



Root Policy Research

6740 E Colfax Ave, Denver, CO 80220

www.rootpolicy.com

970.880.1415

City of Longmont

2020 Human Service Needs Assessment

FINAL

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EXECUTIVE SUMMARY

Executive Summary

The City of Longmont's 2020 Human Service Needs Assessment (HSNA) identifies human service needs of Longmont's low and moderate income residents from the perspective of stakeholders and residents, explores gaps in the city's safety net, and concludes with recommendations for priorities for directing the city's Human Service Agency Funding Program grants.

To develop the 2020 HSNA, the study team relied on the most current data available from the American Community Survey and other state and federal sources; recent needs assessments prepared by local organizations, and extensive community engagement conducted with Longmont residents and stakeholders. Community engagement included focus groups with residents and area service providers, interviews with subject matter experts, and a survey of more than 1,100 Longmont residents. We are grateful to the staff at local organizations who hosted the resident focus groups and to the residents who participated.

COVID-19 Pandemic

While the full extent of the economic, social, and cultural impacts of the pandemic are not yet fully known, we believe that the need for assistance with housing costs, landlord/tenant mediation, and employment assistance has only grown since implementation of statewide shutdowns of most industries. Focus groups planned for the HSNA and conducted in June and July 2020 included a discussion of the pandemic's impacts on resident and community needs. Findings from these discussions are incorporated throughout the balance of the needs assessment. One of the major needs magnified by the COVID-19 crisis is the urgent need to bridge the digital divide, addressing not only Internet access, but access to devices and digital literacy.

Findings

Longmont is a welcoming community that takes care of its residents. Residents point to the city's blue-collar origins, strong immigrant community, and (historically) affordable homes to rent or buy as some of the qualities that distinguish Longmont from other Boulder County communities. Residents who moved to Longmont from other cities and states noted that Longmont has a wider variety public services as well as better treatment toward residents served. Residents of from all walks of life feel welcome in Longmont and are proud to call the city home.

"In Longmont, we take care of each other."

- Longmont and its partners invest in the city's social safety net, and with a few exceptions, residents and stakeholders discussed the need for increased resources dedicated to housing stability.
- Gaps in needed resources or services include:
 - Local crisis mental health services, local housing crisis services;
 - Digital inclusion; and
 - Case management capacity.

Digital divide. The digital divide—lack of access to the Internet, lack of access to Internet-capable devices, and digital literacy—has been a point of concern in the past, but amplified dramatically during the COVID-19 pandemic as much of daily life, from children's education to work to service delivery has shifted online, leaving many of the community's most vulnerable populations behind. The digital divide disproportionately impacts low income residents, those who are precariously housed, older adults, and low and moderate income households with children.

- This limits access to education, employment, medical and mental health care, worship services, social outlets and a resident's ability to find information about services and benefits that may help them meet their family's basic needs.
- Among older adults the lack of access and digital literacy challenges increase social isolation.

Housing stability. Finding affordable housing to rent or buy is increasingly challenging in Longmont, and rents continue to rise. Pre-COVID, a significant share of low income households, low and moderate income families with children, and many renters struggled to pay their rent or mortgage.

- Housing instability is amplified by the COVID crisis and many of those who were already living on the edge still experience COVID-related unemployment, loss of childcare, and impediments to employment resulting from continued (partial) school closures.
- Rent subsidies and utility subsidies are a growing need, particularly among LMI families with children, low income households, and low income older adults. Homelessness prevention and quick diversion is a growing need.
- 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.

Self-sufficiency and resilience. Single mothers, the unemployed, children under 5, and adult residents without a high school degree are twice as likely to live in poverty.

Before COVID-19, many of the resident survey participants experienced a number of indicators of financial vulnerability, including living paycheck to paycheck, paying bills late or for less than the amount due, borrowing money from friends or family, and borrowing money from short-term lenders like pawn shops and payday loans.

- These vulnerabilities are especially prevalent among low income households, LMI families with children, and residents who are precariously housed. All of these factors suggest that economic shocks—like sustained unemployment due to a pandemic—will push families in near crisis into deeper financial difficulty.
- In order to pay housing costs or other bills, low income residents and moderate income residents reduced or went without dental care, needed car repairs or maintenance, and health care. Delaying dental care or health care and car repair or maintenance can lead to a health or transportation crisis with further impacts on the household's economic and social stability.
- The COVID-19 pandemic unemployment spike will further diminish the ability of residents living in poverty to reach self-sufficiency. In Longmont, residents in poverty had an unemployment rate *10 times* higher than residents above the poverty threshold before the pandemic (3% v. 30%).

