months or longer in Fort Collins, than the federal government. HFI at the Murphy Center provides case management for the chronically homeless, pilots housing first initiatives, and collects local homelessness data to supplement point-in-time counts.<sup>24</sup>

When the pilot program launched in 2017, the director was the only staff member and provided both oversight for program development and direct services for chronically homeless people in Fort Collins. The program has since expanded to include three additional staff members, two case managers and one clinical case manager. Each new staff member serves a case management capacity of 20 HFI participants, whereas the director alone was only able to serve 10 participants at a time.

Since the program inception in 2017, 140 chronically homeless people have secured housing and 90 percent retained housing after six months. Project- and tenant-based housing vouchers make up the majority of housing secured at 27 and 23 percent respectively. Other HFI participants secured housing by moving away, moving into affordable housing developments, accessing long-term treatment, rapid rehousing, market rate, and assisted living facilities. However, entries into chronic homelessness in Fort Collins still outpaces exits.<sup>25</sup>

**Rapid re-housing.** Through the development of affordable housing and by 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 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.

Crossroads Safehouse received a \$450,000 grant to implement rapid rehousing programs for victims of domestic violence over three years beginning in the Spring of 2020. Wrap-around supportive services will be provided by seven community agencies that have partnered with Crossroads Safehouse. Partnerships include the City of Fort Collins Social Sustainability Department, Colorado Health Network, Connections, Free Our Girls, the

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<sup>24</sup> <http://www.homeward2020.org/housing-first-initiative/>

<sup>25</sup> <http://www.homeward2020.org/wp-content/uploads/2019/08/HFI-Annual-Report-Draft-1-Web-Version.pdf>

Northern Colorado Continuum of Care, Northern Colorado Coordinated Assessment & Housing Placement System (CAHPS), Project Self-Sufficiency, and the Sexual Assault Victim Advocacy Center.

Wrap-around services for participants will include financial assistance and supportive services including case management to help participants attain housing stability and other self-sufficiency goals.<sup>26</sup>

**Permanent supportive housing.** In 2015, the first permanent supportive housing community in Fort Collins, Redtail Ponds, was opened by Housing Catalyst. Since opening Redtail Ponds, 115 residents have been housed in the 60 units which include onsite support services. Redtail Ponds is managed by Housing Catalyst and dedicated to residents with a disability who have experienced homelessness. Half of the residents have three or more disabilities, 69 percent have a mental health condition, and 67 percent have a physical disability.

Following the success of Redtail Ponds, a second 60-unit permanent supportive housing development called Mason Place is scheduled to open by the end of 2020. Housing Catalyst leveraged both private and public funding for the development of Mason Place.

**Homeward Alliance's Health Initiative.** Homeward Alliance is a local non-profit that was founded in 2008. The Alliance currently manages the Murphy Center and operates a continuum of programs and initiatives for homeless populations in Fort Collins. The Murphy Center began administering the Homeward Alliance's Health Initiative in 2017 to meet basic health needs through a monthly "Health Day" at the Murphy Center which provides preventative care, partnerships with health providers, health coaching, and specialized referrals. Services and providers are shown in Figure II-4 below.

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<sup>26</sup> <https://www.crossroadssafehouse.org/road-to-home/>



**Figure II-4.**  
**Homeward Alliance’s Health Initiative Services and Partners**

Services	Providers/ Partnerships
<b>Immunizations</b>	
Flu Hepatitis A	Larimer County Health Department
<b>Screening</b>	
Blood Pressure Diabetes Hypertension Cervical cancer Anemia Tuberculosis Cholesterol	UC Health    Salud Family Health Centers Mobile Unit
<b>Consultation/Referrals</b>	
Doctor's who accept Medicaid Acute medical problem treatment Referral to physician Eye exams and prescription lenses Health coaching for referrals to health resources Medicaid sign up Primary care and treatment navigation	Rocky Mountain Health Partners Salud Family Health Centers Mobile Unit  Lion's Club and Edge Optics Volunteers nurses Dedicated Navigators volunteers Medicaid Accountable Care Collaborative
<b>Mental Health</b>	
Individual counseling Addiction treatment	SummitStone Health Partners Projects for Assistance in Transition from Homelessness

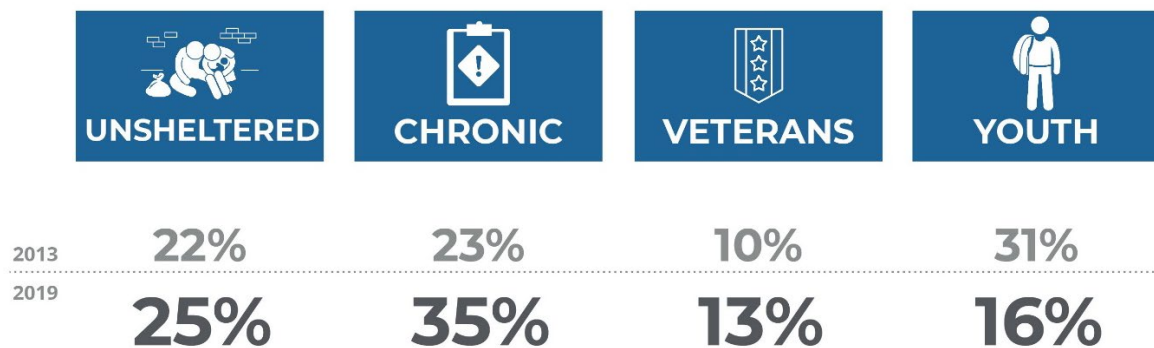
Source: Homeward Alliance and Root Policy Research

## Analysis and Gaps

**People experiencing homelessness.** Unless specific studies have been conducted on people experiencing or at risk of homelessness, the most current and consistent data on the number of people who are homeless are community Point-in-Time Counts or PIT counts from January 2019. These counts are required by HUD for homeless funding and, due to budget constraints and the challenges in identifying homeless populations, generally have limitations.

Most counts focus on people living in shelters or on the street and, as such, can miss people doubling up or “couch surfing,” living in cars and/or motels and hotels. For these reasons, the PIT counts can fluctuate from year to year and are usually viewed an underestimate of need. Recent PIT counts put the homeless population at nearly 350 people. The figure below summarizes the characteristics of the community’s homeless population.

**Figure II-5.**  
**Homelessness, 2013-2019**



Source: 2013 PIT, 2019 PIT, and Root Policy Research

**Gaps in service.** Community stakeholders and service providers identified the following as the largest gaps in serving homeless residents in Fort Collins, apart from affordable housing and living wages which are detailed in Section I. Housing.

- **Case management.** Service providers in the community indicated that there has been success with case management support for matching residents experiencing homelessness with both housing opportunities and needed services in the community. Providers emphasized the significant impact the expansion of case management capacity could have on the ultimate outcomes and stability for homeless individuals and families. Since 2012, case management capacity has expanded to conservatively serve more than 180 clients at any one time and some case managers are dedicated to targeted populations including reentry navigation, peer recovery from opioids, chronic homelessness, and families and children.
- **Rent assistance.** Service providers in Fort Collins also spoke to the effectiveness and need for rental assistance as a diversion to homelessness. Early intervention in homelessness prevention serves to diminish trauma, prevent evictions, and stabilize households in housing. In some cases, providers indicated that extended rental assistance, many providers are currently only able to provide one month of assistance per households, is warranted to prevent homelessness. Systems are already in place to distribute and administer rental assistance programs effectively. However, a larger funding source for this type of assistance is needed to meet the need in the community.
- **Youth and family services.** Resources for unaccompanied youth (16 to 24) and families experiencing homelessness are not adequate in Fort Collins. There is currently no shelter, case management, or day center dedicated to unaccompanied homeless youth. Homeward 2020 and partners are currently exploring resources to provide these services.

Resources for families experiencing homelessness in Fort Collins exist, but are inadequate to meet the needs of the community. There are currently 68 emergency shelter beds and 84 permanent supportive housing beds available to homeless families with children in the City. The 2019 PIT count captured 28 children under the age of 17 either unaccompanied or within 12 households that have at least one child. However, according to McKinney Vento homelessness counts more than 1,000 students in the Poudre School District experienced homelessness during the 2017 to 2018 school year. Service providers indicated a need for additional homelessness liaisons within the PSD and additional wrap-around services for families experiencing homelessness (e.g. childcare).

**Addressing needs.** Addressing the needs of the homeless is complex, requiring a continuum of housing choices and supplemental supportive services. Recent research and HUD direction emphasizes “housing first” or rapid re-housing approaches, which work to minimize the amount of time homeless individuals and families are without homes.

Still, there is no “one size fits all” solution to addressing homelessness. Fort Collins has worked hard to create a housing continuum for the homeless, in addition to building a model support center, where homeless individuals and families can access a variety of services. In summary, several providers in the city administer homelessness prevention assistance, and there are some emergency shelter options available to different population groups. Rapid re-housing is working for some homeless households, and Crossroads Safehouse recently received a grant to implement a three-year rapid re-housing pilot project for victims of domestic violence and their families called Road to Home. Redtail Ponds was the first permanent supportive housing development in Fort Collins with 60 supportive housing units. Following the success of Retail Ponds, 60 additional supportive housing units are currently under development in Mason Place. Gaps remain, however, especially in the area of transitional housing—the bridge between emergency shelters and permanent housing.

To reduce homelessness and break the cycle of family homelessness, programs should focus on youth. Intervention in the outcomes of youth needs to happen early and requires a comprehensive approach—stable housing, as well as education, necessary health support, life skills training, and opportunities for healthy and meaningful relationships (both family as well as friends).

## SECTION III.

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### PERSONS LIVING IN POVERTY

# SECTION III.

## Persons Living in Poverty

### Overview

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 is defined at the federal level and, except for Alaska and Hawaii, does not vary based on state or municipality. The 2019 poverty level by family size is shown in Figure III-1.

While this section focuses on persons living in poverty, another common measure of economic stability—the HUD extremely low income limits—are presented in Figure III-1. HUD income limits are measured as a percent of median income and do vary by metro area and by household size. “Extremely low income” limits reflect households earning 30 percent of HUD Area Median Family Income (HAMFI). In Fort Collins, the federal poverty level is generally higher than the HUD defined extremely low income limits, except for households with fewer than two people. The HUD income limits are also discussed in the housing section of this report to explore the housing needs of extremely low income households in Fort Collins.

**Figure III-1.**  
**Federal Poverty Level, U.S.,**  
**and HUD Extremely Low**  
**Income, Fort Collins, 2019**

Source:  
U.S. Department of Health and Human Services,  
U.S. Department of Housing and Urban  
Development, and Root Policy Research

Persons in Family Household	Poverty Level	HUD Extremely Low Income (30% HAMFI)
1	\$14,380	\$17,900
2	\$19,460	\$20,450
3	\$24,540	\$23,000
4	\$29,620	\$25,550
5	\$34,700	\$29,420
6	\$39,780	\$33,740
7	\$44,860	\$38,060
8	\$49,940	\$42,380

**Causes of poverty.** In a 2008 paper, Dr. Martin Shields of CSU and colleagues examined trends in poverty in Larimer County and Fort Collins.<sup>1</sup> 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,

<sup>1</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).

no longer demonstrate a strong statistical relationship with proportion of the population living in poverty.<sup>2</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 require long-term public assistance. People with debilitating diseases, some people with disabilities, and people 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 people.

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, childcare 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.

## Summary of Findings

Although most residents in Fort Collins have strong economic situations, some residents struggle to make ends meet. Recent Census data on poverty in the City show:<sup>3</sup>

- 16 percent of Fort Collins residents (25,419 people) are poor;
- 9 percent of all non-college aged residents are poor (11,372);
- 6 percent of Fort Collins families are poor;

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<sup>2</sup> Hoynes, Hilary, et. al. 2005. “Poverty in America: Trends and Explanation.” National Bureau of Economic Research. Paper No. 11681.

<sup>3</sup> This analysis presents poverty as the primary measure of economic stability in the City, but additional measures related to economic stability, specifically housing cost burden, are presented in the housing section of this report.

- 10 percent of children are living in poverty;
- Persons living in poverty are generally educated and employed;
- Poverty rates for disabled residents and minority households are very high; and
- Poverty rates have decreased since 2012 due to the economic recovery.

The City has many programs to help persons in poverty with their daily needs, including housing costs.<sup>4</sup> Efforts to reduce poverty should focus on breaking intergenerational poverty, through a two-generation (2Gen) approach that focuses on appropriate supports for each member of the family—as well as building a more aligned network of services, health, and financial support for both children and parents.

## Data and Trends

This section provides a framework for understanding poverty in Fort Collins and various demographic and community factors that impact poverty.

**Prevalence of poverty.** The poverty rate among families in Fort Collins is estimated at 6 percent in 2018 with nearly 2,000 families living in poverty. The individual poverty rate is more than double the family poverty rate with 16 percent or approximately 25,400 individuals living in poverty; however, without including the 18 to 24 age cohort (due to CSU students) the individual poverty rate drops to 9 percent. The child poverty rate in 2018 is estimated at 10 percent with approximately 3,000 children (under the age of 18) living in poverty.

For the population 18 years and older, the highest rates of poverty are seen in the 18 to 24 age cohort with a poverty rate of 45 percent, the 25 to 38 age cohort at 12 percent, and 75 plus cohort with 11 percent. Poverty in the 18 to 24 age cohort is likely associated with the student population attending Colorado State University. Poverty in the 75 years and older age cohort are likely living on a fixed income that is insufficient to meet expenses.

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<sup>4</sup> Housing affordability and housing cost burden are included in the housing section of this report.

**Figure III-2.  
Poverty by Age, Fort  
Collins, 2018**

Source:  
2018 ACS and Root Policy Research

	Total	Number In Poverty	Percent in Poverty
<b>Families</b>	<b>33,207</b>	<b>1,924</b>	<b>6%</b>
<b>Individuals</b>	<b>159,273</b>	<b>25,419</b>	<b>16%</b>
Under 5 years	6,602	615	9%
5 years	1,944	118	6%
6 to 11 years	9,567	986	10%
12 to 14 years	6,016	396	7%
15 years	2,740	499	18%
16 and 17 years	3,120	344	11%
<b>Total Children under 18</b>	<b>29,989</b>	<b>2,958</b>	<b>10%</b>
18 to 24 years	31,059	14,047	45%
25 to 34 years	30,061	3,567	12%
35 to 44 years	17,752	1,071	6%
45 to 54 years	16,938	880	5%
55 to 64 years	15,961	1,021	6%
65 to 74 years	11,748	1,224	10%
75 years and over	5,765	651	11%
<b>Total excluding 18 to 24 year olds</b>	<b>128,214</b>	<b>11,372</b>	<b>9%</b>

Following the Great Recession, poverty rates were 9 percent for families and 19 percent for individuals in 2012. The Fort Collins economy has since recovered and the number of families living in poverty decreased by an estimated 974 families from 2012 to 2018, a decrease of 34 percent. Individuals in poverty experienced a decrease of 7 percent over the same time or a reduction of 1,800 individuals.

**Figure III-3.  
Poverty Trends, Fort Collins, 2000 to 2018**

	2000	2012	2018	2000-2012 change		2012-2018 change	
				Num.	Pct.	Num.	Pct.
Families living in poverty	1,417	2,898	1,924	1,481	105%	-974	-34%
Family poverty rate	5%	9%	6%				
Individuals living in poverty	15,835	27,225	25,419	11,390	72%	-1,806	-7%
Individual poverty rate	14%	19%	16%				

Source: 2000 Census, 2010 Census, 2012 ACS, 2018 ACS and Root Policy Research

**Factors related to poverty.** This section explores demographic and community factors that impact the rates of poverty in the City of Fort Collins, and populations that are disproportionately impacted by poverty in the community.

**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

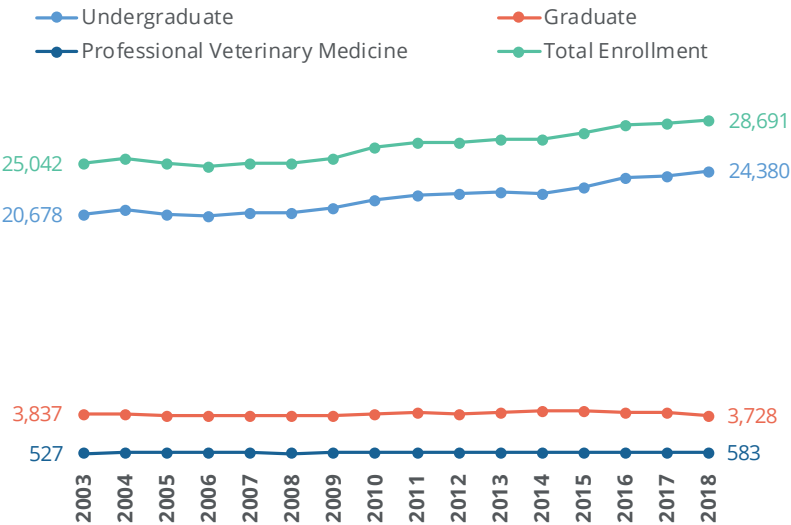


numbers. Second, not all students are poor; some earn enough to be above the poverty line.

In the fall of 2018, on campus enrollment at Colorado State University (CSU) was 28,691 students. Since 2012, enrollment of all resident-instruction students increased by 3,575 while the number of individuals living in poverty between the ages of 18 and 24 decreased by nearly 1,400 individuals. Figure III-4. shows current and historical enrollment at CSU, according to the CSU Fact Book.

**Figure III-4.**  
**CSU Enrollment,**  
**2013-2018**

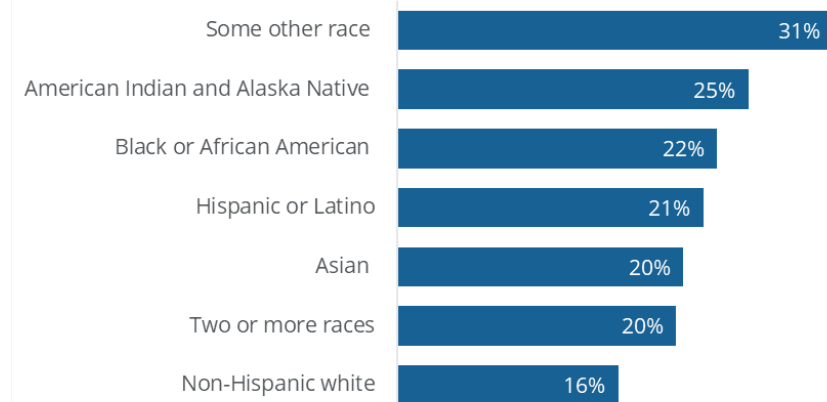
Notes:  
Only includes students who receive instruction in person on campus.  
Numbers reflect fall enrollment.  
Source:  
CSU Fact Book and Root Policy Research



**Race/Ethnicity.** Estimated poverty rates are highest for minorities in Fort Collins. Individuals of “some other race” had the highest poverty rate at 31 percent followed by American Indian at 25 percent, and Black or African American at 22 percent. The Hispanic population experienced a higher poverty rate than the non-Hispanic white population with a poverty rate of 21 percent compared to 16 percent, respectively.

**Figure III-5.  
Poverty by  
Race/Ethnicity, Fort  
Collins, 2018**

Source:  
2018 5-year ACS and Root Policy  
Research



**Household structure.** Most families with children living in poverty are married couples representing 68 percent of all households with children living in poverty. The remaining 32 percent of households with children living in poverty are female headed households.

Poverty rates are highest for female lead households with a poverty rate of 10 percent for all female headed households and 12 percent for female headed households with children. It should be noted that male headed households make up 6 percent of households in poverty, but only two of those households have children present.

**Figure III-6.  
Poverty by  
Household Type,  
Fort Collins, 2018**

Source:  
2018 ACS and Root Policy  
Research

	Total	In Poverty	Percent
<b>Families</b>	<b>35,131</b>	<b>1,932</b>	<b>6%</b>
Married-couple family	27,817	1,280	5%
with children	12,007	756	6%
Male householder, no wife present	2,067	112	5%
with children	817	2	0%
Female householder, no husband present	5,247	540	10%
with children	3,094	356	12%
<b>Among all families with children living in poverty...</b>			
Percent that are married couples		68%	
Percent that are single fathers		0%	
Percent that are single mothers		32%	

**Persons with disabilities.** The percent of the population with a disability living in poverty is estimated at 27 percent or nearly 3,700 individuals. Compared to the poverty rate for individuals with no disability at 15 percent, the poverty rate for individuals with a disability is 12 percentage points higher.

**Figure III-7.**  
**Poverty by Disability**  
**Status Fort Collins, 2018**

Source:  
 2018 ACS and Root Policy Research

	In Poverty	Not in Poverty	Total
With a disability	3,698	10,100	13,798
No disability	21,721	123,320	145,041
<b>Percent</b>			
With a disability	27%	73%	100%
No disability	15%	85%	100%

**Employment.** The poverty rate for the population 16 years and over is highest for unemployed individuals at 37 percent and individuals not in the labor force at 29 percent. For individuals without a high school diploma or equivalent the poverty rate is 29 percent, which is 16 percent higher than the poverty rate for individuals with a high school diploma. The lowest poverty rate is seen in the population 25 years and older with a bachelor's degree or higher with a poverty rate of 5 percent. These statistics, shown in Figure III-8, suggest that some of the solutions for alleviating poverty lie in economic development.

**Figure III-8.**  
**Poverty by Employment Status and Educational Attainment, Fort Collins, 2018**

	In Poverty	Not in Poverty	Total	Percent	
				In Poverty	Not in Poverty
Poverty by Employment Status					
Population 16 years and over	23,064	101,422	124,486	19%	81%
In Labor Force	13,170	76,975	90,145	15%	85%
Employed	11,436	73,991	85,427	13%	87%
Unemployed	1,734	2,984	4,718	37%	63%
Not in Labor Force	9,894	24,447	34,341	29%	71%
Poverty by Highest Level of Educational Attainment					
Population 25 years and over	7,984	82,878	90,862	9%	91%
Less than high school graduate	898	2,189	3,087	29%	71%
High school graduate (includes equivalency)	1,721	11,835	13,556	13%	87%
Some college, associate's degree	2,794	22,137	24,931	11%	89%
Bachelor's degree or higher	2,571	46,717	49,288	5%	95%

Source: 2018 ACS and Root Policy Research

## Community 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 participates on many community-wide task forces, and promote programs that provide skills development, education, and job training for low-income people, 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 childcare, 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, the Murphy Center 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.

**Employment and job training services.** The Aspen Institute released several research reports that focus on addressing the needs of the unemployed and raising self sufficiency of low income households. These reports were released in the wake of the Great Recession but hold true today for strategies to address poverty through employment and job training services. 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:

- 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.

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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.

- Support students' efforts to improve workforce skills by providing counseling, childcare, 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 helps low income, single parents in the greater Fort Collins-Loveland area build self-sufficiency. The program serves approximately 160 low-income families per year with a focus on families earning below 185 percent of the Federal Poverty Level and with children aged 13 or younger in the home. Most program participants are single mothers (96%), however fathers participate in the program as well (4%). Nearly three out of four participants are white, 21 percent are Hispanic, and 7 percent identify as other.<sup>6</sup>

The selfpower model employed by Project Self-Sufficiency includes four stages led by a one-on-one relationship with an Advisor. The four stages focus on improving employment-readiness of its clients with career planning and job search assistance through local partnerships. The four stages include:

- Discover (Stage 1): Focused efforts to stabilize the household through securing housing, food, healthcare, childcare, transportation, and any other immediate needs. Throughout the first year, participants identify their Self-Sufficiency Wage and craft a career template to determine whether adult education and training is necessary to accomplish their goals of self-sufficiency.
- Strengthen (Stage 2): Further training and education is mapped out with the help of an advisor and financial aid and scholarships are pursued. The Healthy Families Program offers support for basic needs including transportation, housing, and childcare during this time and advisors provide access to tutoring support and study skills to help parents achieve success. In addition to parental support, the program offers services to children through the Boundless Children's Fund which funds extracurricular

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<sup>6</sup> <http://bringthepower.org/programs-model/>

activities, holiday sponsorships, the “Cool Kids” back-to-school clothing program, and funding for mental health counseling with community partners.

- Actualize (Stage 3): Advisors guide participants in a job search during their final 18 months of education and training with the program. Project Self-Sufficiency created a Career Connections Committee full of volunteers who meet with and mentor participants to land an internship or job placement. Childcare assistance is provided to support any unpaid work experience.
- Launch (Stage 4): When participants secure their first job in their career field identified in the discovery stage of the program, they are given tools to monitor their budget, engage with their employer, and transition from the program supports to greater self-sufficiency.<sup>7</sup>

**Larimer County Economic and Workforce Development.** Larimer County Economic and Workforce Development’s mission is to “improve the quality of life for individuals, families and communities through employment and workforce development services.” Their Larimer County Works Program 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, Larimer County Economic and Workforce Development offers career planning for young adults (ages 16 to 24) through their inCompass program, assistance for veterans in applying for benefits and job placement, and trade adjustment assistance to help trade-affected workers become reemployed.

## Analysis and Gaps

**Residents in poverty.** The 2018 ACS, the most recent annual data available on the economic situation of residents in Fort Collins, identified 25,419 residents in Fort Collins who live below the poverty line (about \$25,000 per year for a family of four). About half of these individuals are young adults (14,047 are age 18 to 24), many students. Root estimates that the City’s poverty rate would be much lower, about 9 percent, if students are removed from the numbers. About 6,500 of residents in poverty are “working age”—between 25 and 64 years old; these individuals are unemployed, underemployed or cannot work. Another 3,000 are children of poor families. Some residents living in poverty are disabled—about 3,700.