Food and nutrition. Among resident survey participants, more than two in five low and moderate income households with children, one in three respondents who are precariously housed, and one in three low income households experienced reducing or going without food in 2019. LMI families are also more likely to have reduced or gone without baby supplies or clothing. Provision of food from local food banks has transitioned from a consumer choice model to pre-prepared boxes due to COVID-19 safety measures. As such, consumers receive boxes that may not align with their dietary needs (e.g., low salt, vegetarian) or that include more food than the participant can eat due to household size or smaller appetites of older adults. Participants did like the efficiency of the “drive thru” food bank and suggested that with a few modifications to allow for size of household and dietary needs, some would prefer to continue with the “drive thru” method.

Health and well-being. Isolation, loneliness, coping with family and work stresses, in-home schooling for children, job impacts, loss of recovery and mental health peer supports due to COVID-19 are all examples of the types of mental health impacts described by residents and stakeholders. There is a perception among residents and stakeholders that crisis mental health care services are not readily available in Longmont, either due to limitations on hours of availability or lack of local service (e.g., detox facility). An estimated 3,700 adults have a serious mental illness in Longmont.

Education and skill building. If schools remain online-only or shift to a hybrid of in-person and online learning, serious equity issues—both racial/ethnic and socioeconomic—and adverse employment consequences will grow with devastating

impacts on housing stability, health and well-being, poverty, homelessness, and educational attainment. Longmont's childcare providers, including family home providers, are experiencing significant impacts from COVID-19 closures, reduced demand for traditional services, and increased costs of safely providing care. At the same time, applications for affordable childcare programs like Head Start and CCAP are rising. A childcare crisis looms.

Safety and justice. Low income households, those who are renters or are precariously housed, and low and moderate income families with children are more likely than other respondents to have safety concerns in their neighborhood. Stakeholders and residents discussed three types of safety and justice needs in the focus groups and interviews—capacity building for law enforcement around engaging with residents with disabilities and mental illness; concern about the impact of COVID shutdowns on child abuse and domestic violence and capacity of local resources for domestic violence; and racial and ethnic tensions stirred by federal policy decisions (e.g., “public charge” rules) and the death of George Floyd in Minneapolis.

Immigrants, refugees, asylees. Residents who are immigrants experience additional difficulties accessing resources due to lack of language access, immigration status, and issues stemming from the digital divide. Language access and immigration status are the primary barriers, but even those with legal status may refuse needed resources out of fear of being considered a “public charge.” For example, in Longmont 46 percent of non-naturalized residents are uninsured compared to 7 percent overall. Language access accommodations and culturally competent programming and service delivery must be strengthened, particularly by the City of Longmont.

Residents with disabilities. Residents with disabilities do not experience the same level of inclusion and described being more isolated than other residents, even prior to COVID.

Lack of information and system navigation difficulties. It is hard for residents, and many stakeholders, to find information about programs or services available in Longmont. Difficulty finding information is amplified for residents who lack access to the Internet, Internet-capable devices, or have limited digital literacy. Language access is also a barrier.

Recommendations

The recommendations encompass continued response to the unfolding COVID-19 crisis and long term investments to strengthen the city's safety net and increase residents' resiliency and stability.

#1—Continue and strengthen existing programs and services. The City of Longmont provides essential leadership, services, and funding to the web of county and community organizations and residents helping their most vulnerable neighbors “get more

from life” and live up to the to the promise that *“in Longmont, we take care of each other.”* Housing stability, self-sufficiency and resilience, food and nutrition, health and well-being, education and skill development, and safety and justice, are essential components of the system of care that is truly a safety net for the people of Longmont. This needs assessment and ongoing impacts from the COVID-19 pandemic demonstrate clearly that maintaining and strengthening the city’s safety net will be essential for long term community resiliency.

1-A. Prioritize housing stability. Maintaining housing stability and becoming housed in a safe environment is a necessary condition toward addressing the causes and conditions of generational poverty and homelessness—and to building a strong foundation for individual and family self-sufficiency and resilience.

As the COVID-19 crisis continues, we recommend Longmont direct resources to housing stability efforts to prevent evictions, foreclosures, and homelessness and as an opportunity to address more deeply rooted causes of housing insecurity. Both in response to the pandemic and over the long term, stakeholders note that affordable housing is the best way to stabilize a household and enable them to then build skills and become self-sufficient. Longmont is doing a great job facilitating the production of affordable housing—yet there are never enough resources.

We recommend that the city encourage its foundation and corporate partners to prioritize filling the gaps that exist with state and federal supports for housing stability (e.g., CARES Act funds, unemployment supplements) that cannot be accessed by undocumented immigrants. This would also include resources that may be accessible but may result in a finding of public charge that would negatively impact an immigrant’s path to citizenship (“public charge” issues).