Persons living in poverty are generally educated and employed, albeit at lower levels than the population overall. About half of people in poverty work. However, though they may work, their wages are not high enough to bring them above the poverty line, especially if

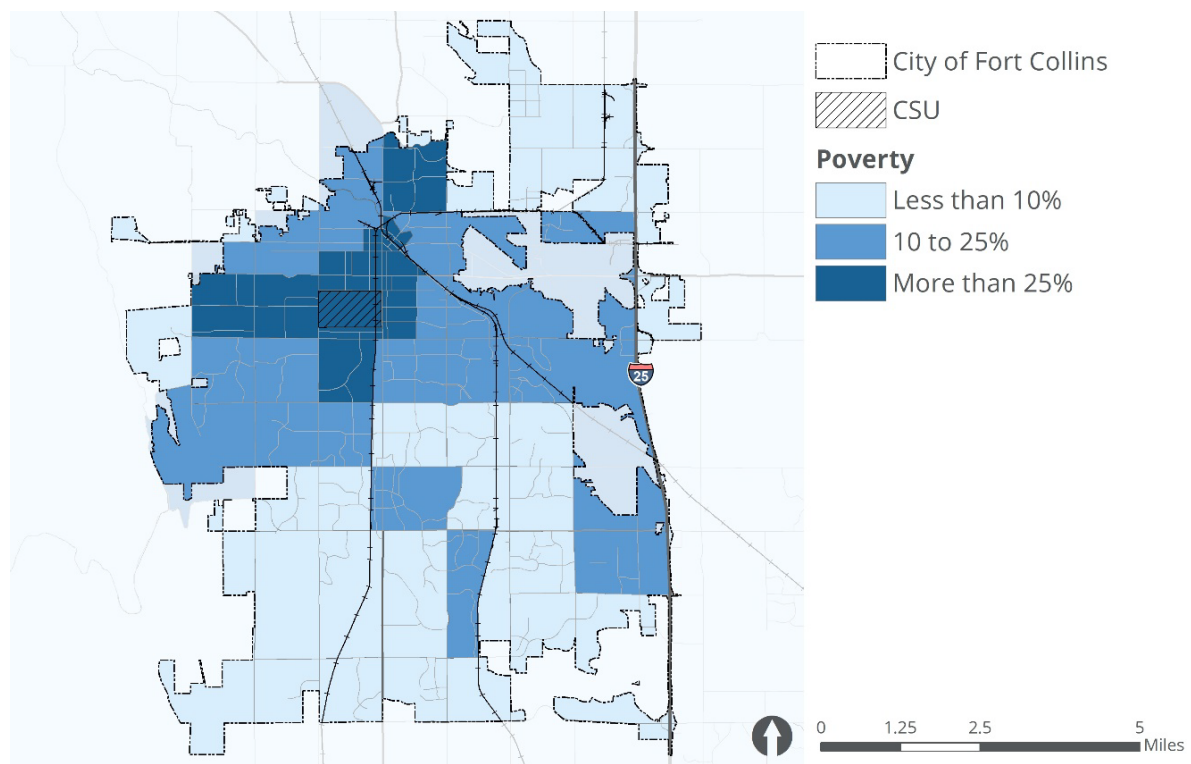
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<sup>7</sup> <http://bringthepower.org/programs-model/>

they are the only earner in their home. Additionally, non-Hispanic white residents have the lowest poverty rate among all racial and ethnic groups identified in the ACS.

**Geographic concentration.** Figure III-9 shows concentrations of poverty in Fort Collins using 2018 5-year ACS data. Most high poverty neighborhoods are located in the northern part of the City. This is true of both individual and family poverty.<sup>8</sup> It is important to note that many of the areas shown on the map with the highest concentrations are predominantly located in areas with large student populations. The others are generally those where affordable housing is located, including manufactured housing communities.

**Figure III-9.**  
**Poverty Rate by Census Tract, Fort Collins, 2018**



Source: 2018 5-year ACS and Root Policy Research

**Peer communities.** Figure III-10 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. This may suggest that students in Fort Collins are supplementing their income with part- or full-time jobs or have parental or spouse financial supports. This is also related to Fort Collins being a relatively higher income

<sup>8</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.

community overall; the City's family poverty rate is the lowest of peer communities, as is Boulder's.

**Figure III-10.**  
**Family and Individual Poverty Rate, 2018**

	Families			Individuals		
	<i>In Poverty</i>	<i>Total</i>	<i>Poverty Rate</i>	<i>In Poverty</i>	<i>Total</i>	<i>Poverty Rate</i>
<b>Fort Collins, CO</b>	<b>2,185</b>	<b>34,147</b>	<b>6%</b>	<b>25,861</b>	<b>154,160</b>	<b>17%</b>
Boulder, CO	1,217	18,161	7%	20,599	96,885	21%
Laramie, WY	469	5,716	8%	7,747	29,968	26%
Logan, UT	1,995	10,724	19%	12,546	47,782	26%
Las Cruces, NM	4,491	24,146	19%	24,474	99,770	25%

Source: 2018 5-year ACS and Root Policy Research

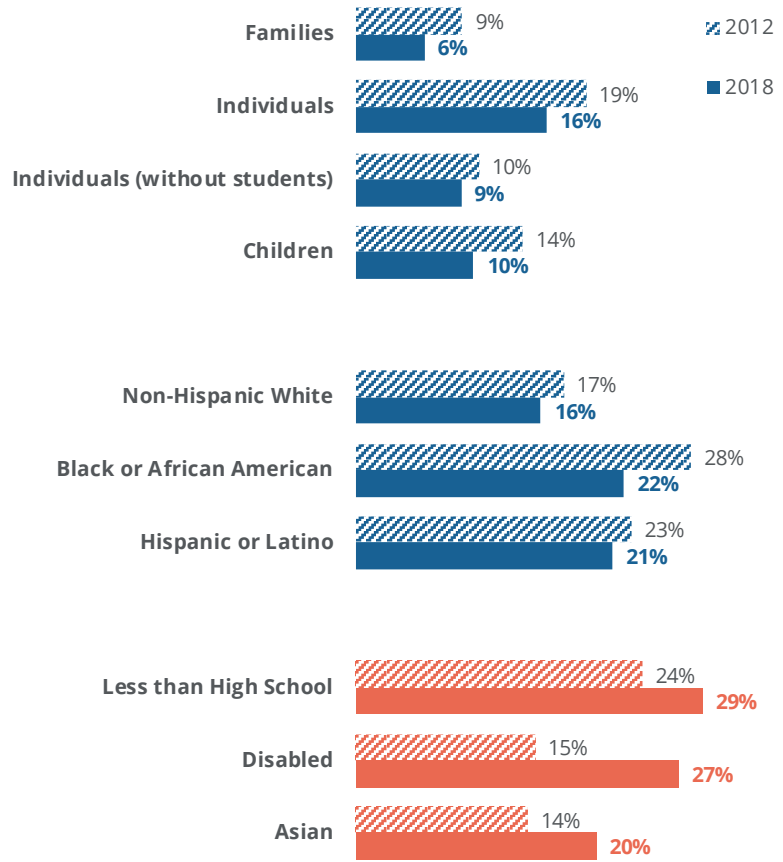
**Changes in poverty.** Since 2012, the City of Fort Collins has experienced an economic expansion following the Great Recession. This is evident in the decrease of poverty rates for families, individuals, and children. However, not all residents in the City have enjoyed the same economic growth. Figure III-12 below shows the poverty rates for various demographic groups in 2012 and 2018. Poverty rates decreased for most residents while the poverty rate increased for residents who are disabled, did not finish high school, or are Asian.

These changes typify the growing “income gap” experienced in many cities in the country. Workers in high-paying professions and residents with accumulated wealth saw their economic status strengthen during the past 15 years, while lower income residents were disproportionately affected by the economic downturn, particularly those in recession-vulnerable professions, such as housing construction.



**Figure III-11.  
Change in Poverty  
Rate by  
Demographic  
Group, 2012-2018**

Source:  
2012 and 2018 ACS and Root Policy  
Research



**Addressing needs.** Much like homelessness, reducing poverty is complex and requires a comprehensive approach. Some communities—San Francisco is the most notable—focus on income supports. Others address poverty primarily through housing subsidies. Some focus primarily on job training and education. Research conducted by Colorado’s Aspen Institute has focused on breaking intergenerational poverty through a two-generation (2Gen) approach. The Aspen Institute outlines five core principles that guide the 2Gen approach including:

- “Measure and account for outcomes for both children and their parents.
- Engage and listen to the voices of families.
- Foster innovation and evidence together.
- Align and link systems and funding streams.
- Ensure equity.”<sup>9</sup>

The 2Gen approach is aimed at supporting and empowering the entire family to achieve lasting economic stability. In practice, this is achieved through a support network including

<sup>9</sup> <https://ascend.aspeninstitute.org/legacy/resources/20170306%20CO%202Gen%20Action%20Guide.pdf>

local and state government, nonprofit organizations, philanthropies, and the business community. “The 2Gen concept means no family member is left out:

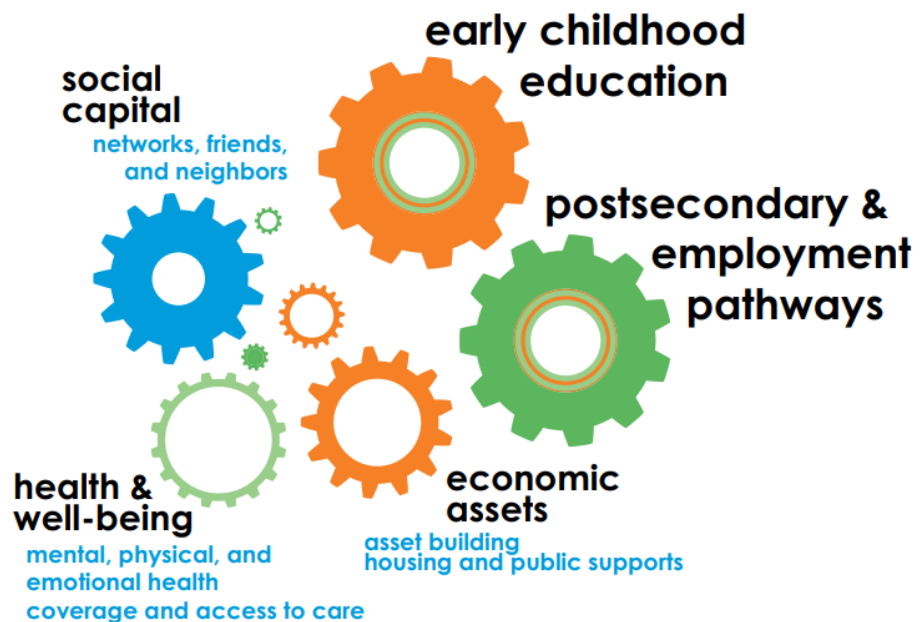
- Parents get connected to skills and career training,
- Children to quality home and learning environments, and
- Families to health care and other services to address basic needs.”<sup>10</sup>

Through the 2Gen concept and core principles, programs and policies focused on early childhood education, adult education, economic assets, social capital, and health and well-being are integral to the sustained success of residents, as shown in Figure III-12 from the Aspen Institute below. As noted throughout this report, Fort Collins is fortunate to have many of these supports in the community.

This report also demonstrates that challenges in addressing poverty do persist—as evidenced by the 25,000 Fort Collins residents currently living below the poverty line. Fort Collins’ situation for working families in poverty is also complicated by students in the workforce, who are willing to temporarily accept low wage jobs. This makes job training and partnerships with area employers even more important in building the economic capacity of the City’s working poor.

**Figure III-12.**  
**The 2Gen**  
**Framework**

Source:  
Aspen Institute



<sup>10</sup> <https://ascend.aspeninstitute.org/legacy/resources/20170306%20CO%202Gen%20Action%20Guide.pdf>

## SECTION IV.

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### HEALTH AND WELLNESS

# SECTION IV.

## Health and Wellness

### Overview

This section discusses the physical and mental health of Fort Collins residents. It also addresses many of the leading forces and opportunities that influence and help shape overall health and wellness. Some of these are decisions that individuals can make with respect to their own personal health, such as food choices, physical activity, and the use of drugs, alcohol or tobacco. Yet others are more complex forces that are not necessarily individual decisions, but rather community-wide forces such as socio-economic opportunities, affordability of and access to health care, options for recreation and physical activity, environmental challenges, and the availability of nutritious food.

While health and wellness are interrelated, the definitions below highlight the differences between these terms.

**Health.** Health is the state of physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>1</sup> The term can be used to describe the state of individuals or populations and can also be used to describe the state of communities and other geographical areas.

**Wellness.** Wellness is a process through which people become aware of, and make choices toward, a more successful existence. Wellness is multifaceted and interconnected, featuring a collection of dimensions including but not limited to physical, spiritual, emotional, and social.<sup>2</sup>

### Summary of Findings

The most significant gaps, based on observations of data, service provider inventory and agency interviews, include the following:

- There is lack of capacity and consistency for the provision of mental health and substance use disorder treatment (e.g., walk in sites), particularly for low income residents lacking private insurance.

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<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>2</sup> The Six Dimensions of Wellness. The National Wellness Institute, 2014.  
[http://www.nationalwellness.org/?page=Six\\_Dimensions](http://www.nationalwellness.org/?page=Six_Dimensions). Accessed February 27, 2014.

- The community lacks long-term residential treatment programs.
- There are no residential treatment facilities available for children under age 10 with behavioral or mental illness.
- The City lacks a detox center for substance abusers; however, the new behavioral health service facility (opening 2022) will host a detox center and crisis unit.
- The City has a strong infrastructure for physical education and recreation—yet growing obesity rates among the City’s youth indicate a need to integrate more physical activity into daily life.
- Gaps in food provision generally reflect economic differences (inability to afford healthy food); however, food deserts are present in north Fort Collins indicating a need for better access to healthy and affordable food.

## Data and Trends

**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
- Suicides
- Substance use disorders
- Nicotine use

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

**Obesity.** Obesity rates are often linked to other related diseases such as hypertension, type 2 diabetes, coronary heart disease, strokes, and arthritis, and can serve as a good proxy for a quick measure of overall health of a population. Moreover, obesity and its related diseases are often considered treatable or preventable conditions, but again, factors such as health care, opportunities for active living, and nutrition all impact the prevalence rates.

Obesity rates are highest for middle age adults (ages 45-54), as shown in Figure IV-1, and lowest for young adults (18-24). While obesity rates increase with age, rates start to decrease for populations over 55 and again for populations greater than 65 years old.

**Figure IV-1.**  
**Overweight and Obese Residents by Age Group, Fort Collins, 2018**

Note:

Overweight is defined as a Body Mass Index (BMI) between 25.0 and 30.0. Obese is a BMI of 30.0 or higher.

Source:

Colorado Behavioral Risk Factor Surveillance System, U.S. Center for Disease Control, 2018 ACS, and Root Policy Research

Age	Overweight		Obese	
	Number	Percent	Number	Percent
18-24	7,827	25.2%	3,727	12.0%
25-34	10,070	33.5%	6,613	22.0%
35-44	6,923	39.0%	4,207	23.7%
45-54	6,403	37.8%	4,946	29.2%
55-64	6,273	39.3%	4,278	26.8%
65+	6,690	38.2%	3,818	21.8%

**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 2014 to 2018 in Figure IV-2. In 2018, new STI/HIV cases totaled more than 1,500 Chlamydia, 300 Gonorrhea, 20 Syphilis, and 14 HIV. The incidence per 100,000 of each sexually transmitted infection have increased, and in some cases more than doubled, since 2014.

**Figure IV-2.**  
**New STI/HIV Cases, Larimer County, 2014-2018**

	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
2014	910	280.7	73	22.5	15	4.6	8	2.5
2015	1,102	330.5	85	25.5	16	4.8	8	2.4
2016	1,226	361.6	126	37.2	18	5.3	9	2.7
2017	1,219	354.3	283	82.3	17	4.9	13	3.8
2018	1,502	428.6	313	89.3	20	5.7	14	4.0

Source: Colorado Department of Public Health, STI/HIV/Viral Hepatitis Surveillance Program and Root Policy Research

**Mental illness.** The National Institute on Mental Health reports that 67 percent of adults with serious mental illness seek treatment.<sup>3</sup> Applying that statistic to Fort Collins adults with serious mental illness suggests that approximately 1,900 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.

The prevalence of mental illness in adults is lower than for adolescents with approximately 19 percent of adults with any mental illness and 4.5 percent with a serious mental illness. Nearly half of all adolescents aged 12 to 17 have any mental illness (including mild disorders), and 11 percent suffer from a serious mental illness according to national

<sup>3</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

trends. An estimated 1,300 adolescents and 5,800 adults suffer from a serious mental illness in Fort Collins.

**Figure IV-3.**  
**Prevalence of Mental Illness,**  
**Fort Collins, 2018**

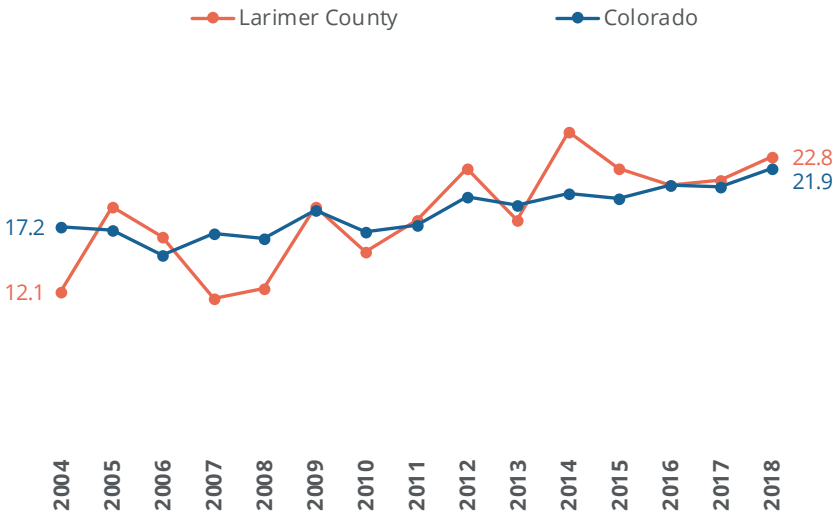
Note:  
Adolescents defined as children ages 12 to 17  
Source:  
National Institute of Mental Health, 2018 ACS

	Prevalence (% of population)	Individuals in Fort Collins
<b>Adults</b>		
Any mental illness	18.9%	24,435
Serious mental illness	4.5%	5,818
<b>Adolescents</b>		
Any mental illness	49.5%	5,879
Serious mental illness	11.0%	1,305

**Suicide.** In its most severe state, mental illness can lead to residents taking their own lives. Figure IV-4 presents trends in suicide mortality rates for Larimer County from 2004 through 2018. While suicide rates fluctuate annually, the rate of suicide increased in Larimer County and Colorado from 2004 to 2018. In 2018, the suicide rate per 100,000 population in Larimer County was 22.8 compared to 21.9 statewide.

**Figure IV-4.**  
**Suicide Mortality**  
**Rate (per 100,000**  
**population),**  
**Colorado and**  
**Larimer County,**  
**2004-2018**

Source:  
Colorado Health Information  
Dataset and Root Policy Research



According to the article in the Coloradoan, “More Coloradans are killing themselves in the prime of their lives. What is Larimer County doing about it?” the rate of suicide among the population aged 45 to 64 has increased. Over the past five and a half years, one in three people who died of suicide in Larimer County were in this age group.<sup>4</sup> From 2011 to 2015, the rate of suicide was highest consistently every year for the population between 45 and 64 years old according to the Colorado Department of Public Health and Environment.

<sup>4</sup> <https://www.coloradoan.com/story/news/2018/07/19/larimer-county-colorado-suicide-solutions-middle-age-adults/741493002/>

**Substance use disorders.** Colorado incidence rates suggest that as many as 11,800 residents suffer from alcohol abuse and 6,600 suffer from drug dependence or abuse in any given year—about 8.3 percent and 4.7 percent of the population aged 12 years and older, respectively. According to Colorado prevalence rates reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), residents who need but are not receiving treatment in Fort Collins are estimated at 11,100 for alcohol and 6,000 for drugs.

**Figure IV-5.**  
**Estimates of Residents 12 years and Older with Alcohol and Substance Use Disorder in the Past Year, Fort Collins, 2018**

Source:  
Substance Abuse and Mental Health Services  
Administration (SAMHSA), 2018 ACS, and Root Policy  
Research

	State of Colorado Prevalence	Estimated Individuals in Fort Collins
<b>Alcohol Dependence or Abuse</b>	<b>8.3%</b>	<b>11,773</b>
Needing but not receiving treatment	7.9%	11,095
<b>Drug Dependence or Abuse</b>	<b>4.7%</b>	<b>6,649</b>
Needing but not receiving treatment	4.2%	5,971

**Nicotine use.** While national youth cigarette use has stayed neutral or declined, youth e-cigarette use increased by 78 percent from 2017 to 2018. The Colorado youth e-cigarette use rate is the highest in the nation, twice the national average. Larimer County youth use at a higher rate than the state average at 32 percent compared to 27 percent statewide.

The State of Colorado recently passed legislation raising the minimum legal sales age from 18 to 21 years old to help curtail youth access to nicotine. Brain development continues until age 25 and youth who vape are at least four times more likely to smoke cigarettes.<sup>5</sup>

**Access to care.** Poor access to care encourages the prevalence of treatable and preventable health conditions, especially for households earning less than \$50,000 annually. According to the report *"Home Equity: A Vision of Housing Security, Health, and Opportunity"* by the Colorado Health Institute 54 percent of Coloradoan households earning less than \$50,000 annually delayed care due to high costs of medical care. Out of the 54 percent who delayed care, 42 percent missed checkups, 38 percent did not seek care when sick, and 35 percent delayed over-the-counter medications.

**Recreation and physical activity.** Colorado communities often lead the nation in measures of residents who are active and fit. For example, Denver Metropolitan Area (MSA) is ranked ninth out of 100 MSAs in the U.S. by ACSM American Fitness Index.<sup>6</sup> Like Colorado as a whole, Larimer County has an active population, which continues to grow. According

<sup>5</sup> Larimer County: Health & Environment. Youth Access to Nicotine presentation to Fort Collins City Council. January 2020.

<sup>6</sup> [https://americanfitnessindex.org/wp-content/uploads/2019/05/2019-American-Fitness-Index-Summary-Report\\_FINAL-20190422.pdf](https://americanfitnessindex.org/wp-content/uploads/2019/05/2019-American-Fitness-Index-Summary-Report_FINAL-20190422.pdf)



to Larimer County Public Health Indicators, the number of adults who are physically inactive is declining. From 2008 to 2013 the number of inactive adults decreased from 13.5 percent to 12.3 percent. The U.S. Center for Disease Control defines physically inactive adults as not participating in physical activity outside of work in the past month.<sup>7</sup> 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 in 2016.<sup>8</sup> 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. 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.

**Physical activity indicators.** The percent of high school students who were physically active for a total of at least 60 minutes per day was only 26 percent in 2015, while for children aged 5 to 14 years old 45 percent were physically active for at least 60 minutes per day. This indicates that physical activity generally decreases as children age into adolescence.

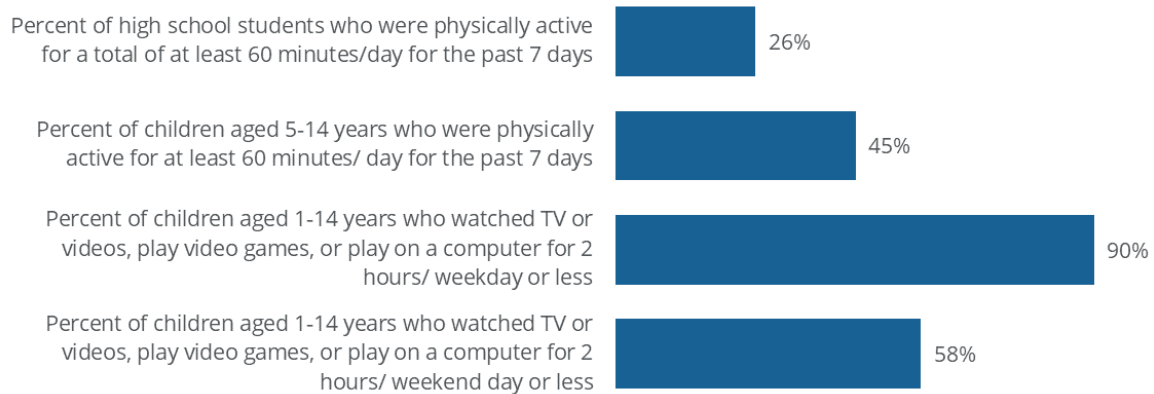
From 2010 to 2015, the number of children aged 1 to 14 who had less than 2 hours of screen time on a weekday increased from 81 percent in 2010 to 90 percent in 2015. The article "Screen Median Exposure and Obesity in Children and Adolescents," published in PEDIATRICS in 2017 finds, numerous studies have revealed associations between screen time and increased risk of obesity (see Figure IV-6 below). This field of research suggests that increased screen time leads to obesity in children due to food intake while viewing, exposure to marketing for low-nutrient food and beverage, and reduced sleep duration.

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<sup>7</sup> <http://larimer.co.networkofcare.org/ph/HealthIndicatorsDetails.aspx?hid=60047>

<sup>8</sup> <https://www.coloradokids.org/wp-content/uploads/2016/06/2016-Kids-Count-6-2016-low-res-for-web.pdf>

**Figure IV-6.**  
**Child and Teen Physical Activity Indicators, Larimer County, 2013-2015**



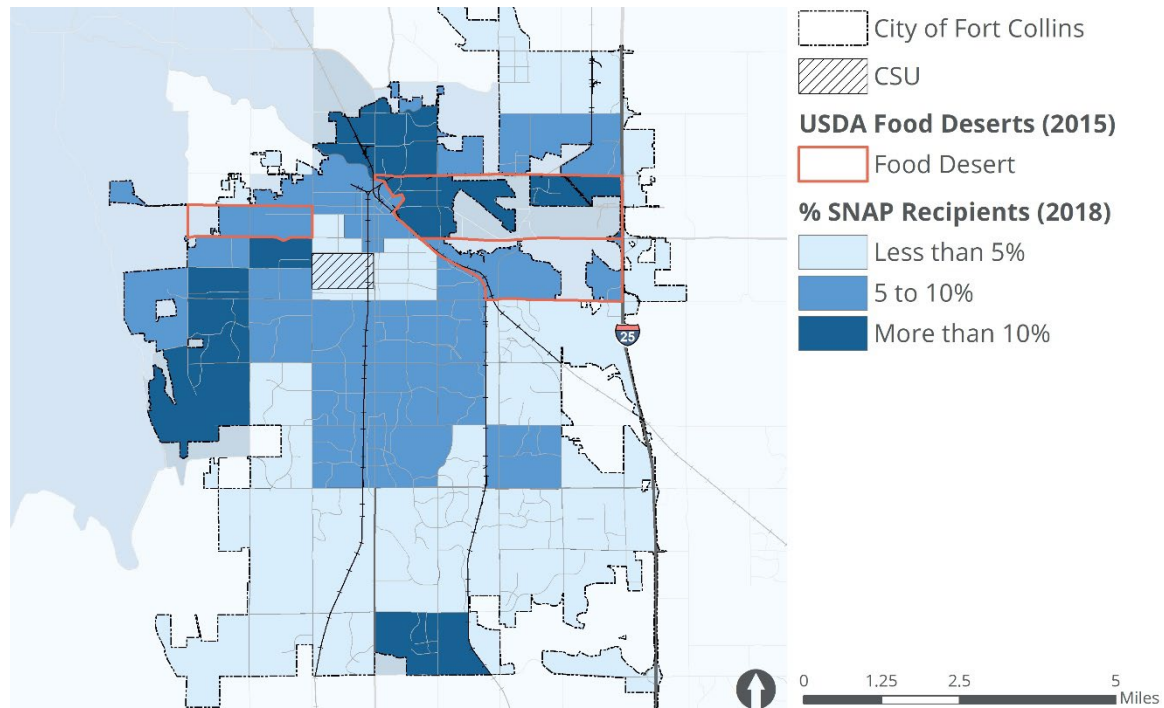
Source: Colorado Department of Public Health and Environment, Colorado Health Indicators, Larimer County, and Root Policy Research.

**Food provision.** This section discusses access to healthy food, a major factor that contributes to overall health and wellness of a population.

**Access to health food retailers.** The United States Department of Agriculture (USDA) provides several metrics to evaluate food access in their Food Access Research Atlas (2015). The USDA states, "low access to healthy food is defined as being far from a supermarket, supercenter, or large grocery store ("supermarket" for short). A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket."

Figure IV-7 shows USDA defined food deserts (half mile definition) for Census tracts in Fort Collins. Three tracts in the City are identified as food deserts and all three tracts have a high share of SNAP recipients, indicating a need for healthy food retailers as well as direct nutritional assistance. Two of the three tracts that are designated as food deserts by the USDA also have a high share of Hispanic residents (greater than 10 percent).

**Figure IV-7.**  
**Food Deserts and Snap Recipients, Fort Collins, 2018**



Source: 2018 5-year ACS and Root Policy Research

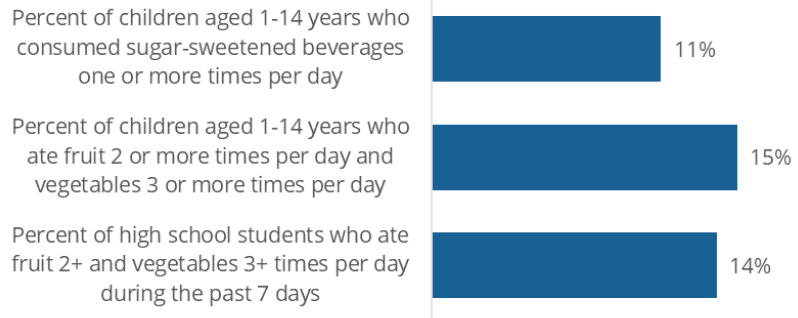
According to the Colorado Department of Public Health and Environment, fast food restaurants are seven times more common (per 10,000 residents) than healthy food outlets in Larimer County.<sup>9</sup> Children, in particular, are much more likely to consume fast food rather than fruits or vegetables. The percent of children (1 to 14 years old) who ate fruit two or more times per day and vegetables three or more times per day increased from 13 percent in 2010 to 14 percent in 2015. The percent of children (1 to 14 years old) who consumed one or more sugary beverages per day decreased from 16 percent in 2010 to 11 percent in 2015. This indicates a small shift toward healthier diets among children in Larimer County.

<sup>9</sup> Fast food restaurants are defined as limited-service establishments. Healthy food outlets include grocery stores, supermarkets, and produce markets.

**Figure IV-8.  
Child and Teen  
Nutrition Indicators,  
Larimer County, 2013-  
2015**

Source:

Colorado Department of Public Health  
and Environment, Colorado Health  
Indicators, Larimer County



The number of farmers markets per 100,000 people in Colorado is slightly higher than the national average at 2.8 compared to 2.7 per 100,000 nationally. However, the percent of farmers markets accepting WIC10 vouchers in Colorado is only 5 percent compared to the national average of 31 percent. An estimated 42 percent of Colorado schools participate in farm to school programs, on par with the national average.

Colorado is home to three food hubs. According to LiveWell Colorado, food hubs provide services to food producers including, but not limited to, food storage, processing, distribution, and marketing. Food hubs provide small-scale producers with an economy of scale and access to larger markets.<sup>11</sup>

**Figure IV-9.  
CDC's State Indicator  
Report of Fruits and  
Vegetables,  
Colorado, 2018**

Source:

Centers for Disease Control and  
Prevention, State Indicator Report on  
Fruits and Vegetables 2018, and Root  
Policy Research

	Colorado
Number of Farmers Markets per 100,000 Residents, 2017	2.8
Percentage of Farmers Markets Accepting WIC Farmers Market Nutrition Program Vouchers, 2017	5.1%
State Policy on Food Service Guidelines, 2014	No
State Farm to School or Farm to Early Care and Education Policy in Place, 2002-2017	Yes
Percentage of School Districts Participating Farm to School Programs, 2014	41.8%
State Food Policy Council, 2018	Yes
Number of Local Food Policy Councils, 2018	16
Number of Food Hubs, 2017	3

<sup>10</sup> "The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk." U.S. Department of Agriculture

<sup>11</sup> <https://livewellcolorado.org/resource-center/research-publication/food-systems/community-food-production-processing-and-marketing/processing/>

**Food insecurity.** In Colorado 9.2 percent of households experience low or very low food security with 3.8 percent of households experiencing very low food security.<sup>12</sup> According to the report *“Home Equity: A Vision of Housing Security, Health, and Opportunity”* by the Colorado Health Institute, housing and food insecurity in Colorado go hand in hand. Housing cost burdened households with children spend an average of \$190 less per month on food compared to similar households with access to affordable housing.

Children and seniors are particularly vulnerable to food insecurity. In Colorado, one in eight kids do not know when or where they will get their next meal and 1 in 30 seniors are forced to choose between food or needed medications.<sup>13</sup> In Larimer County alone, approximately 40,200 residents are food insecure and 8.4 percent of seniors are food insecure. In 2019 the Food Bank for Larimer County provided food for 7.36 million meals serving an estimated 37,500 individuals. The food bank projected that by 2035 they will need to provide enough food for 12.2 million meals, which is a 66 percent increase over the 2019 service provided by the food bank.<sup>14</sup>

## Community 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 and overall wellness. 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 the following broad categories:

- Programs to reduce the costs of health care;
- Affordable health care clinics and providers;
- Mental health providers;
- Health and wellness focused providers and programs;
- Parks and recreation resources; and
- Programs that address food insecurity.

### 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

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<sup>12</sup> <https://www.ers.usda.gov/webdocs/publications/90023/err-256.pdf?v=0>

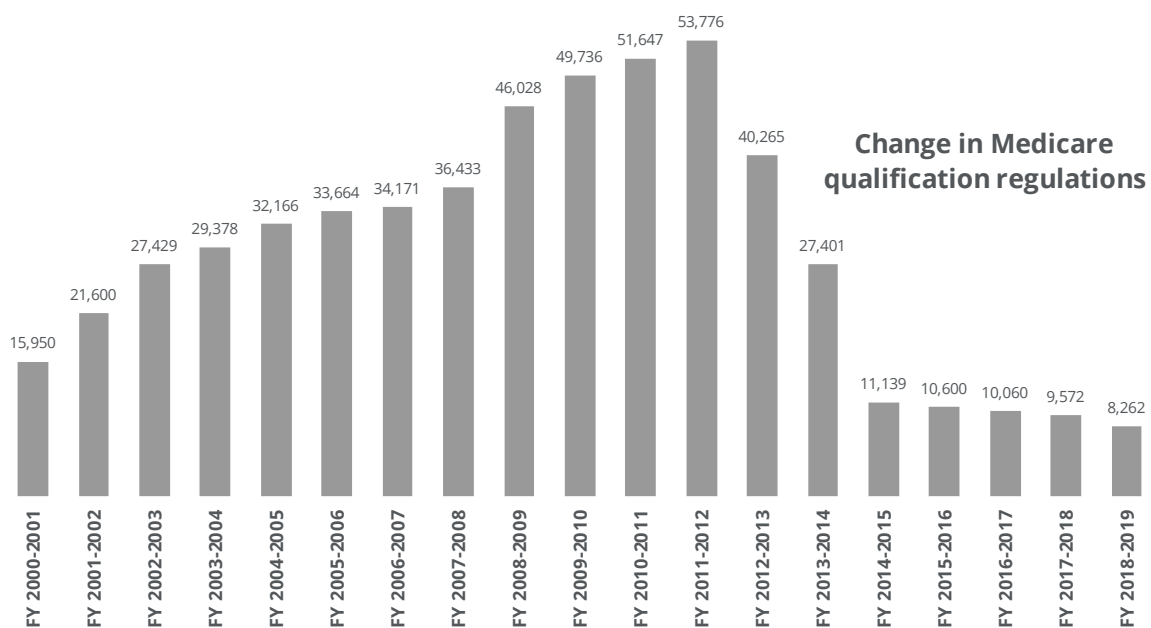
<sup>13</sup> <https://www.hungerfreecolorado.org/hungerfacts/>

<sup>14</sup> <https://foodbanklarimer.org/hunger-in-larimer-county/>

uninsured or underinsured and have incomes at or below 250 percent of the Federal Poverty Level (FPL).

Figure IV-10 presents trends in the number of Larimer County CICP admissions and patient visits to participating health care providers. From 2012 to 2018, the number of admissions and patient visits to health care providers subsidized by the CICP decreased by 85 percent, from 53,776 CICP admissions and visits to 8,262. Larimer County indicated that decreased CICP admissions and visits is due to an expanded Medicaid program, not a decrease in the population that needs reduced cost health care. For example, previously single men were not eligible to receive Medicaid, but they are now eligible.

**Figure IV-10.**  
**Colorado Indigent Care Program Admissions and Visits by Larimer County Residents, 2000-2019**



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

FY 2015-2016 extrapolated due to data availability.

Source: Colorado Department of Health Care Policy and Financing and Root Policy Research

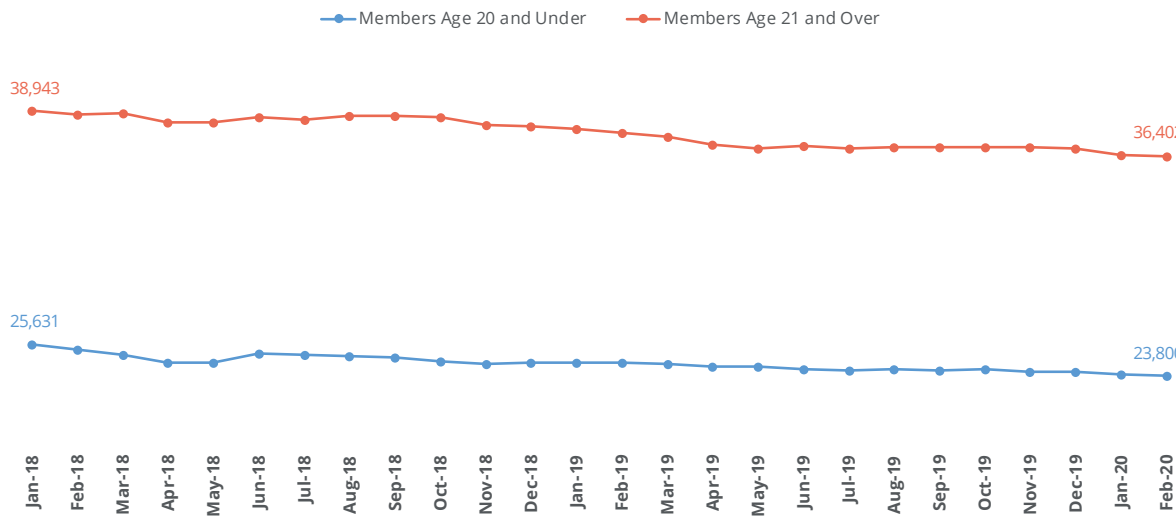
**Health insurance.** According to the 2018 ACS, 94 percent of Fort Collins residents have health insurance. Among these, the majority are covered by private insurance, but 39,249 residents also have some form of public coverage, such as Medicaid or Medicare. Increases in insurance coverage from 89 percent in 2012 to 94 percent in 2018 are due to the Affordable Care Act and Medicaid expansion.

**Medicaid enrollment.** Figure IV-11 presents monthly Larimer County Medicaid enrollment from January 2018 through February 2020. Qualified residents under age 21 participate in Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

program. As part of Colorado’s implementation of the Affordable Care Act, Medicaid eligibility was expanded to additional populations; as such, growth in Medicaid enrollment occurred in the early 2010s.

In recent years, Medicaid enrollment has been on the decline in Larimer County. This decline could be a result of residents moving to private insurance following the Great Recession, tapering of enrollment following the Affordable Care Act implementation, or other factors at play in the community. According to the Colorado Health Institute, in 2016 20.3 percent of eligible children in the County were not enrolled in the Child Health Plan through Medicare. Continued outreach to the community about eligibility, enrollment, and residents’ rights are crucial to increase coverage.

**Figure IV-11.**  
**Monthly Medicaid Enrollment, Larimer County, 2018-2020**

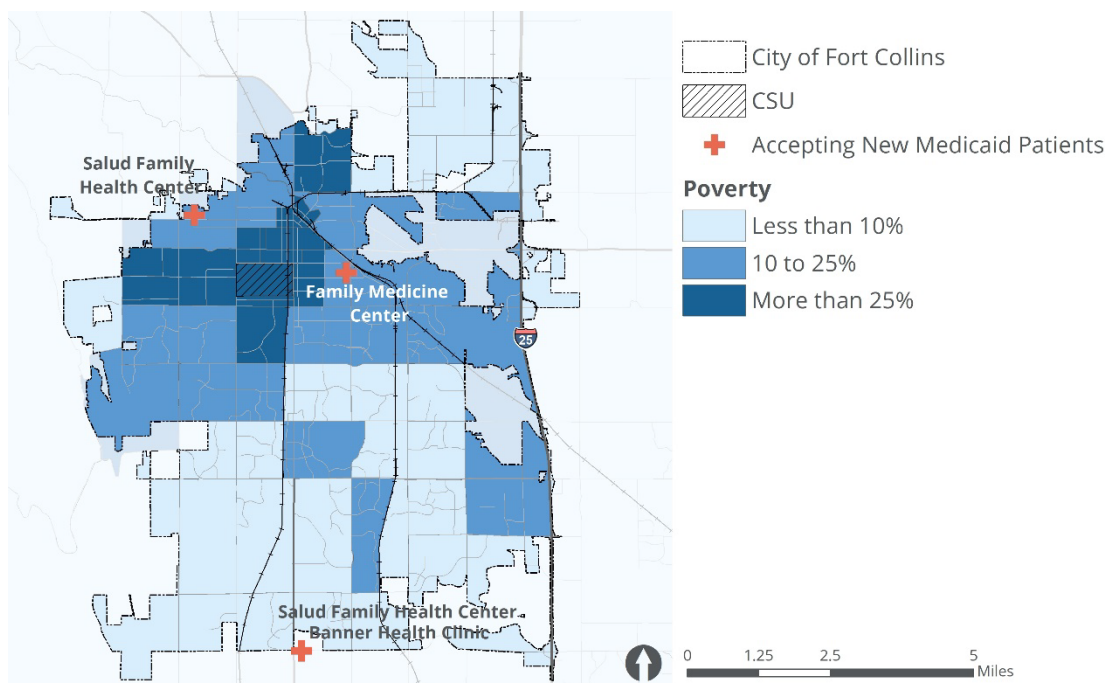


Source: Colorado Department of Health Care Policy and Financing and Root Policy Research

**Affordable health care clinics and providers.** Affordable health care options in Fort Collins are summarized below.

- **Providers accepting new Medicaid clients.** According to Larimer County, in December 2019, four providers in Fort Collins were accepting new Medicaid patients for non-emergency care. Figure IV-13 maps and names these providers, shown in reference to poverty rates. Two of the four providers are located in high poverty census tracts (greater than 10% poverty). These providers are the only confirmed sites accepting new Medicaid patients through Larimer County; however, other locations may accept new patients and continue to see existing Medicaid patients.

**Figure IV-13.**  
**Primary Care Providers Accepting New Medicaid Patients, 2019**



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: Larimer County, 2018 5-year ACS, and Root Policy Research

- **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, advance care planning team, mental health connections, family dental clinic, Larimer Health Connect health insurance, smoking cessation program, and prescription assistance. Through its Mental Health Connections program (a partnership with SummitStone 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.<sup>15</sup>
- **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 and residents

<sup>15</sup> <https://www.healthdistrict.org/>



experiencing homelessness in Larimer County. The Fort Collins clinic also provides Medicaid and CHP+ enrollment services.

Salud serves more than 80,000 patients per year in their 13 clinics and a mobile unit across 10 communities in northern and southeastern Colorado. Salud operates two clinics in Fort Collins, Fort Collins West and Blue Spruce, along with the mobile unit. Between the two clinics in the City, Salud serves around 20,000 patients annually, and 80 percent of patients are below 150 percent of the Federal Poverty Level. More than one in three patients are children or adolescents.<sup>16</sup>

- **Salud CARES Clinic.** The CARES (connections for Art, Resources, Education and Services) clinic located in Fort Collins is a specialty clinic providing medical care, medications, case management, behavioral health, and dental services for people living with HIV.<sup>17</sup>
- **Women's Wellness Connection.** Provided by the Colorado Department of Public Health and Environment, the Women's Wellness Connection (WWC) provides clinical breast exams, cardiovascular disease screening, pelvic exams, pap tests, mammograms, and diagnostic breast and cervical services to uninsured or underinsured women (ages 21 to 64).<sup>18</sup>
- **KOMEN Program.** Provides screening mammograms every two years for women and diagnostic breast services for women who are not eligible for Women's Wellness Connection or Medicare.
- **Women Infants & Children (WIC) Program.** The Larimer County WIC serves nearly 4,000 pregnant women, post-partum mothers, and infants and children up to five years of age.<sup>19</sup> Post-partum moms may receive benefits up to six months if not breastfeeding and up to one year if still breastfeeding. The program provides women and children nutrition education (including referrals to other community resources), breastfeeding support and a breast pump loan program, vouchers to purchase nutritious foods to supplement the routine diet, and growth and anemia screenings. The qualifying criteria for receiving benefits is based upon 185 percent of poverty level.

**Mental health providers.** Fort Collins mental health providers are summarized below.

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<sup>16</sup> <https://www.saludclinic.org/>

<sup>17</sup> <https://www.saludclinic.org/programs>

<sup>18</sup> <https://www.saludclinic.org/programs>

<sup>19</sup> <https://www.cdphe-wic.byf1.io/percent-eligible-enrolled>

- **SummitStone Health Partners.** SummitStone is the Community Behavioral Health provider for Larimer County, offering behavioral health outpatient, community-based, forensic, and crisis services to more than 10,000 children, adolescents, adults and families each year. Nearly 70 percent of SummitStone clients have health insurance through Medicaid, making it the largest provider of mental health and substance use disorder treatment for low-income residents in Larimer County. Nearly one in four SummitStone clients are under the age of 18.

SummitStone has eight distinct locations across the county in Fort Collins, Loveland and Estes Park. As an integral part of the non-profit healthcare provider system, SummitStone partners with City and County offices, first responders, healthcare centers, schools, community corrections, the prison and judicial system, as well as other non-profits across Larimer County. SummitStone also operates a Crisis Services Unit, which provides Behavioral Health Urgent Care from 8 a.m. to midnight, seven days a week; Mobile Services 24/7; and short-term residential care for up to five days for those experiencing a mental health crisis.

SummitStone offers Same Day Access services Monday through Thursday in both Fort Collins and Loveland. Wait times vary based on each individual's clinical presentation and needs. Clients can access case management, peer support and group therapy generally within one week. Individual therapy appointment wait times range between one to four weeks depending on the client's acuity level. Psychiatric evaluation appointment wait times vary as well due to the client's unique presentation, but generally take between three to five weeks.

- **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). 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.<sup>20</sup>
- **Residential treatment facilities and sober living housing.** Figure IV-14 summarizes the results of searches to identify residential treatment facilities and sober living houses. Several facilities are in the planning and development phase within the City to meet these needs around mental health and substance abuse. Garcia House, a program by SummitStone Health Partners will provide 16 beds for short term residential up to 90 days to stabilize residents struggling with substance

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<sup>20</sup> <http://allianceforsuicideprevention.org/>

abuse and mental health. Another behavioral health facility, spearheaded by Larimer County, is set to open in 2022 and will provide 64 fully functional medical detox beds and other step down programs.

**Figure IV-14.  
Residential  
Treatment Centers  
and Sober Living  
Facilities/Homes in  
Fort Collins**

Source:

<https://soberliving.interventionamerica.org/citydirectory.cfm?State=CO&city=Fort%20Collins>

[https://www.transitionalhousing.org/ci/co-fort\\_collins](https://www.transitionalhousing.org/ci/co-fort_collins)

Facilities	Specializations
<b>Inpatient/Residential Treatment Center</b>	
Larimer County Community Corrections	Adult Felony Offenders
Turning Point Center for Youth & Families	Youth and Families
Jacob Center	Short and Long Term
Mountain Crest	
<b>Sober Living Facilities</b>	
Lighthouse	Men
Oxford House Mountain View	Men
Oxford House Fort Collins	Men
Oxford House Drake	Women
Oxford House Ava Grace	Women

- **Mental Health Connections.** Mental Health Connections is a partnership between the Health District of Northern Larimer County and SummitStone Health Partners. It provides services for mental health or substance abuse problems, including information on counseling and treatment options, referrals to counselors and treatment programs, and care coordination assistance.
- **Leap Coalition Larimer County.** The Leap Coalition purpose statement is as follows, “Strengthening and connecting our systems so that all young children in Larimer County, Colorado will be supported in their social development and emotional wellbeing in a culturally responsive manner.” The Coalition is a partnership of over 50 individuals who represent more than 20 organizations and therapists in Larimer County. With support from the Early Childhood Council of Larimer County, Leap supports hundreds of early childhood professionals and indirectly impacts nearly 20,000 children under age five in the county to improve infant and early childhood mental health, also referred to as social-emotional development.<sup>21</sup>

**Health and wellness focused providers and programs.** Fort Collins has several providers, programs and initiatives to provide opportunities for residents to engage in healthy activities.

- **Larimer County Community Health Improvement Plan.** In 2019, the Larimer County Board of County Commissioners approved the Community Health Improvement Plan with two priority areas.

<sup>21</sup> <https://www.leapcoalitionlarimer.org/>

“In an equitable and culturally responsive manner,

1. Promote Mental and Emotional Wellbeing Across the Lifespan, focusing on Addressing Gaps in the Required Continuum of Care, Substance Use Disorder and Treatment, and Primary Prevention
2. Provide Access to Quality Childcare, focusing on Affordability, Recruitment and Retention of the Childcare Workforce, and Infant and Toddler Care.

The CHIP contains a detailed Action Plan for each of the two priority areas, each of which includes a five year focus and community-level indicators of success, goals, and strategies.”<sup>22</sup>

- **University of Colorado Health.** 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, formerly Poudre Valley Health System) provides evidence-based health care services in Fort Collins. UCH’s Aspen Club focuses on wellness resources for seniors.<sup>23</sup>
- **The Vida Sana Coalition.** The Vida Sana Coalition promotes health equity for Hispanic/Latino and low-income residents. The coalition meets quarterly as a whole to review progress and share successes. With funding from Colorado Department of Health’s Office of Health Equity, the coalition of over 200 community members works together to identify the risk factors among the Latino/Hispanic and low-income communities that contribute to health disparities and create community-based solutions.<sup>24</sup>
- **Poudre School District.** The Poudre School District has a number of programs that focus on student wellness. In 2012, the Board of Education adopted a fifth learning goal that addresses the integration of health and wellness into the everyday activities of the school environment. These include: school wellness teams to implement the School Health program; a Wellness Council to oversee the health and wellness learning goal; and the “Academics in Action” program to promote the integration of reading, writing, and math skills with PE physical skills.
- **Healthy Kids Club.** Healthy Kids Club is a community outreach program, sponsored by University of Colorado Health System, to promote health and wellness in local elementary school students. Healthy Kids Club partners with schools and agencies that

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<sup>22</sup> <https://www.larimer.org/health/health-department-general-info/community-health-improvement-plan>

<sup>23</sup> <https://www.uchealth.org/about/>

<sup>24</sup> <https://www.colorado.gov/pacific/cdphe/health-disparities-grant-program>

serve youth in Fort Collins, Loveland, and Windsor and provides in-school healthy lifestyle education programs.<sup>25</sup>

- **Safe Routes to School.** 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 design and build a new crossing for bikes and pedestrians on the Hampshire Bikeway at Drake and Hampshire.<sup>26</sup>

**Parks and recreation resources.** There are numerous programs and organizations that focus on supporting physical activity and recreation throughout the community. This section includes City of Fort Collins resources and also identifies some of the many resources focused on enhancing opportunities for youth, especially those with the ultimate goals of reducing child obesity and addressing the needs of at-risk youth. Section V of this report discusses at-risk youth in detail.

- **City Parks and Recreation.** The City of Fort Collins offers a broad array of recreation opportunities for its residents. In the City alone, there are 925 acres of developed park land, 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.

The City of Fort Collins is in the process of updating the Parks and Recreation Master Plan for the City titled ReCreate. The plan will be completed in the fall of 2020. 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 with City or school district residency.

Figure IV-15 shows all park locations within the City, overlaid with areas of poverty concentration. 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.

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>27</sup> Nineteen of the parks provide at least 10 different recreational services or amenities. At least half

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<sup>25</sup> <https://www.uchealth.org/services/community-health/healthy-kids/>

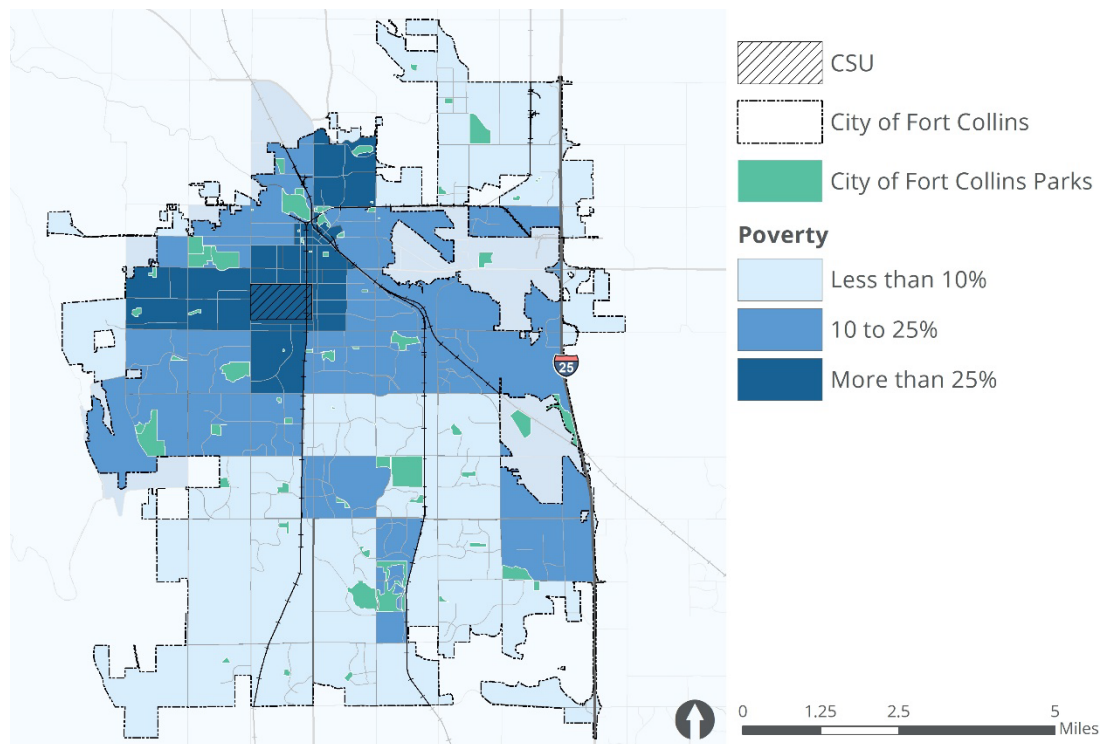
<sup>26</sup> <https://www.fcgov.com/saferoutes/>

<sup>27</sup> <http://www.fcgov.com/parks/map/>

of the parks offer basketball courts, playground (38 parks), water fountain, restrooms, shelter and turf fields. The City's three golf courses include one 9-hole course and two 18-hole courses.