1-B. Proactively support employment. Temporary unemployment or furloughs caused by COVID stay at home orders and economic shutdowns—particularly in services, restaurants, and retail—may become permanent due to business closures or wholesale shifts in how those industries operate. These disproportionately affect women and single female heads of households, as well as immigrants, who are more likely to work in the most vulnerable industries. And needs may broaden to workers who may not have needed job training and skill development in the past. In addition, disruptions to in-school learning are likely to continue and adversely impact labor force participation of parents, especially single parents.

Economic development efforts should pay attention to the labor force characteristics of those most impacted by COVID, and direct resources to development partnerships with employers whose jobs that match the skill sets of the unemployed. On the industry side, job training should be directed to match the needs of employers. Assistance with learning about career opportunities and resources to replace lost wages will be needed while residents participate in training or certification programs.

1-C. Support access to childcare and prepare for provider closures. Employment and school disruptions are building to a crisis for parents and childcare providers that will likely have long term impacts on the supply of childcare slots (both centers and in-home) in Longmont, as well as the broader region. Government subsidies for childcare (CCAP, Head Start) were oversubscribed prior to the crisis, and applications for both have doubled during the crisis.

Childcare centers and family home providers—whose margins were razor thin pre-COVID—cannot survive at 50 percent capacity. Centers or family homes may not be large enough to provide adequate social distancing, and the cost of equipment, supplies, and staff to comply with disinfecting protocols may be cost prohibitive. Some parents may choose to keep their children at home while they work or may request only part-time out-of-home care; both further impact the potential revenue for providers. In sum, demand for care is likely to increase and the already-limited slots are likely to decrease.

1-D. Be mindful of the vast impacts of continued school closures on children, families, and employers. Continued school closures that keep children out of school buildings for less than five days a week will have wide ranging, deep, and potentially devastating impacts across the spectrum of social determinants of health, including widening educational inequities, parent/caregiver job loss, childcare center/provider closures, lack of preventative health, vision, and dental care, increased risk of sustained episodes of child abuse due to decreased contact with mandatory reporters, and food insecurity. Prior to COVID, language access, difficulty with enrollment timing and paperwork, and reliance on online curricula and parent portals disproportionately impacted parents with limited English proficiency, limited digital literacy, and low income parents who lack Internet access or access to devices.

#2—Emphasize “no wrong door” approach to human service intake.

In focus groups, residents described the difficulty they experience navigating assistance systems, finding out which organizations offer what services, eligibility, etc. This search for help is made more frustrating and overwhelming in times of crisis, much less a pandemic that shifted nearly all information provision online. Efforts to connect to help are even more difficult for those with limited English proficiency or limited digital literacy (much less those who lack access to the Internet entirely).

At a minimum, stakeholders and residents emphasized the importance of more effective outreach to low income residents, especially older adults and the immigrant community, so that these populations understand the resources that are available in Longmont. Service providers expressed a desire for increased networking, cross-training, or collaborations so that organizations can more effectively serve residents.

Stakeholders also discussed the value of being able to assess a resident’s needs—beyond the immediate service sought—at the initial point of contact, a sort of universal intake, that would then prompt referral to other services or, for those with the most intensive needs,

access to a case manager whose role is help the resident navigate systems and connect to resources to address underlying issues that threaten housing stability, self-sufficiency, and resilience. This approach may be analogous to the coordinated entry system used by homeless service providers or build upon the human service intake system deployed in Boulder County.

#3—Invest for long-term resiliency. The needs assessment identified three critical gaps in Longmont’s current safety net that will require investment of additional resources to develop:

- Crisis mental health and housing crisis services:
- Digital inclusion; and
- Case management.

3-A. Crisis mental health and housing crisis services. Both stakeholders and residents discussed the lack of options in Longmont for residents in mental health crisis or in a sudden housing crisis with no place to sleep.

Specific needs for expanded mental health crisis capacity in Longmont include:

- Walk-in mental health crisis service available 24/7;
- Mental health professionals available 24/7 to pair with law enforcement who encounter residents in mental health crisis;
- Local provision of 72-hour Substance Use Emergency Commitment/Substance Use Involuntary Commitment or Mental Health holds; and
- Social detox services provided locally, and expanded substance use treatment opportunities for low income residents.

Emergency housing crisis resources needed in Longmont:

- Increased local capacity for emergency overnight domestic violence shelter; and
- Emergency overnight shelter for families who lose their homes. There is no place for parents and children to go, other than in their car (if they have one).

The HOPE SafeLot is meeting a critical need, providing a safe place for Longmont residents living in vehicles to park, take showers, and share meals.

3-B. Digital inclusion—proactively bridge the digital divide. Getting residents who need access to the Internet and Internet capable devices will be essential for residents to access employment opportunities, participate in training or skill development,

participate in or facilitate a child's schooling, access services, and stay connected to family, social, and spiritual networks. Working to improve digital literacy will also be key, particularly for older adults, residents with limited English proficiency, and those who are unfamiliar with smart phones, tablets, or basic Internet functionality (email, filling in forms, Internet privacy and security).