- 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>28</sup> By clicking on the wheelchair icon on the site, all of the accessible natural areas are presented for easy viewing

**Figure IV-15.**  
**City of Fort Collins Recreation Facilities**



Source: City of Fort Collins and Root Policy Research

- **Northside Aztlan Community Center.** The Northside Aztlan Community Center offers recreational programming for all community members, including at-risk youth. One such program is Youth Nights, in which the North Aztlan Community Center offers youth activities for free every Thursday from 3 to 9 p.m. Activities include arena football, dodgeball, indoor soccer, ping pong tournaments, teen weights, field trips, dance, fitness, food, prizes, and more.

<sup>28</sup> <http://www.fcgov.com/naturalareas/finder>

- **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.<sup>29</sup>

## Programs that address food insecurity

- **Food Bank for Larimer County.** Fort Collins has one soup kitchen and nine food pantries. The largest provider, the Food Bank of Larimer County, provided food for 7.36 million meals in 2019. In 2019, the Food Bank provided 37,500 individuals with food at their food pantries and distributed 3.27 million pounds of fresh produce. The Food Bank partners with many nonprofits in the county to deliver food supplements at pantries, shelters, through childcare programs, and to people who are frail and elderly and have disabilities.
- The Food Bank also has a program for children called Nutritious Kitchen, which provides children ages 3 to 18 who are at risk of hunger with meals after school and during the summer months and a congregate senior meal program at nine sites throughout the City. The program focuses on providing nutritious, healthy meals to low income children and seniors. They serve more than 170,000 meals per year through the Kids Café program and provided 23,000 senior meals at VOA partner sites.
- **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 \$64 per household member.<sup>30</sup> Applications for the rebate can be downloaded from the City's website.
- **Food Stamps.** Figure IV-16 presents the decreased reliance on the Supplemental Nutrition Assistance Program (SNAP or food stamps) by Larimer County residents from 2012 through 2019. During that period, participation in the program decreased by 29 percent. This is due to the economic recovery following the Great Recession, changing qualifications for SNAP and food stamp benefits, and a growing stigma and distrust in governmental supports. According to stakeholders, there has been a decrease in utilization not a decrease in need.

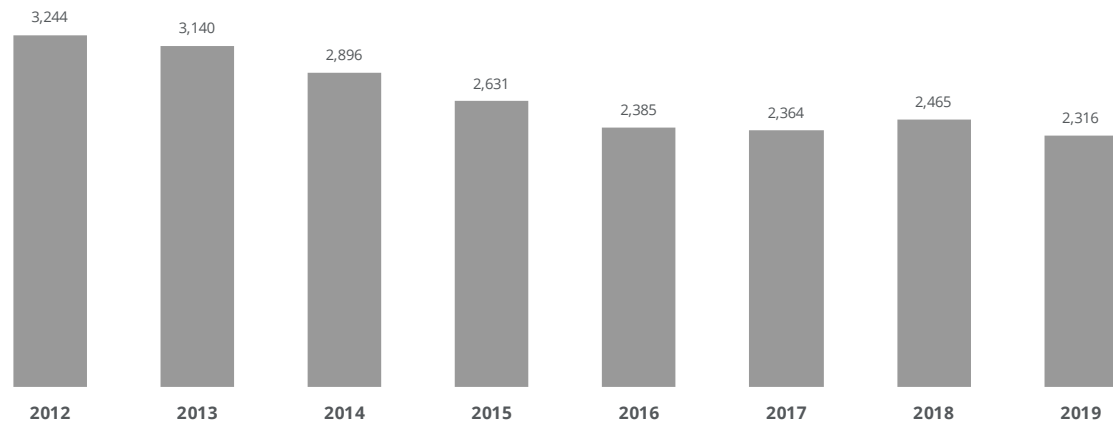
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<sup>29</sup> <https://www.begreatlarimer.org/fort-collins-club>

<sup>30</sup> <https://www.fcgov.com/rebate/>

**Figure IV-16.**

**Total Supplemental Nutrition Assistance Program Participants, Larimer County, 2012-2019**

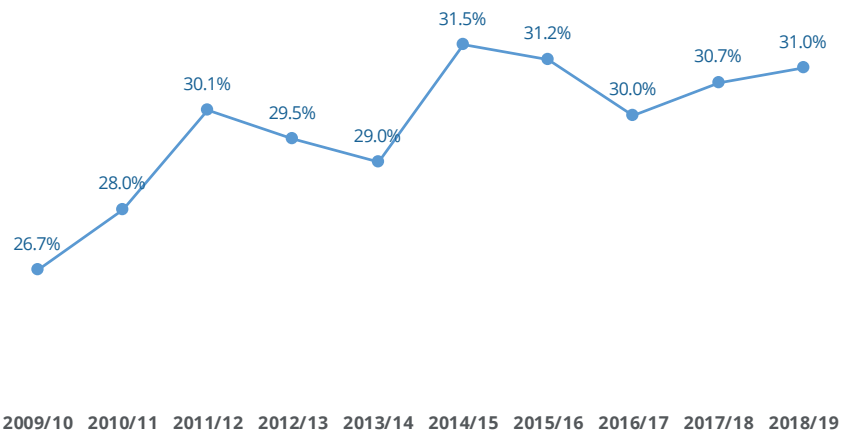


Source: United States Department of Agriculture

- **Free and Reduced Lunch (FRL).** According to Poudre School District, approximately 9,500 children in the Poudre School District (PSD), or 31 percent of all children in the district, were enrolled in the FRL program during the 2018-19 school year. The number of students enrolled in the program has steadily increased during the past 10 years, rising by 7,100, or 27 percent, since the 2009-10 school year. The largest increase occurred in 2014, when 900 more children enrolled in the program; this was followed by a slight decline the following year, as shown in Figure IV-17.

**Figure IV-17.**

**Percent of Students Eligible for Free and Reduced Lunch, Poudre School District, 2009-2019**



Source:  
Poudre School District

- **The Growing Project.** The Growing Project, “promotes an environmentally and socially just local food system through direct agricultural experiences, education, economic opportunities, and advocacy.”<sup>31</sup> They offer programs to further their mission

<sup>31</sup> <http://www.thegrowingproject.org/>



throughout the Fort Collins community including food production and gardens, youth programming, food distribution, and education for all including an educational and functional garden at the Murphy Center for Hope.

## Analysis and Gaps

**Physical and mental health.** Gaps in access to health services as well as disparities in physical health indicators are below.

**Physical health.** The assessment of residents' physical health in this report is limited by the breadth of this topic; a comprehensive analysis or gaps was not possible for the many indicators of physical health. Instead, this section reviews several of the most commonly used indicators, including community rates of obesity, sexually transmitted diseases, access to medical care and access to healthy food.

One clear area of need identified through this overview is the higher obesity rates in children compared to adults, and the higher rates for Hispanics. Access to healthy food appears to be largely an economic and personal health issue, that is especially prevalent in the northern areas of Fort Collins. Health care service providers indicated a need for education around access to public benefits and the Hispanic rights. There is fear around the legal consequences of documentation, whether someone in your family or a friend is documented or not, there is a hesitancy to be tied into the system through public benefits.

Additionally, Medicaid enrollment was not coupled with an increase in providers accepting new Medicaid patients, and many providers are at capacity. Other providers who accept uninsured patients using a sliding scale and deferred payment could benefit from increased funding to offset those costs. Service providers also indicated a need for specialty care (e.g. orthopedics and cardiologists) that serve low- and moderate-income residents in the City.

**Mental health and substance use disorders.** Indicators of mental health and mental wellness reviewed for this study included suicide rates, untreated mental health and alcohol and drug abuse.

**Substance abuse.** Colorado incidence rates suggest that as many as 11,800 residents suffer from alcohol abuse and 6,600 suffer from drug dependence or abuse in any given year—about 8.3 percent and 4.7 percent of the population aged 12 years and older, respectively. According to Colorado prevalence rates reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), residents who need but are not receiving treatment in Fort Collins are estimated at 11,100 for alcohol and 6,000 for drugs.

Several facilities are in the planning and development phase within the City to meet these needs around mental health and substance abuse. Garcia House, a program by SummitStone Health Partners will provide 16 beds for short term residential up to 90 days to stabilize residents struggling with substance abuse and mental health. Another

behavioral health facility, spearheaded by Larimer County, is set to open in 2022 and will provide 64 fully functional medical detox beds and other step-down programs. However, even with these additional facilities, service providers indicated that health care professionals in the City are already at capacity and there is a major gap in 20- to 90-day programs and longer-term support.

**Mental health.** The City has higher rate of suicides than the State of Colorado, at 22.8 per 100,000 residents. As many as 24,000 adults and 6,000 adolescents in Fort Collins have some form of mental illness—with 5,800 of these adults and 1,300 adolescents having severe forms of mental illness. The National Institute on Mental Health reports that 66.7 percent of adults with serious mental illness seek treatment.<sup>32</sup> Applying that statistic to Fort Collins adults with serious mental illness suggests that approximately 1,900 adults have not sought treatment. These residents have the most critical unmet health care needs.

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.

**Addressing service needs.** 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. Like many of the gaps identified in this study, the mental health and substance abuse gaps are not a factor of lack of services—but limits on services and/or lack of capacity to provide the level of services to all who need them. For example, the community has outpatient mental health services, suicide prevention resources, and approximately 50 inpatient treatment beds for behavior health needs. These services could be enhanced, however, by easier and more timely access to mental health services (e.g., 24/7 intake), more comprehensive mental health services (e.g., frequent visits, longer followup), respite and mental health care for families, and, for substance abusers, and a detox center. Expansions of services in these areas could potentially lower the rates and consequences of untreated mental health and substance abuse.

**Recreation and physical activity.** In the case of fitness and recreation, the gap is not necessarily in service provision or lack of infrastructure, but in participation and adoption of a healthy lifestyle. Fort Collins is already seen as an active community, with bountiful recreation opportunities, trails, and parks. Stakeholders have noted the

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<sup>32</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

importance of maintaining existing parks, recreation, and trails facilities to support active lifestyles, and expect the City to continue to plan and build these amenities as the community grows.

Despite the community's amenities, rising obesity rates indicate that residents are not as active as they could be. Continued focus on increasing the safety and ease of active transportation modes such as walking, bicycling, and transit use can help ensure that residents have opportunities to incorporate physical activity in their daily lives. This is especially important for children, whose obesity rates are rising quicker than adults. Continued focus on programs such as Safe Routes to Schools and physical education classes are important elements in helping youth lead active lives, as are opportunities for affordable, formal and informal play and recreation options outside of schools.

Additionally, ensuring that lower-income and Hispanic/Latino residents have affordable options for recreation programs and activities, especially during the winter months when weather may prohibit outdoor recreation, is important in reducing some of the health disparities among different socioeconomic groups in Fort Collins. Recreation scholarships, community fitness programs, and adequate sidewalk and transit infrastructure are some ways to reduce these gaps.

**Food provision.** 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. However, three tracts in the City are identified as food deserts and all three tracts have a high share of SNAP recipients, indicating a need for healthy food retailers as well as direct nutritional assistance. Two of the three tracts that are designated as food deserts by the USDA also have a high share of Hispanic residents (greater than 10%).

In Larimer County alone, approximately 40,200 residents are food insecure and 8.4 percent of seniors are food insecure. In 2019 the Food Bank for Larimer County provided food for 7.36 million meals serving an estimated 37,500 individuals. The food bank projected that by 2035 they will need to provide enough food for 12.2 million meals, which is a 66 percent increase over the 2019 service provided by the food bank.<sup>33</sup>

Service providers noted a persistent stigma around food benefits and a reduction in the utilization of food programs, not the need. Expansion of the City's sales tax rebate program for groceries, improved grocery access in Food Deserts, and education around SNAP benefits are essential in improving equitable food provision in Fort Collins.

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<sup>33</sup> <https://foodbanklarimer.org/hunger-in-larimer-county/>

## SECTION V.

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AT RISK YOUTH, EDUCATION, AND CHILDCARE

# SECTION V.

## At-Risk Youth, Education, and Childcare

### Overview

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 also discusses the availability of licensed childcare options in both Larimer County and the City of Fort Collins relative to the need for such childcare.

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.”

**Defining at-risk youth.** 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-risk youth 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.<sup>1</sup> This translates into income levels of roughly \$33,500 for free lunch eligibility and \$33,500 to \$47,600 for reduced lunch eligibility, both for a family of four.<sup>2</sup>

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<sup>1</sup> [govinfo.gov/content/pkg/FR-2019-03-20/pdf/2019-05183.pdf](https://www.govinfo.gov/content/pkg/FR-2019-03-20/pdf/2019-05183.pdf)

<sup>2</sup> Paul Tough, in his 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

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.

## **Summary of Findings**

Most children in Fort Collins benefit from the City's strong educational institutions, cultural offerings and safe and stable environment. Some children are not as fortunate and need strong community and school supports to ensure that they succeed. These children include an estimated:

- 3,000 children who live below the poverty level;
- 1,000 who are homeless in Poudre School District;
- 350 who are neglected and abused;
- 1,300 who have severe mental illness;
- 1,700 who leave school because of dropping out or are asked to leave (suspended/expelled); and
- As many as 5,500 who score below proficiency on standardized tests.
- As many as 1,300 need mental health treatment. In addition, many could benefit from enhanced and continued programs to stabilize their educational environments.

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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.

Addressing the needs of the community's children begins in preschool and, for some children, continues throughout their growth. Although Fort Collins offers many programs and a strong educational environment, not all children are receiving the supports they need. There is an estimated service gap of 3,339 for children that are less than two years old and an additional gap of 3,343 for children aged between two and six years in Larimer County.<sup>3</sup> In Fort Collins, the estimated gap in childcare is 645 for children under six years old. However, due to the prevalence of in commuting from Larimer and Weld Counties, the demand for childcare in Fort Collins is an underestimation of the true demand.

## Data and Trends

The following discussion presents data on at-risk youth (those with economic challenges and stability challenges), the Fort Collins educational system (including educational challenges for at-risk youth) and childcare infrastructure.

**At-risk youth.** This section uses a variety of available data to assess the range and types of at-risk children in Fort Collins. It begins with a discussion of economic challenge indicators, then highlights educational challenges, and challenges to youth stability (homelessness, mobility, abuse/neglect, teen pregnancy, and mental health).

**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 childcare subsidies.

**Living in poverty.** Overall, from 2000 to 2018 Fort Collins saw a decrease in children less than five years old living in poverty and an increase in children 5 to 17 years old living in poverty. The poverty rate for children less than five years old in the City decreased from 23 percent in 2010 to 9 percent in 2018. Conversely, the poverty rate for children 5 to 17 years old in the City increased slightly from 9 percent in 2010 to 10 percent in 2018.

**Figure V-1.**  
**Child Poverty Trends, Fort Collins, 2000 to 2018**

	2000		2010		2018		2000-2010 Change	2000-2018 Change
	# Children in Poverty	% of All Children	# Children in Poverty	Pct. of All Children	# Children in Poverty	Pct. of All Children		
Less than 5 years	830	12%	1,881	23%	615	9%	1,051	-215
5 to 17 years	1,386	8%	1,825	9%	2,343	10%	439	957
<b>Total Children</b>	<b>2,216</b>	<b>9%</b>	<b>3,706</b>	<b>13%</b>	<b>2,958</b>	<b>10%</b>	<b>1,490</b>	<b>742</b>

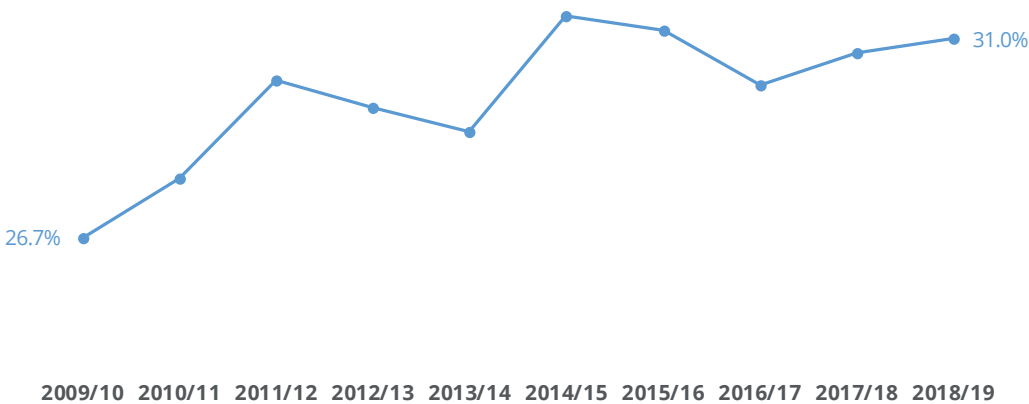
Source: 2000 Census, 2010 Census, 2018 ACS and Root Policy Research

<sup>3</sup> A Workforce Strategy and Major Economic Driver: Child Care in Larimer County, 2018.

**Children in single parent households.** Although living in single parent home, per se, is not a contributor to risk status, single parent households—especially those that are female-headed—have disproportionately high poverty rates. In 2018, there were an estimated 3,900 single parent families in Fort Collins with children (11% of all families). This is a decrease from 2012 when nearly 4,000 families were single parents with children (12% of all families).

**Children eligible for Free and Reduced Lunch.** During the 2018 to 2019 school year nearly 9,500 students in Poudre School District were eligible for free or reduced lunch. The percent of children eligible for the free and reduced lunch program increased from 26.7 percent during the 2009 to 2010 school year to 31 percent in the 2018 to 2019 school year. Even with these increases, FRL enrollment in PSD is lower than other districts in the county (39.7% of children for Thompson and 34.1% for Park) and the state (40.7%).

**Figure V-2.**  
**Percent of Students Eligible for Free/Reduced Lunch, Poudre School District**

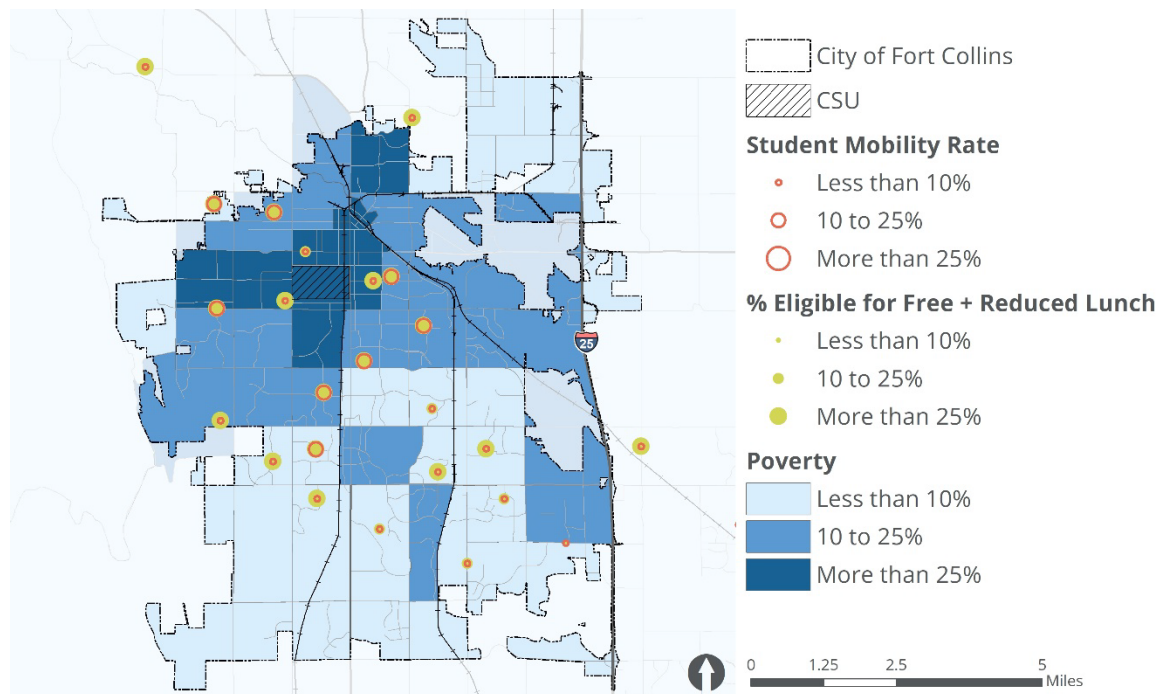


Source: Poudre School District and Root Policy Research

Figure V-3 below shows a map of elementary student mobility rates and free and reduced lunch eligibility of Poudre School District students by elementary school. Student mobility and FRL eligibility are paired with poverty rates by census tract to show areas with high poverty (greater than 10%) in relation to elementary student instability measures. Slightly higher poverty rates, student mobility, and FRL eligibility are present in north Fort Collins.



**Figure V-3.**  
**Elementary School Student Mobility, Free and Reduced Lunch, and Poverty**  
**Rate by Census Tract, 2018**



Source: Poudre School District, 2018 ACS, and Root Policy Research

**Children receiving childcare subsidies.** The number of families enrolled and/or eligible in the State of Colorado Child Care Assistance Program (CCCAP), administered in Larimer County by the Department of Human Services, is another indicator of young children whose families have limited resources. The cost of childcare in Larimer County makes up 18 percent of household income for one child and 37 percent of household income for two children, based on the county median income of \$64,919. For households with income below the county median, childcare costs make up a more significant portion of monthly costs.<sup>4</sup>

The CCCAP program subsidizes childcare 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. Each County sets their qualifying income, but counties are required to serve families with an income less than 185 percent of the federal poverty level and can not serve families with a median income over 85 percent the state median.

According to Larimer County, the CCCAP program presents unique funding challenges and administrative hurdles. Since September 2016, CCCAP applications in Larimer County have

<sup>4</sup> A Workforce Strategy and Major Economic Driver: Child Care in Larimer County, 2018.

been on a waitlist and no new applications have been accepted. Due to additional funding received in 2020, the waitlist was reopened in March 2020. It is important to note that trends in the use of the CCCAP 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).

In addition to the high costs of childcare, licensed capacity for childcare services is in short supply. According to the report, *“A Workforce Strategy and Major Economic Driver: Child Care in Larimer County,”* there is a service gap of 3,339 for children that are less than 2 years old and an additional gap of 3,343 for children aged between two and six years in Larimer County.<sup>5</sup> A shortage of licensed childcare services results in higher use of unlicensed care which does not accept CCCAP and makes it more difficult for eligible families to utilize this resource.

**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 2014, the Center for Housing Policy reported 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). 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. 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.

Poudre School District reported that during the 2017 to 2018 school year 1,034 students (3.4% of all students) in the district were experiencing homelessness. The percent of the total student population experiencing homelessness has fluctuated between 2.5 and 4 percent since the 2009 to 2010 school year.

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<sup>5</sup> A Workforce Strategy and Major Economic Driver: Child Care in Larimer County, 2018.

**Figure V-4.**  
**Number of Homeless Students**  
**Enrolled, Poudre School District**

Source:  
Poudre School District and Root Policy Research

	Total Students	Homeless Students	Percent
2009/10	26,520	858	3.2%
2010/11	26,923	1,021	3.8%
2011/12	27,510	988	3.6%
2012/13	27,909	953	3.4%
2013/14	28,439	1,142	4.0%
2014/15	29,053	1,043	3.6%
2015/16	29,527	739	2.5%
2016/17	29,682	900	3.0%
2017/18	30,019	1,034	3.4%

**Youth changing schools.** According to the report “Home Equity: A Vision of Housing Security, Health, and Opportunity” by the Colorado Health Institute frequent moves can interrupt children’s education and the family’s employment prospects. Approximately 18 percent of Colorado residents move per year compared to only 14 percent nationwide.

During the 2017 to 2018 school year a total of 1,978 students moved in or out of PSD for an overall student mobility rate of 6.4 percent. Overall student mobility is down from 16.6 percent or 4,808 students that moved during the 2011 to 2012 school year.

As indicated by the total number of moves, 125 students moved more than once during the school year. The highest school mobility rates were experienced by minority children with 22 percent of American Indian students moving, 20 percent of African American students, and 18 percent of Native Hawaiian students.

**Figure V-5.**  
**School Mobility by Student Race/Ethnicity, Poudre School**  
**District, 2017/18**

	# Moving In/Out of PSD	% of All Children	# of Moves	# with More than One
<b>Total Students</b>	<b>1,978</b>	<b>6.4%</b>	<b>2,103</b>	<b>125</b>
African American	81	19.9%	92	11
American Indian/Alaskan Native	38	21.8%	41	3
Asian	61	6.4%	64	3
Hispanic/Latino	493	8.7%	531	38
Native Hawaiian/Pacific Islander	9	17.6%	9	0
White	1,194	5.3%	1,254	60
Two or More Races	102	8.7%	112	10

Source: Colorado Department of Education and Root Policy Research.

**Primary caregivers.** Most children in Fort Collins live with one or both of their parents (95%). However, more than 750 senior households have grandchildren living in them. Out

of the 750 households, 55 percent of grandparents are responsible for the care of the grandchild, an estimated 400 households.