- Longmont's community-owned broadband service should be affirmatively marketed to low income residents, older adults, residents with limited English proficiency, and households identified by the St. Vrain Valley School District as lacking Internet access. Efforts to remove barriers to service at the property level should continue.
- With community foundation and corporate partners, develop a digital inclusion strategy for Longmont. Device access and increasing digital literacy are essential to bridging the gap and will require multiple partners. Evaluate the efforts of other communities to pursue digital inclusion goals and determine the best path forward for Longmont. The City of Austin's Digital Inclusion Strategic Plan, which led to the creation of a partnership between the Housing Authority of the City of Austin and Austin Pathways called *Unlocking the Connection*, is a best practice in connecting housing authority residents with the digital world. (<https://austinpathways.org/unlocking-the-connection/>) The Sacramento Coalition for Digital Inclusion (<https://digitalinclusionsac.org/>) is another example an approach to digital inclusion.

3-C. Build case management capacity to support stability and resiliency.

Residents in crisis or who are looking to lift their family out of economic insecurity often need a high degree of personal assistance for a short period of time. Others require the level of support found in permanent supportive housing models. Building the capacity of case management, peer coaches, or community navigators may address the information and system navigation barriers residents experience and have more lasting positive impacts on housing stability and self-sufficiency.

Residents and stakeholders discussed how some people need high levels of intense services to achieve housing stability and self-sufficiency, while others need assistance to weather a short-lived, but unexpected crisis.

How do We Measure Success?

Measuring progress toward becoming a more resilient community can be difficult. Residents and stakeholders shared their perspectives on the markers of success. Academic research and public health literature provide estimates of the return on investment from dedicating resources to the social determinants of health.

Measuring success—stakeholder perspectives. Stakeholders participating in focus groups and interviews offered a range of descriptions of what Longmont would be like if the City and its partners successfully supported residents, resulting in increased self-sufficiency and resilience. These include:

- *“Becoming an equal opportunity community.” (Stakeholder focus group participant)*
- *“Integrated services and community partnerships.” (Stakeholder focus group participant)*
- *“Diversity in leadership and high skilled jobs.” (Stakeholder focus group participant)*
- *“More people visiting the clinic, we know demand is there.” (Stakeholder focus group participant)*
- *“Parents more involved and educated on their children’s lives and resources.” (Stakeholder focus group participant)*
- *“Less hurdles for immigrants including fees for residency and educational opportunities.” (Stakeholder focus group participant)*
- *“Better collaboration between human service groups.” (Stakeholder focus group participant)*

Measuring success—insights from the literature. Direct measurement of resource investment in human capital can be difficult to quantify. Recent studies related to housing stability, childcare, the digital divide, and reducing domestic violence provide some estimates of the return on investment.

Housing stability. Research has overwhelmingly shown better educational and labor market outcomes for children who are stably housed.^{1, 2, 3} Furthermore, keeping families housed is a sound fiscal choice; providing services for homeless persons can be up to five times more expensive than the costs of supportive housing services.⁴ Having a balanced housing market can alleviate poverty concentrations, which are costly for the community overall.

Childcare and early childhood development. Investments in early childhood development and early education have a substantial payoff. They lead to immediate increases in parental earnings and employment, and greater educational attainment and earnings for children once they reach adulthood. Existing research suggests expanding early learning initiatives would provide benefits to society of roughly \$8.60 for every \$1 spent, about half of which comes from increased earnings for children when they grow up.

¹ Chetty, Raj, and Nathaniel Hendren. "The impacts of neighborhoods on intergenerational mobility I: Childhood exposure effects." *The Quarterly Journal of Economics* 133.3 (2018): 1107-1162.

² Chetty, Raj, and Nathaniel Hendren. "The impacts of neighborhoods on intergenerational mobility II: County-level estimates." *The Quarterly Journal of Economics* 133.3 (2018): 1163-1228.

³ Owens, A. (2017). Report for ICP v. Department of Treasury and Office of the Comptroller of the Currency, 3:14-3013-D.

⁴ Flaming, D., Burns, P., & Matsunaga, M. (2009). *Where we sleep: Costs when homeless and housed in Los Angeles.*

Impacts of school closures. School closures will pose substantial costs for children, especially children living in low and middle income households. Projections of COVID-19-related learning loss indicate that students are likely to return in fall 2020 with approximately 63-68 percent of the learning gains in reading relative to a typical school year and with 37-50 percent of the learning gains in math. However, losing ground during the COVID-19 school closures will not be universal, with the top third of students potentially making gains in reading.⁵ Estimates of other school closures for U.S. pandemic flu mitigation find that closing all schools in the U.S. for four weeks could have job absenteeism costs of 0.1-0.3 percent of GDP (\$20 to \$60 billion).⁶