**Figure V-6.**  
**Grandparents with Grandchildren in Household, Fort Collins, 2018**

Source:  
2018 ACS and Root Policy Research

	Total
Households with Grandchildren	754
Percent of Grandparents Responsible for Grandchildren	x 55%
<b>Grandparents Responsible for Grandchildren</b>	<b>413</b>

**Abused children.** Adverse childhood experiences (ACEs) are common in the U.S. and can influence life-long health, social, and economic well-being. Individuals who experienced ACEs with a high score (rated 4 or higher on the trauma scale) were 18 times more likely to attempt suicide compared to individuals without ACEs. The prevalence of fair or poor health, frequent physical distress, frequent mental distress, and frequent activity limitations are highest among adults who experienced high scoring ACEs.<sup>6</sup>

In 2018, more than 6,000 children in Colorado were served by Child Advocacy Centers. Most abused children in 2018 were female (70%). Cases of reported abuse were overwhelmingly sexual with 4,698 reported cases accounting for 78 percent of all children served in 2018. White and Hispanic children represent the majority of victims making up 49 percent and 29 percent of all children respectively. Children who are minorities were disproportionately victims of abuse.

The Voices Carry Child Advocacy Center in Larimer County served nearly 350 children in 2018—about 1 percent of all children in the county. The center estimates the cost of foregoing intervention and care of victims would cost the community over \$233,000<sup>7</sup> per victim for additional physical and mental healthcare costs, social services, and lost productivity.<sup>8</sup>

ChildSafe—a nonprofit in Larimer County that provides therapy to children who have been victims of sexual abuse—serves about 700 to 800 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.

<sup>6</sup> <https://www.cohealthdata.dphe.state.co.us/chd/Resources/pubs/AdverseChildhoodExperiences.pdf>

<sup>7</sup> 2018 dollars

<sup>8</sup> <http://www.voicescarrycac.org/>

**Figure V-7.  
Abused Children  
Served by Child  
Advocacy Centers,  
Colorado, 2018**

Source:  
National Children's Alliance and  
Root Policy Research

	Number	Percent
<b>Total Children Served by Child Advocacy Centers</b>	<b>6,033</b>	<b>100%</b>
<b>Gender</b>		
Male	1,798	30%
Female	4,221	70%
Undisclosed	14	0%
<b>Age of children at first contact with center</b>		
0-6 years	1,562	26%
7-12 years	2,423	40%
13-18 years	2,048	34%
<b>Types of abuse reported</b>		
Sexual Abuse	4,698	78%
Physical Abuse	660	11%
Neglect	120	2%
Witness to Violence	605	10%
Drug Endangerment	78	1%
Other	509	8%
<b>Race/Ethnicity of children</b>		
White	2,928	49%
Black/African American	324	5%
Hispanic/Latino	1,738	29%
American Indian/Alaska Native	146	2%
Asian/Pacific Islander	53	1%
Other	413	7%
Undisclosed	431	7%
<b>Number of children receiving services</b>		
Medical Exam/Treatment	508	8%
Counseling Therapy	1,037	17%
Referral to Counseling Therapy	2,626	44%
Onsite Forensic Interviewing	4,946	82%
Offsite Forensic Interviewing	75	1%

**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 fertility rates in Larimer County decreased from 12.3 per 1,000 in 2010 to 3.4 per 1,000 in 2018. Larimer County teen fertility remained below the statewide fertility rate from 2010 to 2018.

**Figure V-8.**  
**Teen Births and Fertility**  
**Rate, Larimer County, 2010 to**  
**2018**

Source:  
 Colorado Department of Health and Environment  
 and Root Policy Research

	Teen Ages 15 to 17	Teen Fertility Rate (per 1,000)	
	Births, Larimer County	Larimer County	Colorado
2010	66	12.3	17.3
2011	53	9.9	14.1
2012	47	8.8	11.9
2013	49	9.1	11.4
2014	36	6.6	8.8
2015	35	6.2	8.2
2016	24	4.1	7.7
2017	28	4.7	6.6
2018	21	3.4	5.9

**Adolescents with mental health disorder.** According to the Institute on Mental Health data, mental or emotional disorders among adolescents is much higher, for both serious mental illnesses and any mental or emotional disorder. Data from the National Comorbidity Survey (NCS) indicates an estimated 49.5 percent of adolescents<sup>9</sup> had any mental disorder, and of adolescents with any mental disorder, 22.2 percent had severe impairment.<sup>10</sup>

**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.

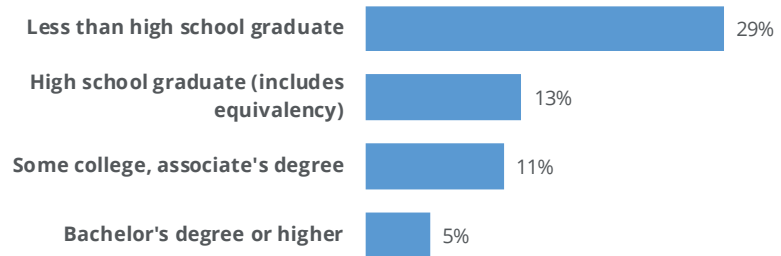
For students who graduate from high school, economic outcomes are much better than for those who do not. As shown in Figure V-9, Fort Collins' residents with a high school degree have much lower poverty rates than those who do not. As to be expected, poverty rates are lowest for those who have graduated from college.

<sup>9</sup> Adolescent ages 13 to 18 years old

<sup>10</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

**Figure V-9.**  
**Poverty Rate for the**  
**Population 25+ by**  
**Educational Attainment**  
**Level, Fort Collins, 2018**

Source:  
 2018 ACS and Root Policy Research



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.

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

**Dropped out of school.** White and Hispanic students make up most of the student body in the Poudre School District accounting for 73 percent and 18 percent of all students respectively. During the 2017 to 2018 school year, 148 total students dropped out of school. Most students who dropped out were male (61%) with the balance female (39%). White and Hispanic students make up most of the students who dropped out with 77 students (52% of total dropouts) and 58 students (39% of total dropouts) respectively.

**Figure V-10.**  
**School Drop Out**  
**Rates by Sex and**  
**Student**  
**Race/Ethnicity,**  
**Poudre School**  
**District, 2017/18**

Source:  
 Colorado Department of  
 Education and Root Policy  
 Research

	Female		Male	
	Number	Percent	Number	Percent
<b>Students Dropping Out</b>	<b>58</b>	<b>100%</b>	<b>90</b>	<b>100%</b>
African American	0	0%	4	4%
American Indian/Alaskan Native	0	0%	2	2%
Asian	0	0%	0	0%
Hispanic/Latino	27	47%	31	34%
Native Hawaiian/Pacific Islander	0	0%	1	1%
White	28	48%	49	54%
Two or More Races	3	5%	3	3%
<b>Total Students</b>	<b>7,284</b>	<b>100%</b>	<b>7,572</b>	<b>100%</b>
African American	88	1%	113	1%
American Indian/Alaskan Native	43	1%	48	1%
Asian	275	4%	222	3%
Hispanic/Latino	1,267	17%	1,397	18%
Native Hawaiian/Pacific Islander	11	0%	13	0%
White	5,330	73%	5,481	72%
Two or More Races	270	4%	298	4%

**Suspension and expulsion.** During the 2018 to 2019 school year there were more than 1,500 out of school suspensions between nearly 1,000 students. During the same time, 74

students were expelled from Poudre School District. Male students faced disciplinary action at two times the rate of female students, as shown in Figure V-11 below.

**Figure V-11.  
Out of School  
Suspension and  
Expulsion, Poudre  
School District,  
2018-2019**

Source:  
Colorado Department of  
Education

	Female		Male	
	Number	Percent	Number	Percent
<b>Total Students</b>	<b>7,284</b>	<b>100%</b>	<b>7,572</b>	<b>100%</b>
<b>Out of School Suspension</b>	<b>419</b>	<b>---</b>	<b>1,099</b>	<b>---</b>
One incident	213	3%	477	6%
Multiple Incidents	75	1%	221	3%
<b>Expelled</b>	<b>24</b>	<b>0%</b>	<b>50</b>	<b>1%</b>

**Test scores.** Many of the public schools in the City are strong, based on standardized reading and math proficiency test scores. The rate of students in the PSD that did not meet or partially met expectations for both the English Language and Mathematics CMAS were less than the statewide rates.

In 2019, approximately 2,500 PSD students did not meet or partially met the expectations of the English Language Arts CMAS standardized test (19% of PSD students). Roughly 3,000 PSD students did not meet or partially met the mathematics portion of the CMAS test (23% of PSD students).

**Figure V-11.  
State Standardized  
Testing (CMAS),  
Poudre School  
District, 2019**

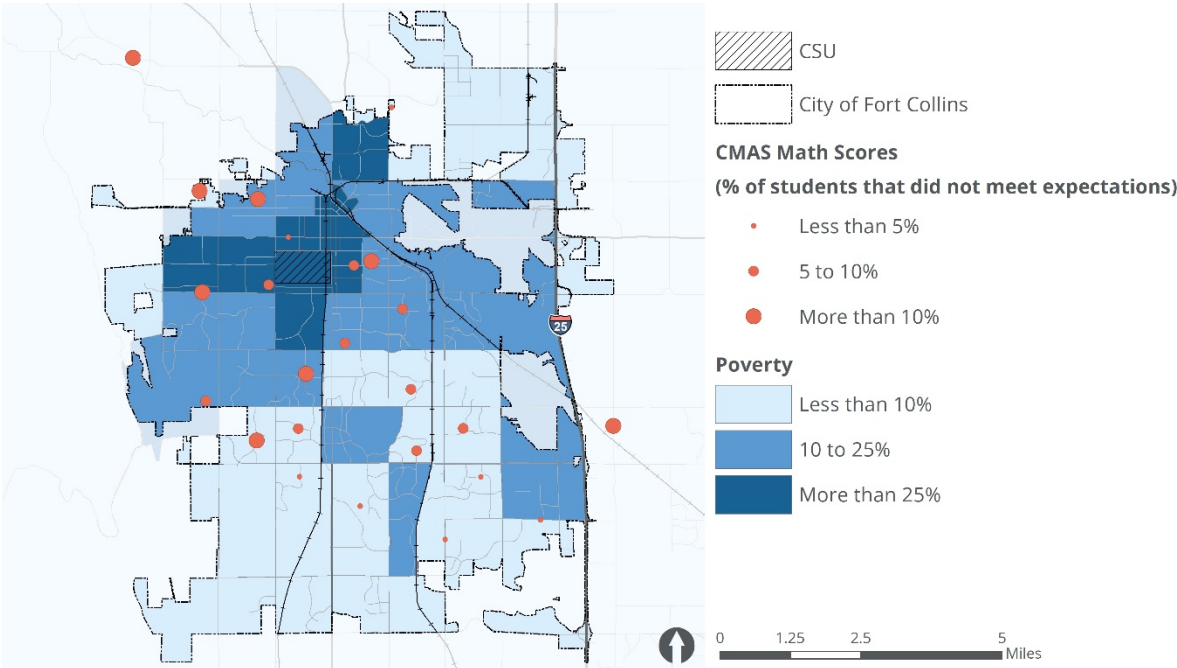
Source:  
Colorado Department of Education

	Poudre School District		All Colorado Districts	
	Number	Percent	Number	Percent
<b>English Language Arts</b>				
Did Not Yet Meet Expectations	1,035	8%	47,400	13%
Partially Met Expectations	1,478	11%	63,475	17%
<b>Mathematics</b>				
Did Not Yet Meet Expectations	968	7%	55,027	15%
Partially Met Expectations	2,047	16%	89,380	24%

Figure V-12 and V-13 show the geographic distribution of CMAS test scores with the poverty rate by Census tract. There is not a strong correlation between the percent of students in a school that did not meet expectations in math or language arts and poverty rates in that neighborhood.

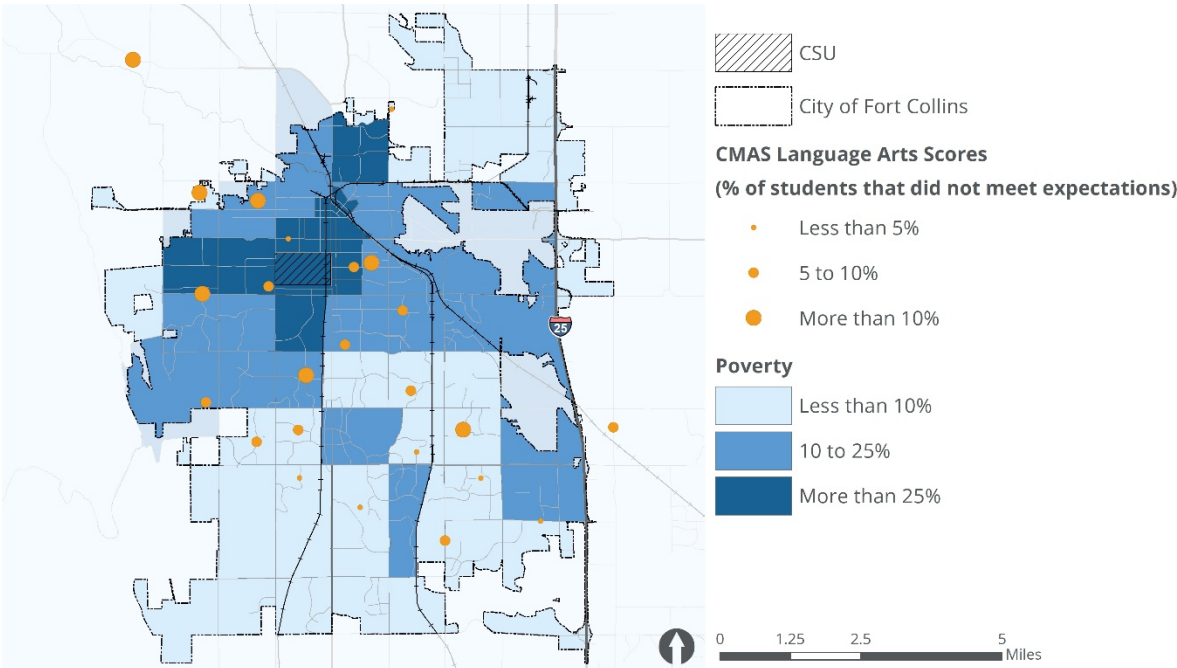


**Figure V-12.**  
**Math Test Scores and Poverty, 2018**



Source: Poudre School District, 2018 ACS, and Root Policy Research

**Figure V-13.**  
**Language Arts Test Scores and Poverty, 2018**



Source: Poudre School District, 2018 ACS, and Root Policy Research

**Early childhood education.** 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.

**Economic and social benefits.** The positive impacts of early childhood education/childcare are well-documented in prevailing academic research. These impacts include individual benefits for the child and family as well as economic and social benefits realized by the broader community.

Academic studies highlight the need for early intervention to support identified benefits based on the pace of brain development from birth through age six and the early development of noncognitive skills such as motivation, self-control and time preference.<sup>11</sup> The research is clear that the types of early experiences that help children thrive include “stable and nurturing relationships with caregivers, language-rich environments, and encouragement to explore through movement and senses;” while the types of experiences that negatively impact development include “poverty; exposure to violence, abuse or neglect; and an incarcerated or mentally ill parent.”<sup>12</sup> Toxic stress, caused by these adverse experiences, has an immediate impact on children’s ability to learn and self-regulate but also has long-term mental and physical health impacts.<sup>13</sup>

In response to psychological, behavioral, and economic research on this issue, early childhood development programs are designed to create supportive environments and help foster healthy development from the earliest years. According to research from the Minneapolis Federal Reserve, “programs that offer enriched experiences for children and involve parents and other caregivers provide benefits for all children but have the strongest impact on children from disadvantaged environments.”<sup>14</sup>

The most prominent studies of early childhood education impacts are based on the Perry Preschool Project in Michigan (ages 3–4 years), the Chicago Child–Parent Centers program (ages 3–4 years), the Carolina Abecedarian Project in North Carolina (ages 3 months

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<sup>11</sup> Douglas Clement, “Interview with James Heckman” The Region, Federal Reserve Bank of Minneapolis, 2005. Available online at [www.minneapolisfed.org/publications/the-region/interview-with-james-heckman](http://www.minneapolisfed.org/publications/the-region/interview-with-james-heckman)

<sup>12</sup> Rob Grunewald, “Investments in Young Children Yield High Public Returns,” Federal Reserve Bank of Minneapolis, 2016. Available at [www.philadelphiafed.org/community-development/publications/cascade/93/04\\_investments-in-young-children](http://www.philadelphiafed.org/community-development/publications/cascade/93/04_investments-in-young-children)

<sup>13</sup> Maxia Dong, Wayne H. Giles, Vincent J. Felitti, et al. “Insights into Causal Pathways for Ischemic Heart Disease: Adverse Childhood Experiences Study,” *Circulation*, 2004, 110(13). Available at <http://circ.ahajournals.org/content/110/13/1761.full>.

<sup>14</sup> Rob Grunewald, “Investments in Young Children Yield High Public Returns,” Federal Reserve Bank of Minneapolis, 2016. Available at [www.philadelphiafed.org/community-development/publications/cascade/93/04\\_investments-in-young-children](http://www.philadelphiafed.org/community-development/publications/cascade/93/04_investments-in-young-children)

through 4 years), and the Prenatal/Early Infancy Project in Elmira, NY (prenatal to age 2 years). These studies document the individual gains (both immediate and persistent) and the community benefits resulting from the provision of high-quality early learning programs—particularly those targeted to children from disadvantaged environments.<sup>15</sup>

- Individual benefits found in these studies include higher school achievement, educational attainment and earnings along with health improvements such as reductions in smoking rates, heart disease and diabetes.<sup>16</sup>
- Social and economic benefits documented in these studies include reduced societal costs (e.g., reduced incarceration rates and reduced need for special education resources), increased tax revenue, increased labor force productivity, and higher labor force engagement among parents.<sup>17</sup>
- Benefit-cost ratios from the projects analyzed range from \$4 to \$16 returned for every dollar invested—and the public benefits measured were higher than the private benefits. A study of labor force impacts shows that parent absenteeism and productivity reductions due to child-care breakdowns cost U.S. businesses more than \$3 billion annually.<sup>18</sup>

A report on the Economic Impact of Child Care in Colorado confirms similar findings locally and classifies the economic impacts in Colorado as follows:

- The *immediate* economic effect in which spending on childcare services contributes to state/local employment and economic output (\$2 billion in sales/services and earnings in Colorado in 2012);
- The *enabling* economic effect, in which the provision of childcare allows parents to participate in the workforce (\$4.4 billion in Colorado in 2015); and
- The *investment* effect, in which childcare spending generates individual and community returns derived from higher lifetime incomes, lower incarceration rates, lower welfare expenditures, and improved worker productivity (\$832 million annually in Colorado).<sup>19</sup>

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<sup>15</sup> Ibid. and James J. Heckman, Rob Grunewald, and Arthur J. Reynolds, “The Dollars and Cents of Investing Early: Cost-Benefit Analysis in Early Care and Education,” *Zero to Three*, July 2006, 26(6).

<sup>16</sup> Karen Shellenback. “Child Care and Parent Productivity: Making the Business Case,” Linking Economic Development & Child Care Research Project, Cornell University, 2004.

<sup>17</sup> Rob Grunewald, “Investments in Young Children Yield High Public Returns,” Federal Reserve Bank of Minneapolis, 2016. Available at [www.philadelphiafed.org/community-development/publications/cascade/93/04\\_investments-in-young-children](http://www.philadelphiafed.org/community-development/publications/cascade/93/04_investments-in-young-children)

<sup>18</sup> Ibid

<sup>19</sup> Butler Institute for Families and Brodsky Research and Consulting, “Bearing the Cost of Early Care and Education in Colorado: An Economic Analysis,” Prepared for Early Milestones Colorado, 2017. Available online at [http://earlymilestones.org/wp-content/uploads/2017/08/full\\_report\\_bearing\\_the\\_cost\\_2017.pdf](http://earlymilestones.org/wp-content/uploads/2017/08/full_report_bearing_the_cost_2017.pdf)

While these data are not available at the local level, it is certain that Larimer County and the City of Fort Collins experience the same types of benefits on a proportional scale.

**Children with parents in the labor force.** A common measure of the need for childcare is the number of children under six (i.e., not yet in Kindergarten) living in households in which all parents are in the labor force.<sup>20</sup> According to the 2018 ACS, there are 8,488 children under six in Fort Collins and 61 percent of those children live in households with all parents in the labor force and are likely to need some type of non-parent childcare during the week. While the overall number of children in Fort Collins has actually declined since 2012, the proportion living in households with all parents in the labor force increased slightly (from 59% to 61%).

**Preschool enrollment.** During the 2017 to 2018 school year, 16 percent of 3- and 4-year-olds were enrolled in state prekindergarten in Colorado. Colorado is ranked number 28 out of all 50 states in access to preschool for 4-year-olds. Colorado preschool enrolled 21,446 children in the 2017 to 2018 school year and spent \$2,535 per child of state funds in the same year.<sup>21</sup>

Figure V-14 shows preschool enrollment for the Fort Collins population three and over. Note that these enrollment numbers do not include licensed family care homes nor do they include children in other types of non-parent care (i.e., nannies, grandparent care, friend/neighbor care).

**Figure V-14.**  
**Preschool**  
**Enrollment, Fort**  
**Collins, 2018**

Source:  
2018 ACS and Root Policy Research

	Number	Percent
<b>Population 3 years and over enrolled in school</b>		
Nursery school, preschool	2,012	100%
In public school	820	41%
In private school	1,192	59%
Children under 18 years	30,216	100%
Children under 5 years	6,697	22%
Preschool Aged Population (3 to 4 years old)	2,401	8%

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 2018, 370 children in PSD received assistance. The number of children who receive subsidies is determined through the state's school finance formula and has not changed since 2012 for PSD.

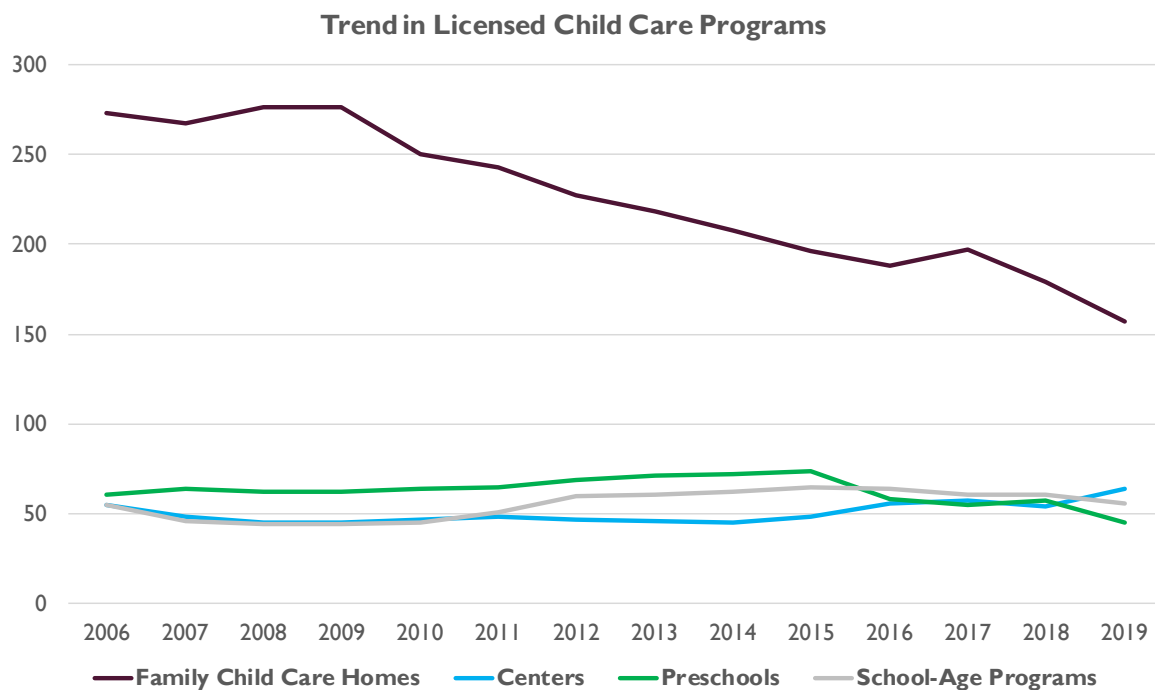
<sup>20</sup> Both parents in the labor force for children living with two parents or one parent in the labor force for children living with one parent.

<sup>21</sup> [http://nieer.org/wp-content/uploads/2019/08/YB2018\\_Full-ReportR3wAppendices.pdf](http://nieer.org/wp-content/uploads/2019/08/YB2018_Full-ReportR3wAppendices.pdf)

**Childcare providers.** In the City of Fort Collins, there are 21 preschool program providers, 44 licensed childcare centers, and 87 licensed family childcare homes (providers offering care out of their own homes to up to six children, or up to 12 children with a “large family child care home” designation). These options collectively provide about 4,500 daily childcare “spots” for children needing care.<sup>22</sup>

As shown in Figure V-15 below, capacity for early childhood centers, preschools, and school age program have remained relatively consistent in Larimer County since 2006. However, there has been a significant decrease in family childcare home capacity. In 2017, the State of Colorado broadened exemptions to licensing for family childcare homes allowing providers to care for up to four unrelated children without requiring a license<sup>23</sup>—this change may have contributed to some of the most recent decline in family care homes but is not responsible for the longer-term downward trend in Larimer County.

**Figure V-15.**  
**Trends in Licensed Child Care Programs, Larimer County, 2006-2019**



Source: Early Childhood Coalition of Larimer County

The Early Childhood Council of Larimer County surveyed 104 licensed childcare centers and preschools with a 93 percent response rate in 2017 to understand early childhood workforce challenges in Larimer County. The council found that the biggest challenge was

<sup>22</sup> Colorado Licensed Childcare Facility Search, Colorado Department of Human Services.

<sup>23</sup> Previously, anyone caring for more than one sibling group unrelated to the care provider had to obtain a license.

hiring early childhood teachers with 181 positions needing to be filled in 2018, an increase from the 160 open positions in the 2016 survey. Staff turnover in the early childhood workforce is estimated to cost over \$1.5 million to the Larimer County economy annually.<sup>24</sup>

With continued staffing challenges, the quality and quantity of early childhood programs fell with 8 classrooms closing, 14 planned classrooms could not open due to a worker shortage, 26 programs increased teacher to student ratios, and 48 increased child transitions throughout the day in 2017.<sup>25</sup>

## Community Resources

**At-risk youth.** 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 that 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, they are currently only able to serve 40 percent of the children needing advocacy in Larimer County. CASA has set a goal to provide a CASA volunteer for every child in Dependency and Neglect cases in Larimer County by the end of 2020. In 2018, 245 children were advocated for by a CASA volunteer and 220 children were served at Harmony House through 2,449 supervised visits and exchanges.<sup>26</sup>

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. The Harmony House program is currently piloting the Nurturing Parenting Program (NPP) to support parents during supervised visitations through developing parent knowledge in appropriate developmental expectations of children, empathy, discipline with dignity, self-awareness, and empowerment and independence of children.<sup>27</sup>

**Poudre School District programs.** Poudre School District (PSD) provides several programs that provide services to at-risk youth, including: the Teen Pregnancy Program at

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<sup>24</sup> Early Childhood Council of Larimer County (2017)

<sup>25</sup> Early Childhood Council of Larimer County (2017)

<sup>26</sup> <https://www.casalarimer.com/>

<sup>27</sup> <https://www.casalarimer.com/harmony-house/>

Fort Collins High School, and the Mental Health Team that provides early intervention as well as services during time of crises.