Digital divide. The COVID-19 pandemic has brought to the surface the widely recognized benefits of broadband access. Before the pandemic research showed that increasing broadband penetration by 10 percent is correlated with a 1.21 percentage point increase in economic growth.⁷ Broadband access expands employment opportunities for adults, and Internet access is now required to fully participate in the educational system. Furthermore, now there are clear healthcare benefits associated with increased access to broadband.⁸

Domestic violence and child abuse prevention. Domestic violence prevention and support for victims can avoid substantial costs. Estimates indicate that intimate partner violence lifetime can cost up to \$103,767 per female victim and \$23,414 per male victim. Around 60 percent of these costs are medical, and another 37 percent are attributed to lost productivity.⁹ The estimated economic costs of child abuse are higher, at up to \$249,855 per victim, two-thirds of the costs are related to the productivity losses—victims of child abuse have lower earnings over their entire span of working years—and another 15 percent of the costs are healthcare related.¹⁰

⁵ Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Liu, J. (2020). Projecting the potential impacts of COVID-19 school closures on academic achievement.

⁶ Lempel, H., Epstein, J. M., & Hammond, R. A. (2009). Economic cost and health care workforce effects of school closures in the US. *PLoS currents*, 1.

⁷ Qiang, C. Z. W., Rossotto, C. M., & Kimura, K. (2009). Economic impacts of broadband. *Information and communications for development 2009: Extending reach and increasing impact*, 3, 35-50.

⁸ Levine, L., & Taylor, M. P. (2018). Closing the Digital Divide: A Historic and Economic Justification for Government Intervention. University of California Riverside School of Public Policy Working Paper Series WP# 18, 5.

⁹ Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American journal of preventive medicine*, 55(4), 433-444.

¹⁰ Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child abuse & neglect*, 36(2), 156-165.

SECTION I.

HUMAN SERVICE NEEDS ASSESSMENT PROCESS

SECTION I.

Human Service Needs Assessment Process

The City of Longmont's 2020 Human Service Needs Assessment (HSNA) identifies human service needs of Longmont's low and moderate income residents from the perspective of stakeholders and residents, explores gaps in the city's safety net, and concludes with recommendations for priorities for directing the city's Human Service Agency Funding Program grants.

Focus Areas for Funding

Longmont's Human Service Agency Funding Program awards human service grants to community agencies "that assist our most vulnerable residents to meet their individual and family's basic physical, social, economic and/or emotional needs."¹ Based on the 2017 HSNA, the Community Services Department identified the six focus areas for funding. The focus areas form the foundation for the 2020 HSNA, and include:

- **Housing stability.** Supporting a continuum of affordable housing options; helping people find and sustain stable housing.
- **Self-sufficiency and resilience.** Supporting households during tough economic times; helping households attain steady employment with livable wages and move toward self-sufficiency; and helping households remain as self-reliant as possible.
- **Food & nutrition.** Helping households obtain adequate quantity and quality of food.
- **Health & well-being.** Ensuring access to affordable medical, dental and mental health care.
- **Education & skill building.** Starting young and continuing throughout all stages of life, offering education, and skills training that are the building blocks of self-sufficiency.
- **Safety and justice.** Ensuring safe and supportive environments for vulnerable children and adults.

¹ June 2019 City of Longmont General Notice for the 2020 Human Service Agency Funding Cycle, 2020 application process.

Data Sources

To develop the 2020 HSNA, the study team relied on:

- The most current data available from the American Community Survey (ACS) from various years;
- Data from the Bureau of Labor Statistics;
- Data from the Department of Housing and Urban Development;
- Decennial Census data;
- Colorado Department of Education data;
- Longitudinal Employer–Household Dynamics (LEHD) data;
- ArcGIS Living Atlas of the World;
- Colorado Department of Human Services data;
- Hunger Free Colorado data;
- Feeding America data;
- City of Longmont Domestic Violence Data Analysis and Report for 2018.
- Resident and stakeholder community engagement conducted from January through July 2020; and
- Local needs assessments and studies conducted by other organizations.
 - 2019 Community Health Needs Assessment, Longmont United Hospital
 - OMNI report—Recommendations for a Coordinated Behavioral Health System in Boulder County
 - Boulder County Public Health 2017 Community Health Assessment
 - AgeWell Boulder County 2019 report—Aging in Boulder County, Past, Present, Future
 - Home Equity: A Vision of Housing Security, Health, and Opportunity, by the Colorado Health Institute

2018 Poverty thresholds. Each year, the U.S. Census Bureau publishes Poverty Thresholds by size of family. Figure I-1 presents the poverty thresholds for 2018, the most recent year county-level poverty data are available from the ACS. All poverty-related data from the 2018 5-year ACS is calculated by the Census Bureau using these thresholds.