**Housing Catalyst Bringing School Home.** In partnership with the Poudre School District, Housing Catalyst has adopted the Bringing School Home model to improve educational outcomes for children and families they serve. As a housing provider, Housing Catalyst aims to break the cycle of poverty in part by encouraging kindergarten readiness, grade-level reading, and high school graduation. Immediate strategies for improved outcomes include school readiness, better school attendance, and improved summer enrichment learning.

**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.

In 2018, CAC served more than 350 children through forensic interviews and provided advocacy services to 1,193 non-offending caregivers.<sup>28</sup> All income levels are served. 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 700 to 800 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.

**Community Life Center.** The Community Life Center, a part of The Matthews House, provides family services, education, and recreation programs to support children and families. The Family Services program provides system navigation, ongoing supportive services, and proactive parenting education programs. The Education program focuses on improving student academic and social skills to better meet their educational needs through educational partnerships and collaborations as well as after-school programming.

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<sup>28</sup> <http://www.voicescarrycac.org/about-us/>



The Matthews House opened a second community life center in 2015 to serve a greater portion of the Fort Collins population. In 2019, the Community Life Centers saw over 10,000 visits from families for education, recreation, and community engagement events.

**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:

- Youth Advocacy, which provides therapy to children and teens affected by domestic violence (one-on-one sessions as well as meeting with family members) and
- Time to Talk, a peer-education approach about dating violence presented by high school students in the Poudre School District.<sup>29</sup>

**La Familia/Family Center.** This organization’s mission is to provide affordable, accessible, high quality early childhood education (ECE) and family strengthening services, “with an emphasis on cultural attunement with Latinx community.”<sup>30</sup> 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 Economic and Workforce Development.** Economic and Workforce Development offers young adult services, to connect with young adults (14 to 24 years old) looking for job training and employment. The CareerRise programs provide education, training, and career exposure for young adults in the community, while the Larimer County Conservation Corps offers seasonal work to conserve habitat areas in the county.

**Larimer County Hub Juvenile Assessment Center.** The Hub Juvenile Assessment Center, a collaboration between Larimer County Department of Human Services, law enforcement, and mental health services, is a coordinated multi-agency, single entry point for services to Larimer County youth (ages 0-17) and their families. The Hub is staffed 24 hours a day, seven days a week by a team of intake specialists who provide services such as child protection screening, comprehensive child and family assessments for at-risk youth, detention screening, early intervention and referral to appropriate community services and individual and/or family counseling.

**Realities for Children.** This nonprofit provides emergency services, organizational support, community awareness and youth activities to abused and neglected children in

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<sup>29</sup> <https://www.crossroadssafehouse.org/about-us/services/>

<sup>30</sup> <https://thefamilycenterfc.org/mission/>



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.

Two special programs provide opportunities to help break the cycle of abuse through dream grants distributed through Keeping Dreams Alive which encourage youth to follow their dreams and the Triumph Awards which provides collegiate scholarships for youth emancipating from the system to pursue higher education.<sup>31</sup>

**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, GED 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.

In 2017, the center provided intensive therapy services to 97 students who were experiencing depression, anxiety, significant substance use, and suicide ideation. Most children who received services were between the ages of 12 and 17 with 2 in 3 males and the balance female. More than half of youth/families indicated their child had some mental health issue out of nearly 300 families. Nearly 70 percent of youth reported using at least one substance, 37 percent used two substances, and 16 percent used three or more.<sup>32</sup>

**The Matthews House.** The Matthews House hosts 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 services, 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 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. In 2019, Matthews House served 2,000 unduplicated residents and approximately 766 families in the Fort Collins community.

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<sup>31</sup> <https://www.realitiesforchildren.com/services/>

<sup>32</sup> <http://www.tcffo.org/uploads/1/6/8/9/16899130/thecenter-annual-report2017.pdf>

**SummitStone Health Partners—Namaqua Center.** The Namaqua Center within SummitStone 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 severely behaviorally challenged; support to grandfamilies in the form of case management, resource acquisition and allocation, systems navigation, support groups, education, and emergency aid; Wondercamp, a skill building program for children with severe emotional disturbances who need structure and support during school holidays; a mentor program for youth; the SPOT an after school program for adolescents to develop skills to navigate the world with a serious mental illness; 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 short- and long-term substance abuse treatment for teens; adolescent day treatment programs; crisis intervention; a DUI/DWAI class; and coaching and mentoring programs.

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 and childcare**

**Child Care and Early Childhood Education Subsidies.** The following programs and initiatives provide childcare and early childhood education subsidies.

***Child Care Assistance Program (CCCAP).*** As discussed in the at-risk section above, the CCCAP is a childcare assistance program administered through the Larimer County Department of Human Services and funded by the state. Because of high demand for the program, enrollment was stopped in September 2016 and a waitlist has been put into place. Due to additional funding received in 2020, the County is optimistic that the waitlist may be reopened in the near future.

***Colorado Preschool Program (CPP).*** CPP is another state program that subsidizes early childhood education services (v. childcare, the focus of CCCAP), 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. During the 2018 to 2019

school year, 370 children in PSD received assistance. The number of children receiving subsidies in PSD has not changed since 2012 and is determined through the state's school finance formula.<sup>33</sup>

**Early Childhood Council of Larimer County (ECCLC).** The ECCLC is one of 31 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 focuses on building community partnerships to:

- “Support early care and education (ECE) providers in consistently implementing quality practices;
- Increase advocacy for the importance of and investment in early childhood;
- Strengthen community connections to facilitate families’ access to resources, education and services; and
- Provide backbone support for the Leap Coalition to support children’s social emotional development.”

During the 2018 to 2019 fiscal year the ECCLC awarded 70 scholarships totaling \$55,997 to encourage local residents to receive professional development and training to be productive in the early childhood field. More than 135 ECE professionals received Early Childhood Credentials and 222 hours of training were provided. ECCLC also provides a job board for ECE job posting and recruitment efforts for Family Child Care Homes. The coalition also provided support for the Leap Coalition and the Talent 2.0 Child Care Task Force.

**La Familia/Family Center.** This organization, also discussed in the at-risk youth section, provides childcare for infants, toddlers, and preschoolers. The childcare provider is unique in that it offers a sliding scale tuition, is bilingual, and offers parent support services. In 2017, La Familia served 636 families and 1,511 individuals. La Familia distributed more than \$100,000 in childcare scholarships to 89 families enrolled in their early childhood education program; 90 percent of families received childcare assistance.

In addition to their early childhood education program, nearly \$50,000 was distributed to families for utility assistance, 170 families received education around health living, more than 60 families received parenting education, and more than 100 families participated in adult education. Through their family strengthening services, 70 families received assistance and 15 percent reported achieving housing self-sufficiency, 10 percent reached

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<sup>33</sup> <https://www.cde.state.co.us/cpp/cppfacts>

childcare and employment self-sufficiency, and 9 percent reached cash savings self-sufficiency.

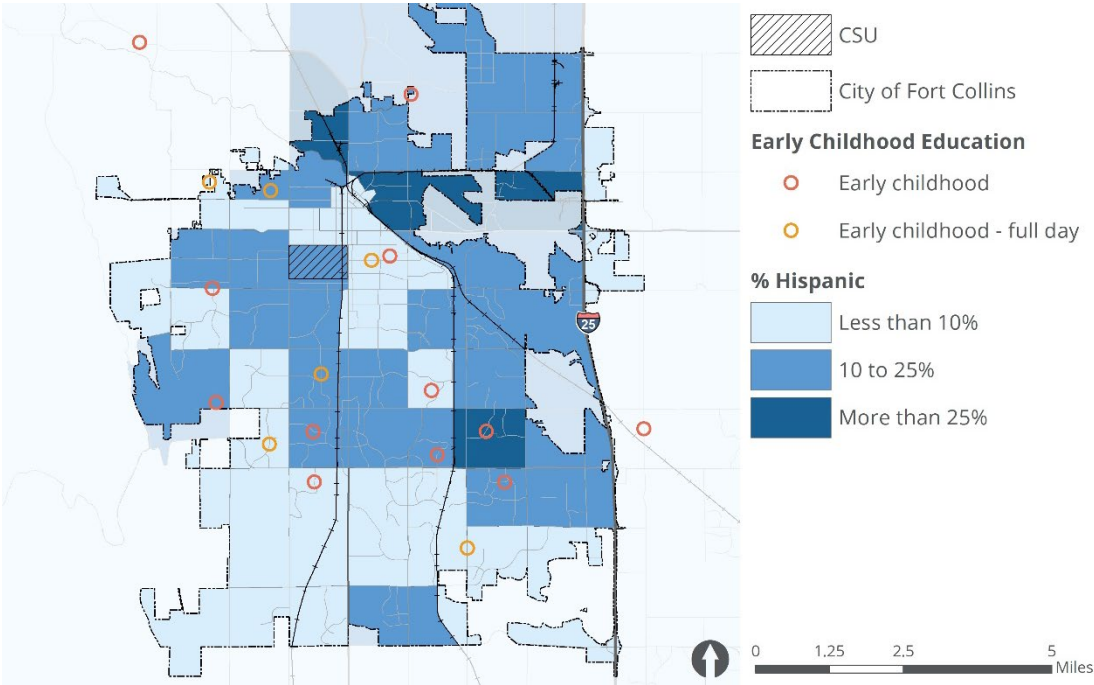
**Teaching Tree.** The Teaching Tree Childhood Early Learning Center provides childcare, early learning and school readiness for children six weeks to eight years old. Teaching Tree serves about 300 children in a year in their Larimer County Locations including one center in Fort Collins and one in Loveland. In 2018, Teaching Tree provided \$81,000 in scholarships to 75 families (including 33 CCAP waitlist families) to provide reduced rate childcare and help parents work toward self-sufficiency by going to work or attending school. Teaching tree serves an unlimited number of CCAP families and offers sliding fees for families who don't qualify for CCAP. Families served by Teaching Tree in 2018 were 41 percent low income, 20 percent ethnically diverse, and 29 percent single parent.

Teaching Tree reports high demand for “immediate” or “emergency” care—e.g., when a parent gets a job and needs care with short notice. Often low income parents, these families cannot afford to keep their children in care while job hunting.

**Poudre School District Early Childhood Education (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.

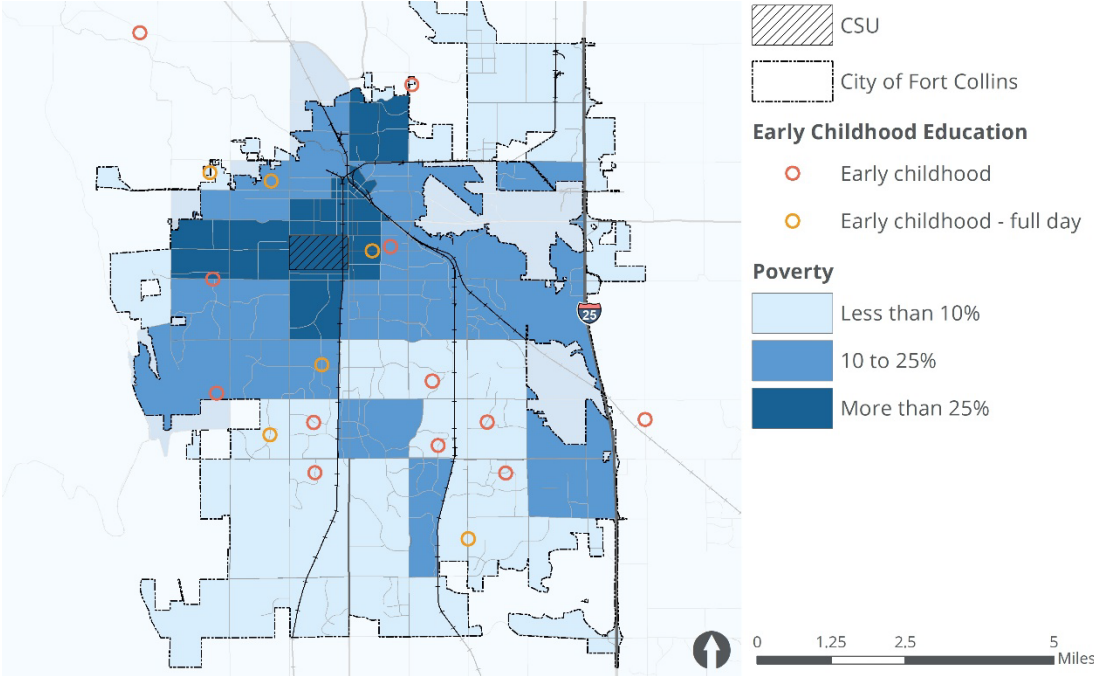
Thirty-two elementary schools in PSD offer early childhood sites in addition to the four community sites at Teaching Tree, The Family Center, CSU Early Childhood, and Bright Horizons West. ECE location can be a barrier to access, especially for families who rely on public transit. Figure V-16 shows the 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, 2018**



Source: 2010 Census, Colorado Department of Education.

**Figure V-17.**  
**ECE Program and Before and After School Enrichment (B.A.S.E. Camp)**  
**Program Locations with Poverty Concentrations, 2018**



Source: 2010 Census, Colorado Department of Education.

**Before and after school programs.** In Fort Collins, two organizations have historically provided much of the before and after school care serving low income children: Before and After School Enrichment Camp (B.A.S.E. Camp) and the Boys & Girls Club.

In 2020, before- and after-school enrichment programs for Poudre School District will shift from B.A.S.E. Camp to AlphaBEST Education.<sup>34</sup> AlphaBEST Education and PSD are in negotiations, and details about the new programs (available starting in the 2020 to 2021 school year) are unknown at this time.

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. In 2018, 65 percent of children served receive FRL and 34 percent of children live in single parent households. The Club served 1,285 youth in Fort Collins in 2018. The organization would like to have more resources to serve additional children who could benefit from their programs.

## Analysis and Gaps

Addressing the needs of children is important to improve economic stability in any community.

**Education and at-risk youth.** Because the educational performance and needs of children are regularly measured, there are many indicators that can be used to assess needs: the number of children living in poverty, children who are homeless, children who have been removed from their homes and are living in foster care and/or are neglected and abused and children who struggle in school.

The graphic below summarizes these indicators and includes both social measures (poverty, homeless) and educational measures (children with behavioral challenges, poor educational performance). At least 1,350 children have significant needs, living without stable homes and suffering from neglect or abused. Three thousand live in poverty and, as such, their growth may be limited by inadequate food and academic supports. Thirteen

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<sup>34</sup> Poudre School District provided a statement on the termination of BASE Camp in the City as follows, "PSD's contract with BASE Camp was to provide services to PSD families through May 28, 2020. If negotiations with AlphaBEST Education are completed, AlphaBEST Education would start providing services for the 2020-2021 school year." <https://www.psdschools.org/node/1478>

hundred need mental health intervention, and up to 5,500 need enhanced academic supports.<sup>35</sup>

**Figure V-18.**  
**Indicators of Need**

	2014 Gaps Analysis (2012 data)	2020 Gaps Analysis (2018 data)
<b>Education and At-risk Youth</b>		
Children in poverty	4,000	3,000
Homeless children, PSD	1,000	1,000
Dropped out of school, PSD	191	148
Children served by Childsafe therapists	600	750
Unsatisfactory test scores, PSD	10,000	5,500

Source: Root Policy Research.

**Childcare.** The most successful programs in addressing needs of youth begin in preschool and continue throughout their growth. There is no one program that is critical for a community to provide; instead, a range of offerings is needed and should include ECE, before/after school programs and summer camps to prevent the “summer slide,” parent/caregiver support and education programs, youth safehouses for runaway and neglected and homeless youth, subsidized housing for low income and homeless families, therapy for abused and emotionally disturbed children, and substance abuse treatment.

Although Fort Collins provides programs to address all of these needs, gaps in services exist, primary due to lack of funding. 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.

For the purposes of this report, quantitative data allowed estimates of gaps in childcare subsidies and ECE programs. There is an estimated service gap of 3,339 for children that are less than two years old and an additional gap of 3,343 for children aged between two and six years in Larimer County.<sup>36</sup> In Fort Collins, the estimated gap in childcare is 645 for

<sup>35</sup> Cumulating the indicators is likely to lead to double-counting, since many at-risk children show up in more than one category. Instead, the graphic should be interpreted as showing a range of needs.

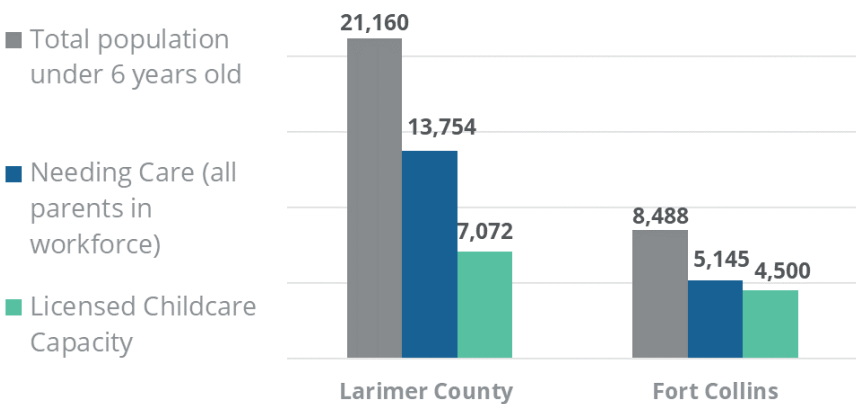
<sup>36</sup> A Workforce Strategy and Major Economic Driver: Child Care in Larimer County, 2018.



children under six years old. However, due to the prevalence of in commuting from Larimer and Weld Counties, the demand for childcare in Fort Collins is an underestimation of the true demand. In addition, a shortage of licensed childcare services results in higher use of unlicensed care which does not accept CCCAP and makes it more difficult for eligible families to utilize this resource.

**Figure V-19.**  
**Childcare Gaps**

Source:  
2018 ACS, State of  
Colorado Licensed  
Childcare, and Root Policy  
Research



**Service delivery.** Service delivery means making sure that the right types and amount of services reach residents in need in a timely manner. The indicators of needs suggest that services could be enhanced to help children neglectful and abusive situations, those at risk of dropping out or being expelled from school and those with mental health issues. 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 services in the community. 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 PSD schools, do not have bus transportation provided.
- New or expanded facilities and programs are needed to reduce unmet demand in ECE and childcare. 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 childcare, "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 who are in need of consistent, stable environments and care.



## SECTION VI.

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### DIVERSITY AND EQUITY

# SECTION VI.

## Diversity and Equity

### Overview

This section discusses the sustainability of diversity and equity in the City by exploring a variety of indicators in the community, specifically those related to race/ethnicity, economic status, religion, language, housing equity, and other differences. It should be noted that this section does not provide an in-depth or comprehensive review of all possible equity indicators but is designed to highlight high-level indicators of diversity and equity through publicly available data and stakeholder perspectives. Though the analysis is not all inclusive of all types of diversity and equity, it aims to examine areas where discrimination can be the most common.

**Definitions.** The City of Fort Collins developed the guiding principle for the equity and inclusion efforts, “Equity for all, leading with race,” to focus the community conversation. The City of Fort Collins defines the following key terms as frameworks for understanding how to combat racism in the community.

- **Systemic Racism.** The various policies, practices and programs of differing institutions within a community that can lead to adverse outcomes for communities of color compared to white communities.
- **Institutional Racism.** Policies, practices, and programs that, most often unintentionally and unconsciously, work to the benefit of white people and the detriment of people of color.
- **Equity.** Programs and policies that ensure equal access and opportunity.
- **Inclusion.** An intention or policy of including people who might otherwise be excluded or marginalized based on ethnicity, familial status, gender identity, age, marital status, national origin, geographic background, race, religious and spiritual beliefs, sexual orientation, socioeconomic status, disability, or veteran status.<sup>1</sup>

**Measures of diversity and equity.** Quantitative indicators of diversity and equity can be difficult to find, other than broad metrics such as race and ethnicity or English language proficiency, which are reported by the Census. As evidenced in the City’s definition of “Inclusion” above, the City views diversity as the full range of human difference including ethnicity, familial status, gender identity, age, marital status, national origin,

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<sup>1</sup> <https://www.fcgov.com/socialsustainability/equity>

geographic background, race, religious and spiritual beliefs, sexual orientation, socioeconomic status, disability, or veteran status. However, like in many other communities, there is an absence of available data to inform effective strategies and interventions that are needed to address the disparities in diversity and equity in the community.

Direct input from residents through community engagement is a common method to assess attitudes and perceptions of equity, diversity, and discrimination; however, direct resident engagement was outside the scope of this project.

While acknowledging that this section is not all inclusive of the identities that make up the City of Fort Collins, due to data availability constraints, this section provides an overview of available indicators to characterize diversity and equity in the City and help frame the discussion moving forward.

Measures of diversity and equity included in this section are as follows:

- Race and ethnicity trends citywide, geographically, and in university enrollment at CSU;
- Economic diversity including poverty statistics;
- The accessibility of information in native tongues other than English;
- The availability and locations of different types of religious institutions;
- Equitable provision of assisted housing;
- Hate crimes reported in the following categories: race, religion, sexual orientation, ethnicity, and disability; and
- The availability of community resources to foster diversity and inclusiveness.

## **Summary of Findings**

The review of diversity and equity in Fort Collins found many positive elements of an inclusive, welcoming and diverse community. Improving equity for all residents is a priority for City leadership and staff. City Council approved \$80,000 to conduct a data collection effort for race-based equity metrics; however, due to the outbreak of COVID-19 (and related City budget adjustments) it is unknown at this time if future projects will proceed as planned.

The primary gaps identified by stakeholders include the educational attainment gap, underemployment, disparities in public investment and access to services (geographically), and underrepresentation of people of color in leadership roles across multiple sectors.

- The City has made a commitment to improve equity in the community, and that requires the removal of obstacles that prevent historically marginalized groups from thriving. There are some inequities and gaps related to equity and accessibility for different races and ethnic groups across the community. These include the following:
- Racial and ethnic disparities in income and poverty are evident in Fort Collins:
  - More than one in four of both Asian and Hispanic households earn less than \$25,000 per year, compared with just 19 percent of non-Hispanic white households.
  - Poverty rates are highest for Black/African American Residents (22% of the 2,312 total Black residents are living in poverty), and lowest for non-Hispanic white residents (16% of the 123,833 total non-Hispanic white residents).
- Racial and ethnic disparities are also apparent in educational attainment for Hispanic and African American residents of Fort Collins: just 32 percent of Hispanic residents and 41 percent of African American residents have a bachelor's degree or higher compared to 59 percent of non-Hispanic white and 69 percent of Asian residents.
- Twelve percent of the City's residents speak languages other than English at home and may face unique challenges access services and/or community amenities.
- Stakeholders also noted disparities in public investment and access to services (geographically); and underrepresentation of people of color in leadership roles across multiple sectors.
- While the community has various places of worship for different religious affiliations, stakeholders acknowledge a dominance of Christian ethos in the community and provided anecdotal evidence of religious bias, including deliberate vandalism of the Islamic Center of Fort Collins in 2017.<sup>2</sup>

The community has many resources, both on and off the Colorado State University (CSU) campus, to support diversity and further inclusiveness. Improving equity for all residents is also a priority for City leadership and staff. City Council approved \$80,000 to conduct a data collection effort for race-based equity metrics; however, due to the outbreak of COVID-19 (and related City budget adjustments) it is unknown at this time if future projects will proceed as planned.

The equity metrics, equity education for staff, development of an equity dashboard, and deploying an equity lens in all policy development will carry this conversation forward and

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<sup>2</sup> <https://www.thedenverchannel.com/news/local-news/man-who-vandalized-fort-collins-mosque-kills-himself>

identify outcomes to measure collective progress in addressing these underlying inequities in the community.

### Data and Trends

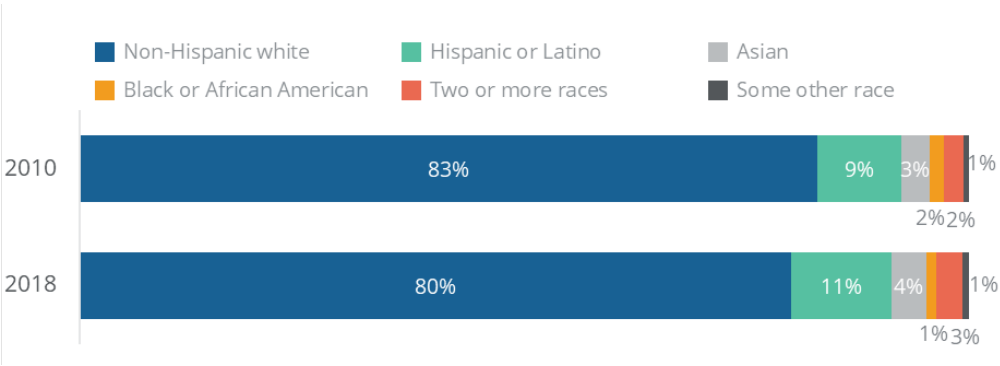
**Racial and ethnic diversity.** In 2018, the population of Fort Collins was estimated at 167,800 residents. Most of the residents are non-Hispanic white making up 80 percent of the total population (134,197 residents), followed by Hispanic residents with 11 percent (19,077 residents), Asian with 4 percent (6,521 residents), and residents of two or more races with 3 percent (4,918 residents). The racial makeup of Fort Collins has not changed significantly since 2010, though the Hispanic population has increased as a share of total population (offset by a slight decline in the share of non-Hispanic white residents).

The Hispanic population in Fort Collins has grown from 10,400 residents (9%) in 2010 to 19,100 residents (11%) in 2018. From 2010 to 2018, the Hispanic population accounted for 18 percent of total population growth in the City.