Analyses drawn from the resident survey include residents in poverty as well as those on the verge of poverty (150% to 185% of the Federal Poverty Level, also referred to as a Poverty Ratio by the Census Bureau) and are approximated for the City of Longmont by two income categories: those with household incomes less than \$35,000 and those with household incomes of \$35,000 up to \$50,000. By design, participants in resident focus groups had household incomes that ranged from below the poverty threshold up to 185 percent of the poverty threshold—approximately \$52,000 for a renter household with two adults and two children. These income levels also correlate to HUD’s definitions of low and moderate income households for Longmont.

Figure I-1.
2018 Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years (in dollars)

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under age 65	13,064								
Aged 65 and older.....	12,043								
Two people:									
Householder under age 65	16,815	17,308							
Householder aged 65 and older ..	15,178	17,242							
Three people.....	19,642	20,212	20,231						
Four people	25,900	26,324	25,465	25,554					
Five people	31,234	31,689	30,718	29,967	29,509				
Six people	35,925	36,068	35,324	34,612	33,553	32,925			
Seven people	41,336	41,594	40,705	40,085	38,929	37,581	36,102		
Eight people.....	46,231	46,640	45,800	45,064	44,021	42,696	41,317	40,967	
Nine people or more.....	55,613	55,883	55,140	54,516	53,491	52,082	50,807	50,491	48,546

Source: U.S. Census Bureau.

Community Engagement

Community engagement conducted to support the needs assessment included a comprehensive resident survey, focus groups with residents, focus groups with human service agencies and other community stakeholders, and stakeholder interviews. In addition, the St. Vrain Community HUB in Longmont hosted a community meeting in 2019 that included discussion of human service needs as part of the Boulder Broomfield HOME Consortium’s Consolidated Plan process.

Timing of community engagement and COVID-19. Survey data collection closed on March 15, 2020, a few days before the State of Colorado’s first “shelter in place” or “stay home” orders to support social distancing in response to the COVID-19 crisis. As such, the survey data characterize housing, economic, community, and human service needs at the onset of the COVID-19 economic and social shutdowns. Consider the needs demonstrated in the survey as the lower bound estimate of current need, as it does not include the effects of the pandemic. Focus groups occurred in June and July 2020, and participants spoke to their experience both prior to and during the first six months of the pandemic.

Focus groups and interviews. The Root team moderated 13 focus groups—seven with residents and six with stakeholders—and interviewed 15 additional stakeholders. The stakeholder focus groups and most of the resident focus groups were conducted online using WebEx, GoToMeeting or ZOOM. All online groups included an option to call in to participate, and the focus group with Spanish-speaking older adults was conducted by phone using Senior Service’s conference system. In-person focus groups were held at the Recovery Café and at the HOPE SafeLot location. All resident focus group participants received a \$20 Wal-Mart or King Soopers gift card.

The project team would like to thank the organizations that hosted resident focus groups. Without their willingness to creatively recruit participants and to open their virtual or actual doors to the project team, it would not have been possible to conduct the resident focus groups. We are grateful to our focus group hosts and the residents who participated:

- The Center for People with Disabilities—parents of children with disabilities;
- Community Food Share—food bank customers who live in Longmont (mobile and Lousiville warehouse);
- Homeless Outreach Providing Encouragement (HOPE) SafeLot—SafeLot Pioneers;
- The Immigrant Legal Center of Boulder County (Boulder Ayuda)—DACA-eligible residents;
- The Recovery Café—Recovery Café members;
- City of Longmont Senior Services—Spanish-speaking seniors; and
- City of Longmont/Neighborhood Group Leaders Association—neighborhood leaders.

While stakeholder focus group participants discussed the spectrum of human service needs in Longmont, four of the six stakeholder groups emphasized different funding focus areas:

- Housing, self-sufficiency, and resilience;
- Food, nutrition, health, and well-being;
- Education and skill building; and
- Safety and justice.

We are grateful for the efforts of Longmont Community Services staff to identify and invite stakeholders to participate in the focus groups. Representatives from the following organizations participated in stakeholder focus groups or interviews.

- Blue Sky Bridge
- Boulder County AIDS Project (BCAP)
- Boulder County Legal Services
- Boulder County Families and Children
- Boulder County Healthy Youth Alliance
- Boulder County Housing and Human Services
- Boulder County Public Health
- Children First of the Rockies
- Community Food Share
- Dental Aid
- Emergency Family Assistance Association
- Engaged Latino Parents Advancing Student Outcomes
- Growing Gardens
- Homeless Outreach Providing Encouragement (HOPE)
- Homeless Solutions for Boulder County
- “I Have a Dream” Foundation of Boulder County
- Imagine!
- Immigrant Legal Center of Boulder County (Boulder Ayuda)
- Inn Between
- Intercambio Uniting Communities
- Longmont Housing Authority
- Longmont Housing and Human Services Advisory Board
- Longmont Senior Services
- Longmont Sustainability Program
- OUR Center
- Recovery Café
- St. Vrain Habitat for Humanity
- St. Vrain Valley School District
- Wild Plum
- Workforce Boulder County
- YMCA of NOCO

Resident survey. Residents of Longmont shared their experiences with housing choice, human service needs, and accessing community resources through a resident survey. Offered in English and Spanish, the resident survey was available online and in a postage-paid mail version. A total of 1,171 Longmont residents participated in the resident survey. The survey instrument included questions about residents’ current housing and financial situation, housing and transportation challenges, community resources, and experience with housing discrimination.