**Figure VI-1.**  
**Race and**  
**Ethnicity, Fort**  
**Collins, 2010**  
**to 2018**

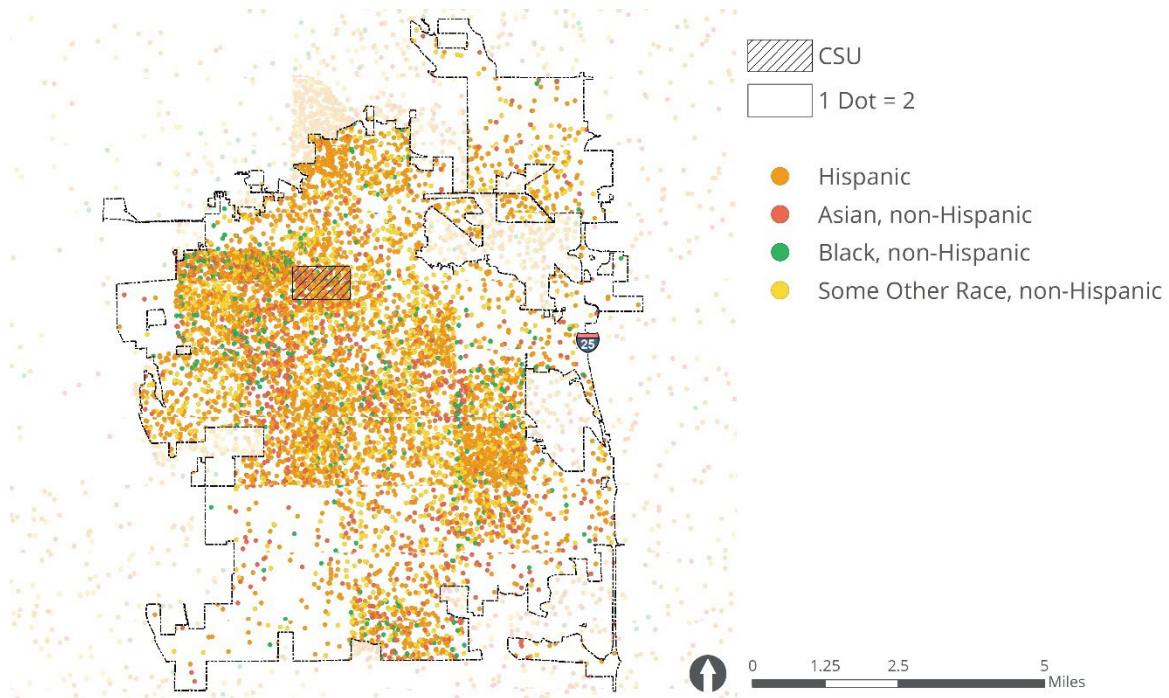
Source:  
2010 Census, 2018 ACS  
and Root Policy  
Research.

Race/Ethnicity	2010		2018	
	Num.	Pct.	Num.	Pct.
Non-Hispanic white	119,836	83%	134,197	80%
Hispanic or Latino	13,665	9%	19,077	11%
Asian	4,621	3%	6,521	4%
Black or African American	2,306	2%	1,845	1%
Two or more races	3,256	2%	4,918	3%
Some other race	769	1%	1,265	1%



The geographic distribution of minorities in Fort Collins is relatively uniform, with the exception of a handful of census tracts in north Fort Collins that have a slightly higher representation of Hispanic residents. Figure VI-2 below shows the geographic distribution of minorities in the City.

**Figure VI-2.**  
**Race and Ethnicity Dot Density, Fort Collins, 2018**



Source: 2018 ACS and Root Policy Research

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. Most students at CSU are white with 70 percent of the student population (approximately 20,000 students). Hispanic enrollment in 2018 is nearly double Hispanic enrollment in 2010. Hispanic or Latino students made up 13 percent of students (approximately 3,700 students) enrolled at CSU in 2018.

**Figure VI-3.**  
**Total University Enrollment by Race/Ethnicity, CSU, 2010 to 2018**

	2010		2013		2018	
	Number	Percent	Number	Percent	Number	Percent
<b>Total Student Population</b>	<b>24,982</b>	<b>100%</b>	<b>25,501</b>	<b>100%</b>	<b>28,691</b>	<b>100%</b>
<b>Hispanic/Latino</b>	<b>1,881</b>	<b>8%</b>	<b>2,401</b>	<b>9%</b>	<b>3,727</b>	<b>13%</b>
<b>Non-Hispanic/Latino</b>						
Asian	481	2%	528	2%	779	3%
Black	457	2%	511	2%	615	2%
Hawaiian/Pacific Islander	46	0%	22	0%	43	0%
Multi-Racial	656	3%	873	3%	1,109	4%
Native American	110	0%	96	0%	113	0%
White	20,311	81%	19,564	77%	19,962	70%
<b>International</b>	<b>1,040</b>	<b>4%</b>	<b>1,506</b>	<b>6%</b>	<b>1,930</b>	<b>7%</b>

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

Source: CSU Fact Book and Root Policy Research

**Economic diversity.** The estimated median household income in Fort Collins is highest for Asian and non-Hispanic white residents at \$65,724 and \$62,136 respectively. Median household income for African American and Hispanic households is roughly \$20,000 less than non-Hispanic white and Asian households. Roughly one in four nonwhite households earn less than \$25,000 annually.

**Figure VI-4.**  
**Household Income Distribution by Race/Ethnicity, Fort Collins, 2013-2017**

Source:  
 ACS 2013-2017 5-year Estimates  
 and Root Policy Research

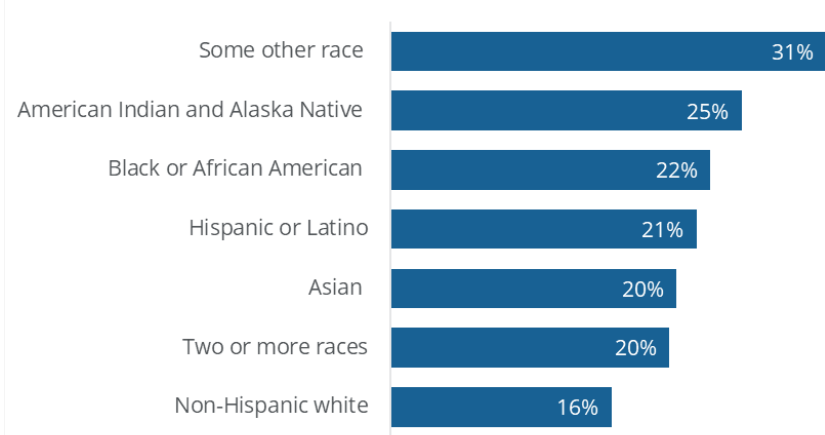
	Non-Hispanic White	Black or African American	Asian	Hispanic or Latino
Less than \$25,000	19%	24%	24%	28%
\$25,000 to \$34,999	9%	16%	4%	10%
\$35,000 to \$49,999	14%	23%	9%	17%
\$50,000 to \$74,999	16%	7%	17%	18%
\$75,000 to \$99,999	14%	6%	11%	8%
\$100,000 to \$149,999	16%	16%	20%	13%
\$150,000 or more	13%	7%	15%	5%
<b>Median Household Income</b>	<b>\$62,136</b>	<b>\$42,849</b>	<b>\$65,724</b>	<b>\$45,917</b>

**Poverty.** In 2018, more than 22,000 residents were living in poverty; this had dropped from 27,000 in 2012. Individuals of “some other race” had the highest poverty rate at 31 percent followed by American Indian at 25 percent, and Black or African American at 22

percent. The Hispanic population experienced a higher poverty rate than the non-Hispanic white population with a poverty rate of 21 percent compared to 16 percent, respectively.

**Figure VI-5.**  
**Poverty by**  
**Race/Ethnicity,**  
**Fort Collins, 2018**

Source:  
2018 5-year ACS and Root Policy  
Research



**Language diversity.** Twelve percent of residents speak languages other than English at home; this is up from 9.5 percent in 2012. The most common languages spoken at home, other than English, include Spanish with 5.1 percent of residents, followed by other Indo-European languages with 3.5 percent, and Asian and Pacific Island languages with 2.6 percent.

**Figure VI-6.**  
**Language**  
**Spoken at**  
**Home, Fort**  
**Collins, 2018**

Source:  
2018 ACS and Root Policy  
Research

	Language Spoken at Home		Speak English less than "very well"	
	Number	Percent	Number	Percent
<b>Total Population 5 years and over</b>	<b>161,126</b>			
Speak only English	142,156	88.2%		
<b>Speak a language other than English</b>				
Spanish or Spanish Creole	8,183	5.1%	1,686	1.0%
Other Indo-European	5,705	3.5%	1,265	0.8%
Asian and Pacific Island Languages	4,113	2.6%	1,478	0.9%
Other Languages	969	0.6%	434	0.3%

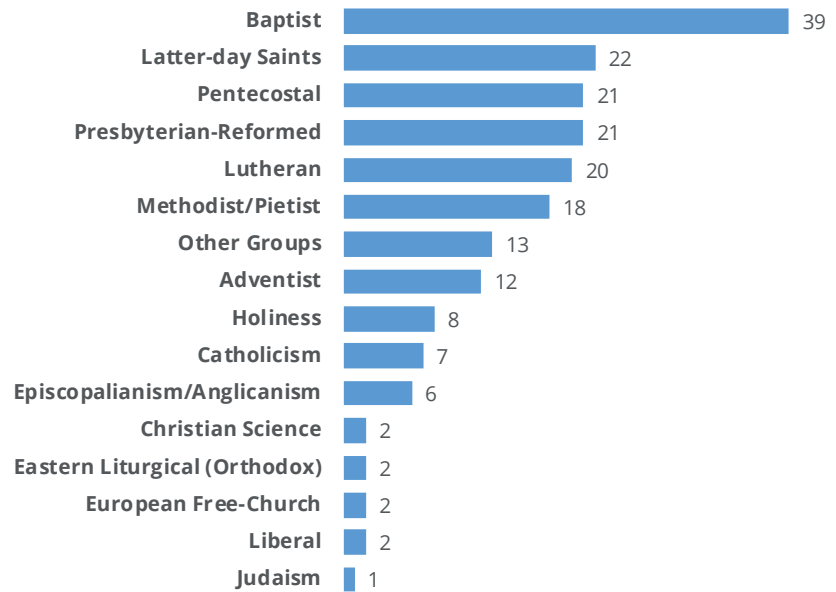
**Religious diversity.** Larimer County offers diverse opportunities to worship. In 2010, Larimer County had a total of 196 religious congregations, which is equivalent to 14 congregations per 10,000 residents. Religious groups with greater than 20 congregations in the county include Baptist (39 congregations), Latter-Day Saints (22 congregations), Pentecostal (21 congregations), Presbyterian (21 congregations), and Lutheran (20 congregations).<sup>3</sup>

<sup>3</sup> <http://www.thearda.com/rcms2010/rcms2010a.asp?U=08069&T=county&S=Name&Y=2000&CH=ON>



**Figure VI-7.  
Religious  
Congregations in  
Larimer County,  
2010**

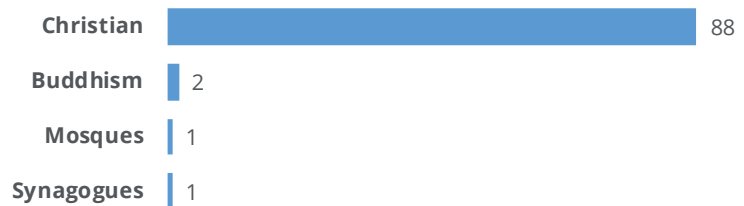
Source:  
Association of Region Archives  
County Membership Report and  
Root Policy Research



In Fort Collins, the existing religious organizations or places of worship mainly represent four major religions: Buddhism, Christianity, Islam, and Judaism. Most religious organizations in Fort Collins are Christian.

**Figure VI-8.  
Religious Organizations  
in Fort Collins**

Source:  
Fort Collins Chamber of Commerce and Root  
Policy Research



While the community has various places of worship for different religious affiliations, stakeholders acknowledge a dominance of Christian ethos in the community and provided anecdotal evidence of religious bias, including deliberate vandalism of the Islamic Center of Fort Collins in 2017.<sup>4</sup>

**Housing equity.** The majority of housing vouchers distributed by Housing Catalyst are distributed to white residents with approximately 91 percent of all vouchers. Hispanic residents are overrepresented in vouchers distributed by Housing Catalyst with over 23 percent of public housing vouchers.

As demonstrated in Figure VI-9, 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, people with disabilities and people of Hispanic descent.

<sup>4</sup> <https://www.thedenverchannel.com/news/local-news/man-who-vandalized-fort-collins-mosque-kills-himself>

This may be an indicator of the limited ability or willingness of the private sector to provide affordable housing for these populations.

**Figure VI-9.  
Distribution of  
Public Housing/  
Voucher Program  
Participants and  
Residents in  
Poverty**

Source:  
Housing Catalyst, 2018 ACS, and  
Root Policy Research

	Public Housing	All Voucher Programs	Residents Living in Poverty
Female head of household with children	48%	30%	1%
Disability	54%	56%	14%
<b>Race</b>			
White alone	92%	91%	86%
Black or African American alone	5%	5%	2%
American Indian and Alaska Native alone	2%	2%	1%
Other	0%	1%	11%
<b>Ethnicity</b>			
White Alone - Not Hispanic or Latino	58%	77%	75%
Hispanic or Latino origin (of any race)	42%	23%	16%

**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>5</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 2018, Fort Collins had a higher rate of hate crime incidents compared to Colorado and the nation with 2.97 incidents per 100,000 people in 2018 compared to 2.20 statewide and 2.32 nationwide.

<sup>5</sup> <http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2011/hate-crime>.

**Figure VI-10.**  
**Hate Crime Incidents per**  
**Capita, 2018**

Source:  
Federal Bureau of Investigations Hate Crime Statistics  
and Root Policy Research

	Population	Number of Incidents	Incidents per 100,000 people
<b>U.S. Total</b>	<b>306,874,326</b>	<b>7,120</b>	<b>2.32</b>
<b>Colorado</b>	<b>5,512,017</b>	<b>121</b>	<b>2.20</b>
Fort Collins	168,163	5	2.97
Longmont	95,217	2	2.10
Boulder	108,380	2	1.85

Reported hate crimes in the City varies by year, with an average of two incidents per year from 2012 to 2018. Most hate crimes from 2012 to 2018 were motivated by race or ethnicity with 14 total incidents followed by sexual orientation with two incidents.

**Figure VI-11.**  
**Hate Crime**  
**Incidents by Bias**  
**Motivation, Fort**  
**Collins, 2012 to 2018**

Source:  
Federal Bureau of Investigations  
Hate Crime Statistics and Root  
Policy Research

	Race/ Ethnicity	Religion	Sexual Orientation	Disability	Gender	Total Incidents
2012	2	---	---	---	---	2
2013	---	---	---	---	---	---
2014	3	---	---	---	---	3
2015	3	---	1	---	---	4
2016	2	---	---	---	---	2
2017	---	---	---	---	---	---
2018	4	---	1	---	---	5

## Community Resources

This section discusses the many resources in the City and community intended to foster diversity and inclusiveness.

**City of Fort Collins Social Sustainability Department.** The City of Fort Collins Social Sustainability Department mission, “is to support a diverse and equitable community that successfully meets the basic needs of all residents. The Social Sustainability Department strives to achieve this mission through programs, policies, and partnerships that provide access and opportunities for all.” The Social Sustainability Department oversees a variety of City programs and projects related to achieving their mission including affordable housing, childcare, equity and inclusion, homebuyer assistance, homelessness, and human services.<sup>6</sup>

The City of Fort Collins identified equity and inclusion as frameworks to accomplish the City’s social sustainability goals under the guiding principle, “Equity for all, leading with race.” In 2017, the City of Fort Collins became a member of the Government Alliance on

<sup>6</sup> <https://www.fcgov.com/socialsustainability/>

Race and Equity (GARE), a membership agency of local governments to advance racial equity.

***Equity and inclusion guiding principles.*** The City of Fort Collins views an equitable community as, “one where a person's identity or identities--or what zip code they live in--does not negatively impact their ability to thrive.”<sup>7</sup> The City's Strategic Plan includes three objectives for equity and inclusion as follows:

- “Neighborhood Livability and Social Health 1.3: Improve accessibility to City and community programs and services to low- and moderate-income populations.
- Neighborhood Livability and Social Health 1.4: Co-create a more inclusive and equitable community that promotes unity and honors diversity.
- High Performing Government 7.3: Broaden methods of community engagement with additional consideration to diverse backgrounds, languages and needs.”

***Equity team.*** In 2015 the City convened an internal equity team to support the initiatives outlined in the Social Sustainability Strategic plan. The equity team was broken into four subcommittees focused on public participation, LGBTQIA+, education and tools, and transportation. In 2020 the Equity Team restructured to gain alignment with council priorities, focus on data collection, perform a gaps analysis, develop equity indicators, reimagine public engagement, and develop principles of community for the organization. The Equity Team is now engaged in developing equity training and resources for the City of Fort Collins staff.

***Equity focused implementation.*** Since 2015, the equity focused sub-committees have made meaningful strides in developing a culture of equity and inclusion in the City of Fort Collins and bringing additional resources forward to address this fundamental need. Their work includes:

- “Elevating the City's Municipal Equality Index score from 60/100 in 2015 to 95/100 in 2019
- Developing transportation equity metrics for the Transportation Master Plan update
- Developing and implementing an internal respect campaign to facilitate work group dialogues about ways in which the City can maintain an inclusive, respectful culture
- Surveying the boards and commissions to determine barriers to access and opportunities to diversify representation
- Updating the City's purchasing policies to expand anti-discrimination language

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<sup>7</sup> <https://www.fcgov.com/socialsustainability/equity>

- Ensuring the Bike Share program includes access for low-income users
- Facilitating the City's historic first Pride and Transgender Day of Awareness proclamations
- Grants received to hire equity fellow and integrate equity into resiliency and mitigation updates to Climate Action Plan”<sup>8</sup>

**Other City of Fort Collins resources.** The City of Fort Collins has two commissions—the Women’s Commission and the Human Relations Commission—that are specifically dedicated to furthering diversity in the community. The Northside Aztlan Community Center offers community space to many different types of residents for cultural events. The adoption of the Community Trust Ordinance affirmed a desire to engage with and support Hispanic residents.

- **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.
- **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.
- **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.
- **Community Trust Resolution.** In 2017, City Council adopted the Community Trust Resolution to repeal Resolution 2006-085 which required City police officers to report the immigration status of certain arrestees to Immigration and Customs Enforcement (ICE). The resolution also includes a call to action to establish a communication effort, including a task force, to inform the public and engage immigrant communities to

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<sup>8</sup> <https://www.fcgov.com/socialsustainability/equity>

understand and address their fears through education, outreach, services, programs, and partnerships.<sup>9</sup>

### **Colorado State University and Poudre School District Resources.**

Diversity initiatives and programs through Colorado State University and Poudre School District (PSD) include the following.

- **CSU 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 Northern Colorado Diversity Conference where high school students can challenge stereotypes and develop an appreciation and understanding of diversity.

- **CSU 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.
  - Pride 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

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<sup>9</sup> <https://www.fcgov.com/sustainability/pdf/CommunityTrustFinalResolution.pdf?1529349265>

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.

- Student Disability Center—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.
- **PSD 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 and resources.** Other diversity-focused 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 difference." 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.
- **Fort Collins Not in Our Town Alliance (NIOTA).** 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.

**Language resources.** English conversation and language learning programs are available through a variety of providers in Fort Collins, including but not limited to Poudre School District, Front Range Community College, the Fort Collins International Center, Colorado State University, and others. A cursory review of community resources available in languages other than English found resources for many essential services such as public education and health care.

- **City and County language 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 right 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. In addition, both the City and County have numerous materials translated into Spanish that are available from multiple departments, as well as translation services available for community and neighborhood meetings.
- **Poudre School District.** 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>10</sup>

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 High School provide extensive support to English Language Learners (ELL).<sup>11</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.

## Analysis and Gaps

The City of Fort Collins leadership and staff are actively pursuing subject area experts to develop, in collaboration with the community, measures and data to better define diversity and equity and to establish community indicators to measure outcomes of equity and inclusion policies. With an in-depth analysis forthcoming, this gaps analysis is not intended to provide a complete, holistic picture of diversity and equity in the City of Fort Collins but seeks to highlight areas for further discussion of opportunity and gaps in representation and advocacy in the community.

The City of Fort Collins has adopted a guiding principle for addressing equity and inclusion which is, “Equity for all, leading with race.” Racial inequities are viewed as the most prevalent, pervasive inequities in our communities. Community and stakeholder engagement efforts conducted by the City of Fort Collins revealed that discussions around equity are challenging due to implicit bias, privilege, and white fragility. While there are other inequities present in the community, leading with race provides a framework and platform to decode issues of inclusion and promote equity for all.

While acknowledging that this section is not all inclusive of the identities that make up the City of Fort Collins, due to data availability constraints, the preceding analysis provides an overview of available indicators to characterize diversity and equity in the City and help frame the discussion moving forward. The primary gaps identified by data analysis and stakeholder input are summarized below:

- There are some inequities and gaps related to equity and accessibility for different races and ethnic groups across the community. These include the following:

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<sup>10</sup> [http://center.serve.org/TT/fp\\_tips.html](http://center.serve.org/TT/fp_tips.html).

<sup>11</sup> <http://www.psdschools.org/school/poudre-high-school>.

- Racial and ethnic disparities in income and poverty are evident in Fort Collins:
  - More than one in four of both Asian and Hispanic households earn less than \$25,000 per year, compared with just 19 percent of non-Hispanic white households.
  - Poverty rates are highest for Black/African American Residents (22% of the 2,312 total Black residents are living in poverty), and lowest for non-Hispanic white residents (16% of the 123,833 total non-Hispanic white residents).
- Racial and ethnic disparities are also apparent in educational attainment for Hispanic and African American residents of Fort Collins: just 32 percent of Hispanic residents and 41 percent of African American residents have a bachelor's degree or higher compared to 59 percent of non-Hispanic white and 69 percent of Asian residents.
- Twelve percent of the City's residents speak languages other than English at home and may face unique challenges access services and/or community amenities.
- Stakeholders also noted disparities in public investment and access to services (geographically); and underrepresentation of people of color in leadership roles across multiple sectors.

While the community has various places of worship for different religious affiliations, stakeholders acknowledge a dominance of Christian ethos in the community and provided anecdotal evidence of religious bias, including deliberate vandalism of the Islamic Center of Fort Collins in 2017.<sup>12</sup> Figure VI-12 summarizes the gaps in educational attainment, median income, poverty, and unemployment for racial/ethnic minorities using 2018 ACS data.

**Figure VI-12.  
Racial Equity  
Gaps, Fort  
Collins, 2018**

Source:  
2018 ACS and Root  
Policy Research

Race and Ethnicity	Bachelor's Degree or Higher	Median Income	Poverty Rate	Unemployment Rate
Non-Hispanic White	59%	\$62,136	16%	5.7%
Black or African American	41%	\$42,849	22%	4.2%
Asian	69%	\$65,724	20%	4.8%
Hispanic or Latino	32%	\$45,917	21%	7.8%

Improving equity for all residents is a priority for City leadership and staff. City Council approved \$80,000 to conduct a data collection effort for race-based equity metrics; however, due to the outbreak of COVID-19 (and related City budget adjustments) it is unknown at this time if future projects will proceed as planned.

<sup>12</sup> <https://www.thedenverchannel.com/news/local-news/man-who-vandalized-fort-collins-mosque-kills-himself>

The equity metrics, equity education for staff, development of an equity dashboard, and deploying an equity lens in all policy development will carry this conversation forward and identify outcomes to measure collective progress in addressing these underlying inequities in the community.

## SECTION VII.

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### TARGET POPULATIONS

# SECTION VII.

## Target Populations

### Overview

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

- Persons with disabilities;
- Seniors; and
- 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 other targeted population groups—residents who are veterans and at-risk youth—are addressed in other sections where their needs were best represented. The needs of veterans are discussed in the section on Homelessness. Similarly, the needs of at-risk youth are discussed in the Education section.

### Definitions:

- **Persons with disabilities.** 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 people with a disability.
- **Seniors.** This report uses the Census age range to define seniors, which is those age 65 and older. Senior households may be less able to cope with increasing housing costs (rents for renters and property taxes for owners) as they are more likely to be living on a fixed retirement income. Most seniors desire to age in place but may need accessibility modifications as they age and may need additional support services in

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

order to properly maintain their home and property. Many may also require transportation services and in-home health care at certain stages.

- **Victims of domestic violence.** For the purpose of this report, victims of domestic violence are those residents who have experienced, in the terms of the CDC, “intimate partner violence or IPV”—which includes rape, physical violence and/or stalking. IPV data were the most recent, statistically valid data available at the time this report was prepared. Because IPV includes stalking, the number of women and men who have experienced IPV is higher than those who have experienced domestic violence. 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).

## Summary of Findings

The targeted populations discussed in this section of the report include the needs of people with disabilities, seniors, and 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. In 2018 there were an estimated 14,530 persons with a disability, 18,011 seniors, and 8,500 victims of domestic violence in Fort Collins.

While the needs and gaps of the targeted populations examined in this section (people with disabilities, seniors, and victims of domestic violence) vary, there are some common themes among them, including, but not limited to the following:

- Affordable, accessible, and appropriate housing;
- Emergency support and rapid access to services;
- Ongoing and enhanced services and support; and
- A broader range of transportation options.

These needs are also apparent in the other targeted populations examined in other sections of this report (residents who are veterans and at-risk youth).

## Data and Trends

**Persons with disabilities.** More than 14,500 residents five years or older (9% of the total population 5 and older) were estimated to have a disability in 2018. Seniors are the most likely cohort to have a disability: as shown in Figure VII-1, 22 percent of residents aged 65 to 74 have a disability and nearly half of all residents aged 75 or older have a disability.

**Figure VII-1.  
Disability Status for  
the Population 5 Years  
and Older, Fort Collins,  
2018**

Source:  
2018 ACS and Root Policy Research

	Total	With a Disability	Percent with a Disability
<b>Population 5 years or older</b>	<b>158,786</b>	<b>14,530</b>	<b>9%</b>
5 to 17 years	23,496	903	4%
18 to 34 years	67,126	4,077	6%
35 to 64 years	50,651	4,194	8%
65 to 74 years	11,748	2,623	22%
75 years and over	5,765	2,733	47%

Children with a disability (residents less than 18 years old) primarily have cognitive difficulty while the population 18 to 64 years older and 65 and older mostly suffer from ambulatory disabilities.

**Figure VII-2.  
Disability Type by Age Cohort, Fort Collins, 2018**

	Ages < 18		Ages 18 to 64		Ages 65+	
	# with a Disability	% of Age Cohort	# with a Disability	% of Age Cohort	# with a Disability	% of Age Cohort
Hearing difficulty	216	0.7%	1,401	1.2%	2,412	13.8%
Vision difficulty	73	0.2%	824	0.7%	1,010	5.8%
Cognitive difficulty	642	2.1%	4,554	3.9%	1,455	8.3%
Ambulatory difficulty	45	0.1%	2,068	1.8%	2,572	14.7%
Self-care difficulty	181	0.6%	1,120	1.0%	545	3.1%
Independent living difficulty			2,473	2.1%	1,466	8.4%

Source: 2018 ACS and Root Policy Research

**Children with developmental disabilities.** Learning disabilities and ADHD remain the most prevalent developmental disability observed in children nationwide. It is estimated that approximately 4,900 children in the City had any developmental disability in 2018.

Figure VII-3 shows the estimated number of children with a development disability based on the 2017 PEDIATRICS study. 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 American Community Survey (ACS) “cognitive” disability definition does not appear to include ADHD or learning disabilities, but the PEDIATRICS definition does).

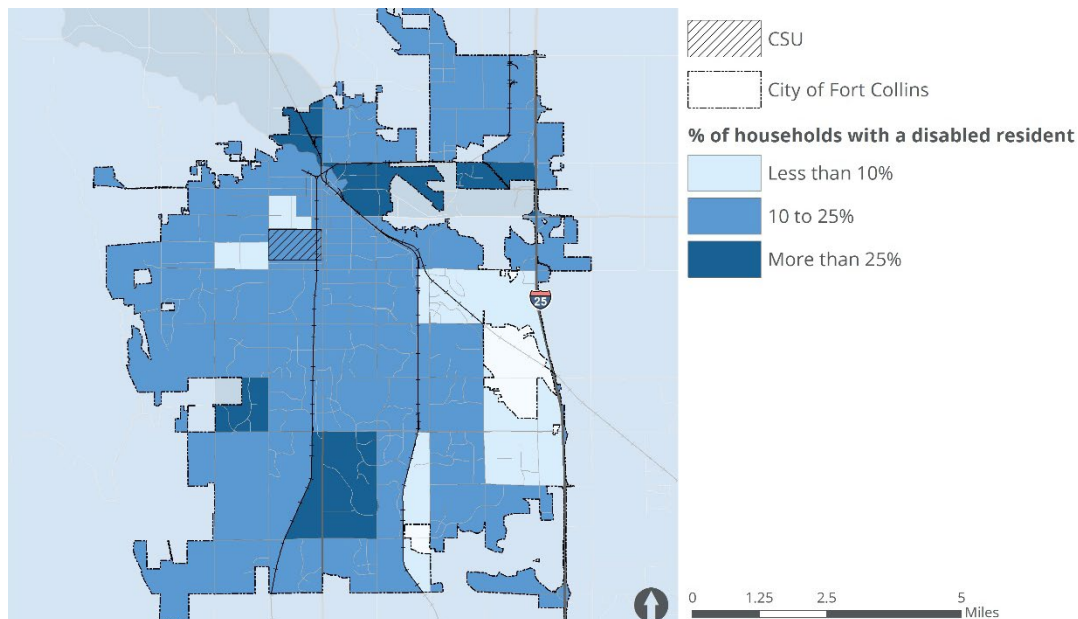
**Figure VII-3.**  
**Estimates of Children with Developmental Disabilities, Fort Collins, 2018**

	Prevalence in the U.S.			Children in Fort Collins		
	3 - 5 years	6 - 11 years	12 - 17 years	3 - 5 years	6 - 11 years	12 - 17 years
Any developmental disability	10.6%	17.4%	19.7%	902	1,660	2,343
ADHD	2.1%	9.3%	12.3%	182	886	1,461
Autism	1.7%	1.8%	1.8%	144	167	208
Blind	0.1%	0.2%	0.2%	9	18	19
Cerebral palsy	0.3%	0.3%	0.4%	24	27	42
Moderate to profound hearing loss	0.5%	0.7%	0.6%	38	70	74
Learning disabilities	3.3%	8.0%	9.7%	282	767	1,153
Intellectual disabilities	0.6%	1.0%	1.4%	54	99	167
Seizures in past 12 months	1.1%	0.7%	0.7%	91	65	84
Stuttered or stammered in past 12 mos.	2.7%	2.3%	1.4%	233	216	170
Other developmental delay	4.7%	4.7%	3.9%	399	450	466
Total children in Fort Collins				8,546	9,567	11,876

Source: "Trends in the Prevalence of Developmental Disabilities in US Children, 2009-2017" Boyle, et. al., PEDIATRICS, Volume 144, September 2019, 2018 ACS, and Root Policy Research

**Geographic concentration.** Figure VII-4 below shows the concentration of residents with at least one disability by census tract in Fort Collins. According to this map, the disabled population in Fort Collins is well distributed geographically.

**Figure VII-4.**  
**Percent Disabled Individuals by Census Tract, Fort Collins, 2018**



Source: 2018 5-year ACS and Root Policy Research



**Income levels.** Some people with disabilities are limited in their ability to work and rely on Social Security and disability payments as their primary source of income. The 2018 ACS reports that 42 percent of Fort Collins residents with disabilities are employed. Nine percent of residents with disabilities are unemployed and 54 percent are not in the labor force. The disparity in median income between disabled residents and residents without a disability is lower in Fort Collins than statewide with a 31 percent difference in median income in the City. However, disparities in median income for disabled residents who are female are disproportionately high in Fort Collins with an 83 percent difference in median income.

**Figure VII-5.  
Income by  
Disability Status,  
2018**

Source:  
2018 5-year ACS and Root Policy  
Research

	With a Disability	No Disability	% Difference
<b>Fort Collins</b>	<b>\$20,860</b>	<b>\$27,295</b>	<b>31%</b>
Male	\$23,929	\$33,522	40%
Female	\$12,209	\$22,307	83%
<b>Larimer County</b>	<b>\$21,784</b>	<b>\$32,351</b>	<b>49%</b>
Male	\$27,080	\$40,487	50%
Female	\$14,170	\$26,381	86%
<b>Colorado</b>	<b>\$25,451</b>	<b>\$37,218</b>	<b>46%</b>
Male	\$30,300	\$43,142	42%
Female	\$20,775	\$31,309	51%

The Social Security Administration reports that the average monthly amount received by an eligible person with a disability in 2019 was \$1,234. This income, Social Security Disability Income (SSDI), is available only to people who have had a work history and is equivalent to about \$14,800 per year. Supplemental Security Income (SSI) is available to people who do not have a work history or who don't not qualify for SSDI. These payments are set to \$783 per month, equating to about \$9,400 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 \$200 per month, which equates to just \$2,400 annually.

**Seniors.** Seniors age 65 and older make up an estimated 11 percent of the City's population with over 18,000 senior residents. Near seniors (aged 55 to 64) make up another 10 percent of the population. One in three seniors in Larimer County live in Fort Collins. Therefore, Fort Collins has a lower proportion of seniors as a proportion of its population (11%) than Larimer County (16%) as shown in Figure VII-6.

**Figure VII-6.  
Population of Seniors  
and Near Seniors,  
Fort Collins and  
Larimer County, 2018**

Source:  
2018 ACS and Root Policy Research

	Fort Collins		Larimer County	
	Number	Percent	Number	Percent
Total Population	167,823	100%	350,518	100%
Under 55	133,801	80%	251,754	72%
Near Seniors (55 to 64)	16,011	10%	43,762	12%
<b>Seniors</b>	<b>18,011</b>	<b>11%</b>	<b>55,002</b>	<b>16%</b>
65 to 74 years	11,759	7%	34,255	10%
75 to 84 years	4,382	3%	15,220	4%
85 years and over	1,870	1%	5,527	2%

The Colorado Department of Local Affairs (DOLA) estimates population growth by age cohort at the county level. The senior population of Larimer County is projected to grow by 25,800 senior residents by 2030 and 12,900 additional senior residents by 2040.

Seniors are projected to comprise 19 percent of the total population by 2030 with a nearly 50 percent growth of the senior population projected between 2018 and 2030.

**Figure VII-7.  
Projected Growth in Seniors, Larimer County, 2018 to 2040**

	2018		2030		2040		Percent Growth	
	Num.	% of Pop.	Num.	% of Pop.	Num.	% of Pop.	2018 - 2030	2018 - 2040
Total Population	350,362	100%	422,441	100%	480,126	100%	21%	14%
Under 55	250,854	72%	297,870	71%	331,580	69%	19%	11%
Near Seniors (55 to 64)	44,598	13%	43,833	10%	54,940	11%	-2%	25%
<b>Seniors</b>	<b>54,910</b>	<b>16%</b>	<b>80,738</b>	<b>19%</b>	<b>93,606</b>	<b>19%</b>	<b>47%</b>	<b>16%</b>
65 to 74	33,298	10%	41,613	10%	41,989	9%	25%	1%
75 to 84	15,200	4%	29,050	7%	33,805	7%	91%	16%
85 and over	6,412	2%	10,075	2%	17,812	4%	57%	77%
<b>Growth in Number of Seniors</b>			<b>25,828</b>		<b>12,868</b>			

Source: Colorado Department of Local Affairs and Root Policy Research

**Labor force participation.** The 2018 ACS estimates 30 percent of seniors aged 65 to 74 participate in the labor force while 70 percent are retired. The working population in this age cohort experiences an unemployment rate of less than one percent. Most seniors age 75 and older are retired with only 5.4 percent remaining in the labor force.

**Figure VII-8.**  
**Labor Force Status of Seniors, Fort Collins, 2018**

	In Labor Force		Unemployed		Not in Labor Force	
	Num.	Pct.	Num.	Pct.	Num.	Pct.
65 to 74 years	3,539	30.1%	67	0.6%	8,220	69.9%
75 and older	338	5.4%	158	2.5%	5,914	94.6%

Source: 2018 ACS and Root Policy Research.

**Housing.** According to the Joint Center for Housing Studies of Harvard University report called, *"Housing America's Older Adults,"* most older adults live in single-family homes. However, the proportion of seniors living in single-family homes decreases with age with 76 percent of those ages 65 to 79 and 68 percent of those ages 80 and older living in single family housing. Most of the remaining senior population lives in multifamily housing units, with the proportion of the population living in large unit developments (50 or more units) increasing with the age of the population.<sup>2</sup>

The report also found many older adults double up with others, with 11 percent of seniors living in another person's household nationally, the majority living with their children. Multigenerational living is becoming more common in the U.S. Other living arrangements with roommates, boarders, or other non-family members is also on the rise. Minority seniors are more likely to live in a multigenerational household with 19 percent of older Hispanic households and 20 percent of older Asian households living in three generation households compared to only 10 percent of older black households and 4 percent of older white households.<sup>3</sup>

The Joint Center for Housing Studies report indicated that a relatively small portion of the senior population live in group quarters (e.g. skilled nursing facilities) with 2.4 percent of the population aged 65 to 79 and 7.7 percent of the population over 80 years old. In recent years, the portion of seniors living in group settings has declined due to an increase in home and community-based services that offer longer-term residential support services.<sup>4</sup>

Figure VII-9 shows the living arrangements of seniors in Fort Collins as of the 2018 ACS. Roughly one out of every four seniors live alone while the balance lives with others including family members or others. Nearly 70 percent of all seniors live with a family member. In the 2018 Community Assessment Survey for Older Adults (CASOA), only 13 percent of seniors indicated they had good access to quality affordable housing.

<sup>2</sup> Joint Center for Housing Studies of Harvard University (2018). *Housing America's Older Adults*.

<sup>3</sup> Joint Center for Housing Studies of Harvard University (2018). *Housing America's Older Adults*.

<sup>4</sup> Joint Center for Housing Studies of Harvard University (2018). *Housing America's Older Adults*.

**Figure VII-9.  
Living Arrangements for  
Seniors, Fort Collins, 2018**

Source:  
2018 ACS and Root Policy Research

	Number	Percent
Living alone	211,903	26%
Living with others	595,952	74%
Living with a family member	546,475	68%
Living with other than family member	49,477	6%

The Larimer County Office on Aging provides an inventory of senior housing options, including 780 subsidized housing units or units that have reduced rents for the elderly, which are also available to people with disabilities; 599 independent living spaces, 839 assisted living spaces, and 831 nursing home beds in Fort Collins.

As mentioned in Section I of this report – Housing – Fort Collins currently has a very tight housing market, with very low vacancy rates for rental housing, and a limited supply of for-sale housing that is affordable to many residents. While there is a number of low income housing units for seniors in the community, there is currently a shortage and this situation will likely worsen as the senior population increases.

Some of the more notable sources of affordable housing for seniors in the City include: The Legacy Senior Residences (72 units), The Northern Hotel (47 units), and DMA Plaza (126 units).

**Victims of domestic violence.** Local data on the prevalence of intimate partner violence (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>5</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 2015 and include state prevalence rates. These data are used to estimate the number of IPV victims in Fort Collins.

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-10. 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.

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<sup>5</sup> “National Intimate Partner and Sexual Violence Survey,” Center for Disease Control, National Center for Injury Prevention and Control, 2015.

Victims of domestic violence are disproportionately likely to be women—but it is a misconception that all victims are women. The 2015 national survey by the CDC reported that 21 percent of women had been the victim of severe physical violence compared to 15 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 34 percent of men have experienced rape, other physical violence, and/or stalking by an intimate partner in their lifetime according to the CDC survey.

**Figure VII-10.**  
**Domestic Violence by an Intimate Partner, U.S., 2015**

	Lifetime		12-Month	
	Women	Men	Women	Men
Percent experienced violence physical, sexual, and/or stalking	36.4%	33.6%	5.5%	5.2%
Number of Victims	43,579,000	37,342,000	6,584,000	5,786,000
<b>Type of Violence</b>				
Contact Sexual Violence	18.3%	8.2%	2.4%	1.6%
Physical Violence	30.6%	31.0%	2.9%	3.8%
Slapped, pushed, shoved	29.1%	28.8%	2.6%	3.4%
Stalking	10.4%	2.2%	2.2%	0.8%
Any severe physical violence	21.4%	14.9%	1.9%	2.0%

Source: Center for Disease Control, National Intimate Partner and Sexual Violence Survey 2015

**Fort Collins prevalence.** Approximately 25,500 women and 20,800 men in Fort Collins are estimated to have experienced IPV violence at some point in their lives. These numbers are based on the most recent (2010-2012 average annual estimates) 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 5,000 women and 3,500 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- to 24-year-olds, the age range during which IPV most commonly occurs for the first time.

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

<sup>6</sup> Male prevalence rates are based on national 12 month prevalence rates (state 12 month rates are not available).

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 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.” The Alliance also reports that studies on homelessness have shown a correlation between domestic violence and homelessness.

## Community Resources

This section discusses the resources available in Fort Collins for people with disabilities, seniors, and victims of domestic violence. Where appropriate, the services are organized by type of client targeted.

### Resources for persons with disabilities

- **Disabled Resource Services (DRS).** DRS is a nonprofit agency that provides a variety of services to people with disabilities in Larimer and Jackson counties. 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.
- **Accessible Space Incorporated (ASI).** ASI is a St. Paul, Minnesota nonprofit organization dedicated to creating supportive housing and assisted living options for people with disabilities and people 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.
- **Foothills Gateway.** Foothills Gateway is the local Community Center Board in Larimer County that serves Fort Collins. Foothills Gateway serves approximately 2,700 people with cognitive disabilities and their families annually through a broad range of programs and services. Approximately 500 individuals were on their waitlist for services at the end of 2019.
  - **Residential program.** Foothills Gateway’s residential program includes supporting individuals living independently in apartments, in companion settings, host homes or staffed homes.
  - **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 people 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. In 2019, 936 children were enrolled in 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 people with cognitive disabilities. The Children's Extensive Services program provides respite care to children living with their family.
- **Respite Care.** Respite Care provides care to families who have children with development disabilities. According to their website, Respite Care serves over 150 families and delivers more than 59,000 hours of care annually. Respite provides before and after school care, enhancement programs, overnight care, and vacation or crisis care up to 14 days.<sup>7</sup>
- **Elderhaus.** Elderhaus provides day services for adults 18 and over with special needs and their caregivers. The three populations served at Elderhaus are, "the original Elderhaus adult day care for those with dementia and other aging related needs, Mindset for adults with Down syndrome and other developmental disabilities, and Operation Salute for disabled veterans."<sup>8</sup> Services include transportation assistance, nutrition services, programming for veterans, mobile health services and a Medicaid Benefit Helper program.
- **Recreation Programs.** 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

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<sup>7</sup> <http://respitecareinc.org/our-mission>

<sup>8</sup> <http://www.elderhaus.org/services/who-we-serve/>

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 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>9</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.
- The Adaptive Recreation Opportunities (ARO) department with the City of Fort Collins provides quality and equal opportunities for recreation and leisure programs to people with disabilities. There are a variety of specialized recreational opportunities that provide inclusive participation support and transitional assistance via recreational therapy specialists.

**Resources for Seniors.** There are many resources for seniors in Fort Collins, as described below.

- **Larimer County Office on Aging (LCOA).** Many of the services for seniors in Fort Collins 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 ([www.larimer.org/humanservices/aging/ooa](http://www.larimer.org/humanservices/aging/ooa)).
- **Application Assistance.** LCOA offers hands-on assistance completing Long-Term Care Medicaid or Medicare Savings Program applications for residents aged 60 years and older and individuals 18 years and over living with a disability.

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<sup>9</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>.



- **Chore Voucher Program.** This program provides funding for low-income seniors to access chore services that they cannot perform safely on their own to allow residents to remain in their home.
  - **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.
  - **In-Home Services Voucher Program.** This program is designed to provide homemaker and personal care for individuals requiring assistance with activities of daily living such as housework, laundry, bathing, and dressing.
  - **Options Counseling.** Provides assistance in navigating the long term service and support system.
  - **Transition Coordination Services.** Provides information on transition options for individuals with Long-Term Care Medicaid benefits currently residing in a nursing home in transitioning into a home in the community.<sup>10</sup>
- **Volunteers of America.** Volunteers of America provides a variety of services to seniors including respite services, households assistance (grocery shopping, handyman services), congregate dining and volunteer transportation.
  - **SAINT.** Saint Volunteer Transportation (SAINT) provides transportation, through volunteers, to seniors in Fort Collins and Loveland. About 60 percent of seniors served are moderate to high income; 38 percent are low income. Many are physically and developmentally disabled and/or have mental illnesses. The nonprofit provides an estimated 17,000 rides annually in Fort Collins.
  - **Larimer County Special Needs Population Registry.** 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 people who may need assistance to evacuate their residence, in times of emergencies.
  - **City of Fort Collins Senior Center.** The City's Senior Center provides life-enhancing services to seniors and community members of all ages and income levels. The Senior Center provides essential, convenient wellness and fitness services, social and creative activities, and frequent outings that enable participants to explore Colorado's many outdoor recreation, arts and cultural offerings. The National Institute of Senior Centers (NISC), a national program with nine standards of excellence for senior center operations, accredited the Fort Collins Senior Center in 2016.

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<sup>10</sup> <https://www.larimer.org/humanservices/aging/ooo>

**Resources for Victims of Domestic Violence.** Fort Collins has several resources available to victims of domestic violence, as discussed below. 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 people living in poverty.

- **Crossroads Safehouse.** Crossroads Safehouse is Larimer County’s largest and oldest safehouse and is one of the largest providers of domestic violence services in the State of Colorado. The nonprofit has been in operation since 1980 and provides emergency and transitional housing for victims of domestic violence and their families. Crossroads also provides outreach services, support groups, advocacy, and referrals for the same population. In 2018, the Crossroads Safehouse fielded 1,400 crisis calls and served over 2,500 victims. The transitional housing program served 13 clients in 2018.

Legal assistance is also provided to clients of Crossroads Safehouse through the U.S. Department of Justice Legal Assistance for Victims program. In 2018, 381 clients received free legal assistance.<sup>11</sup> Crossroads Safehouse received a \$450,000 grant to implement rapid rehousing programs for victims of domestic violence over three years beginning in the Spring of 2020. The new rapid rehousing program is discussed in the Homelessness section of this report.

Crossroads provides:

- An emergency hotline for crisis intervention, available 24 hours/day, seven days/week with language translation services,
- A safehouse with emergency shelter (available from two to eight weeks and each family is given their own bedroom),
- Transitional housing for up to two years,
- Advocacy and support groups for individuals and families,
- Youth program help to increase self esteem and provide parenting assistance,
- Legal advocacy and representation,
- Domestic Abuse Response Team (DART) provides intervention 24/7,
- A unique program, Crosstrails, that provides emergency shelter/foster homes for pets belonging to Safehouse residents.

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<sup>11</sup> 2018 Form 990 Department of Treasury and Internal Revenue Service

- **Sexual Assault Victim Advocate Center (SAVA).** SAVA 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 provides support to over 1,200 victims of sexual assault, education to 1,000 community members, and education to 9,000 students annually. In 2018, 86 percent of victims were considered low income and 38 percent were assaulted before the age of 18.

## Analysis and Gaps

This section summarizes the primary needs and gaps for the three targeted populations discussed in this section: Persons with Disabilities, Seniors, and Victims of Domestic Violence.

**Persons with disabilities.** Approximately 14,500 persons in Fort Collins have one or more types of disabilities. Seniors make up nearly 70 percent of these residents and have the highest disability incidence rate; their most common disabilities are physical (hearing and ambulatory). Children represent just 4 percent of the population of persons with disabilities, with their most common disabilities related to learning and focusing disorders.

Persons with disabilities can face challenges finding employment and working full time; as such, their incomes are usually lower and poverty rates higher than non-disabled residents. Those living on social security alone receive only \$14,800 per year, which puts them below the poverty line.

**Key needs for persons with disabilities.** A wide range of supports are necessary to afford persons with disabilities equal enjoyment and participation in a community. These include affordable housing, public transit, supported employment services, respite care, educational supports, adaptive recreation and reasonable accommodations knowledge among residents, real estate providers and businesses.

Based on wait lists, an estimated 500 persons with intellectual and developmental disabilities could use expanded supportive services. Unemployment rates suggest 650 persons with disabilities would benefit from employment to accommodate their needs.

Interviews with service providers—some of whom were people with disabilities living in the community—also identified a critical need for expanded transit, particularly to allow later work hours, transportation to between communities (primarily Loveland), and to access the community on Sundays.

**Affordable and accessible housing.** 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, as many as 2,600 housing units in the City are lacking needed accessibility improvements. In 2017 the City revised the Land Use Code to add a process to review requests for reasonable accommodations for qualified individuals under the Fair Housing Act and the Americans with Disabilities Act.

Housing Catalyst only opens waitlists periodically for targeted special populations. As a result, Housing Catalyst's waitlist numbers are not indicative of community need. There are many households being served by Housing Catalyst who need accessible homes, and persons on the waiting list for housing units in need of accessible units. Housing providers interviewed during the development of the 2020 Consolidated Plan update indicate that persons with the need for an accessible rental, especially those who need efficiency or one-bedroom apartments, have increasingly had a hard time finding an affordable, accessible place to live. Many persons with disabilities need housing located near public transportation, services, and shopping, an added challenge when searching for a rental.

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. According to Housing Catalyst, 53 percent of public housing residents and 59 percent of voucher holders have a household member with a disability. These proportions are much higher than the proportion of residents in poverty who have a disability (15%), 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 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.

**Enhanced community services.** 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.
- 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. (e.g., 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. However, persons living in nursing homes may qualify for low cost hearing aids through the Post Eligibility Treatment of Outcome program through Medicaid.

Foothills Gateway has wait lists that average 500 individuals 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.

**Transportation options.** For many persons with disabilities, transit is their only source of transportation. For disabled workers over 16 years old, 69 percent commuted to work in their own car, 2 percent used public transportation, and 6.4 percent walked. 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 Monday through Saturday, from 5 a.m. to midnight and on Sundays and holidays from 8 a.m. - 7 p.m.

**Seniors.** Fort Collins is home to 18,000 seniors—and this population is growing. By 2030, the senior population in the City could approach 26,500.

Seniors have the highest incidence rate of disability in the City: 47 percent of seniors 75 years and older are disabled. This, coupled with the high proportion of seniors who live alone—25 percent—means that home health care support and disabilities services needs will increase significantly in the future.

**Key needs for seniors.** The vast majority of seniors age in place, due to both housing preferences and economic constraints. As such, key needs for seniors in Fort Collins—especially for the growing number of seniors—include accessibility accommodations to their homes, transportation accommodations for those who cannot drive, and social service supports such as aging resources, nutrition, and household services.

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 10 years. The primary gaps include the following.

**Housing options for Grandfamilies.** As discussed in the At-Risk Youth section, as many as 753 grandparents in Fort Collins have grandchildren living in their homes; 400 are the primary care givers to these children. 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.

**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 2,600 Fort Collins households have a need for accessibility improvements; many of these households are seniors. The need for accessibility improvements will increase in the next 15 to 20 years as the relatively large cohort of “near seniors” ages.

**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 7,200 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.

***Social service supports and transportation.*** As the senior population in Larimer County and Fort Collins more than doubles in the next 10 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.

***Victims of domestic violence.*** Based on the 12-month prevalence of IPV and above service needs, if 5,000 Fort Collins women and 3,500 men experience IPV annually, approximately 700 (400 women and 300 men) would need services on a monthly basis. This compares to the 2,500 total victims served by Crossroads Safehouse in 2018.

***Key needs for victims of domestic violence.*** For victims of domestic violence, quick access—to services, to housing and to income supports—is critical. Fort Collins provides many of the critical services for victims of domestic violence, except for dedicated, permanent supportive housing. It is important to ensure that quick access to emergency health care and longer term mental health support remains in place. These include the following:

***Emergency health care 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.

***Safehouses/Emergency shelters and transitional housing.*** The National Alliance to End Homelessness argues that “having an affordable place to call home is crucial for this population, to both reduce their risk of homelessness as well as the possibility of future violence. Research indicates that families that receive a housing subsidy after exiting homelessness are far less likely to experience interpersonal violence than those that do not.”<sup>12</sup> This includes permanently affordable rentals as well as transitional housing that can be accessed quickly, when needed by victims fleeing violence. More than 90 percent of homeless mothers report being physically or sexually abused in their life.<sup>13</sup>

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<sup>12</sup> <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/domestic-violence/>

<sup>13</sup> <https://bassukcenter.org/wp-content/uploads/2015/11/Services-Matter.pdf>



Fort Collins has both emergency beds and transitional housing to assist victims—but no dedicated permanent, supportive housing to assist victims of domestic violence.

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 3,500 men experienced domestic violence in the City in the past year

**Counseling and mental health support.** Domestic violence can have lasting effects. The National Alliance to End Homelessness argues that that IPV victims require ongoing supportive services to address the trauma of abuse, well-being, and maintain their economic security.

**Faster access to mental health services.** The NIPSVS estimates the prevalence of physical and mental health conditions for victims of IPV. These conditions include difficulty sleeping (38% for victims; 15% for women with no history), frequent headaches (26% for victims; 12% for women with no history), and high blood pressure (25% for victims; 19% for women with no history).<sup>14</sup>

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.

**Permanent, affordable housing.** Finding affordable housing, especially quickly, as is the case of domestic violence victims, is especially challenging in tight rental markets. Victims may be more reluctant to leave their situations if affordable housing is not perceived as readily available. As mentioned above, Fort Collins has no dedicated permanent, supportive housing to assist victims of domestic violence.

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<sup>14</sup> <https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pdf>