Sampling note. The survey respondents do not represent a random sample of the city of Longmont. A true random sample is a sample in which each individual in the population has an equal chance of being selected for the survey. The self-selected nature of the survey prevents the collection of a true random sample. Important insights and themes can still be gained from the survey results however, with an understanding of the differences of the sample from the larger population.

Sample size note. When considering the experience of members of certain groups, the sample sizes are too small (n<40 respondents) to express results quantitatively. In these cases, we describe the survey findings as representative of those who responded to the survey, but that the magnitude of the estimate may vary significantly in the overall population (i.e., large margin of error). Survey data from small samples are suggestive of an experience or preference, rather than conclusive. Figure I-2 presents the resident survey sample sizes for Longmont participants. Throughout this report, survey data for “Longmont” include all respondents living in the city of Longmont.

**Figure I-2.
Resident Survey
Sample Sizes**

Note:

“LMI and children” are low and moderate income households (< \$50,000) with children under the age of 18.

Source:

Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Resident Survey Sample Sizes	Longmont
Total Responses	1,171
Household Composition	
Households with children	264
LMI and children	87
Older adults (ages 60+)	406
Households with a member with a disability	277
Race/Ethnicity	
Hispanic	63
Non-Hispanic Minority	36
Non-Hispanic White	691
Housing Tenure	
Homeowner	782
Renter	325
Mobile home	11
Precariously housed	60
Household Income	
< \$35,000	241
\$35,000 - \$50,000	96
\$50,000 - \$75,000	127
\$75,000 - \$100,000	94
\$100,000+	216

Balance of Report

The subsequent sections of the report include:

- Section II identifies the resident groups in Longmont with the greatest needs based on a demographic scan and using indicators within the social determinants of health and Longmont’s human service focus areas;

- Section III presents resident and stakeholder perspectives on human service needs, the current safety net and local support system, as well as the impacts of COVID-19 on needs and resource availability;
- Section IV compares resources with needs; and
- Section V includes recommendations and a discussion of metrics that are commonly used to measure human service program outcomes.

SECTION II.

COMMUNITY SNAPSHOT

SECTION II.

Community Snapshot

Using the most recent data available, this section identifies the types of residents in Longmont who are most likely to have human service needs—and how that is changing under the COVID-19 pandemic. The section incorporates a social determinants of health framework, specifically for low and middle income residents. Social determinants of health refers to the conditions in which people live, work, and function, and how those affect residents' health risks and outcomes.

The analyses primarily rely on a variety of data sources and present key indicators of each determinant prior to the COVID pandemic. As of this writing (July 2020), unemployment is still high, many businesses are closed or only partially reopened, and Colorado eviction protections are slowly being eased, so the impacts of the crisis may continue to deepen. For a full data profile of the City of Longmont, please see Appendix A.

Primary Findings

The City of Longmont's Human Service goal areas are aligned with social determinants of health. Within that framework, need is measured through:

- Housing stability—affordability, homelessness, and link between housing and health.
- Self-sufficiency and resilience—earnings and income, unemployment, access to technology/broadband, and childcare access.
- Food and nutrition—SNAP beneficiaries, and food insecurity.
- Health and wellbeing—health insurance coverage, and other health needs assessments conducted for the community.
- Education and skill building—graduation rates and educational attainment.
- Safety and justice— crime rates, domestic violence and child abuse reports.

Prior to the COVID-19 pandemic, residents in Longmont with the greatest human service needs, determined through the social determinants of health, included:

- Older adults, who are growing in numbers. The number of residents over 65 living alone has almost doubled since 2010 (2,180 to 4,100 residents).
- Residents twice as likely to have incomes below the federal poverty line, including single mothers (2,300), the unemployed (4,800), children under 5 (3,700), and adult residents without a high school degree (6,000).

- Residents with low high school graduation rates. Students with a disability have a graduation rate of 62 percent and students experiencing homelessness have a graduation rate of 60 percent; more than 20 percentage points lower than students in the district overall (86%).
- Residents needing mental and behavioral health services. An estimated 3,700 adults have a serious mental illness in Longmont.
- Children living in homes with domestic violence. Between 2015 and 2018, the number of domestic violence reports increased from 701 to 955 in Longmont, including an increase from 67 to 116 in cases where child abuse was charged.
- Households without access to affordable housing. A housing gaps analysis from 2018 identified a shortage of 2,500 units affordable to households earning less than \$35,000 per year, as well as the need for homes to buy priced at less than \$375,000 for renters to become owners. The share of housing affordable to people with low and moderate incomes is growing increasingly scarce: Between 2013 and 2018, the rental market lost more than 2,000 affordable units for low income households due to increases in market rents. Furthermore, 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.
- Non-naturalized foreign born residents who are uninsured. In Longmont 46 percent of non-naturalized residents are uninsured compared to 7 percent overall.

The ongoing COVID-19 pandemic is likely to exacerbate needs among many resident groups, and expand needs among others:

- Service, food, and accommodations workers have the lowest median earnings among all occupations, have some of the most difficulty making ends meet during COVID, and could continue to struggle in a post-COVID economy. These workers are more likely to be female, many are single parents, and may be unable to work from home.
- Broadband access is still limited, and access is increasingly limited for low income households and older adults, as healthcare visits and education move online. One in three households with income below \$20,000 and one in five residents over 65 years of age do not have an Internet subscription.
- Many experts anticipate that the rate of domestic violence will spike with the COVID-19 pandemic¹ yet the rate of child abuse reports will decrease² due to the disruption in mandatory reporting through public schools.

¹ <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

² Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment. Available at SSRN 3601399.

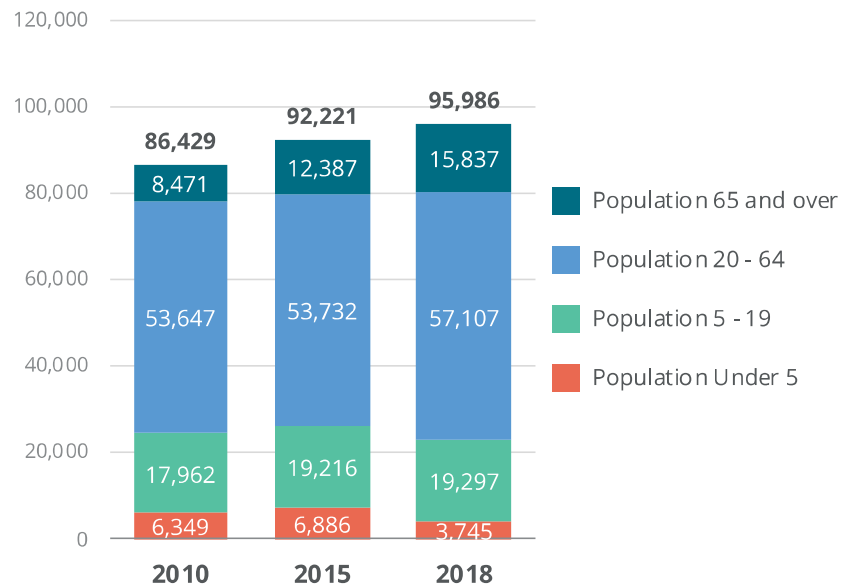
- The unemployment spike will further diminish the ability of residents living in poverty to reach self-sufficiency. In Longmont, residents in poverty had an unemployment rate *10 times* higher than residents above the poverty threshold before the pandemic (3% v. 30%).
- Families with school aged children will face uncertainty and challenges accessing childcare as well as keeping up with home schooling requirements. As of 2018, there are 11,500 school aged children living in households with all parents in the labor force. School aged children who live in households with limited English proficiency (700) will have more difficulty transitioning to online learning.
- The number of homeless and at-risk families (740) will likely increase as Colorado eviction protections ease and there is a reduction/expiration in unemployment benefits.
- Social isolation will pose mental health challenges, particularly for senior citizens living alone.

Demographic Profile

The city's older adult population rose by more than 7,300 between 2010 and 2018. This is offset with a decline in children under 5, whose population dropped by 2,600.

**Figure II-1.
Age Distribution,
2010-2018**

Source:
2010, 2015 and 2018 1-year ACS,
Root Policy Research.



Residents over 65 living alone represent one of the most vulnerable population groups due to social isolation and challenges with activities of daily living. This number has almost doubled since 2010, increasing by nearly 2,000 older adults. As of 2018, more than 4,000 senior citizens live alone in Longmont.

Figure II-2.
Household Type, 2010-2018

	2010	2015	2018	Change 2010-2018	
				Number	Percent
Total households	33,777	34,888	37,327	3,550	11%
Married couple with children	7,686	7,231	7,067	-619	-8%
Married couple no children	8,500	8,962	11,330	2,830	33%
Male householder with children	1,462	737	343	-1,119	-77%
Male householder no children	558	835	529	-29	-5%
Female householder with children	2,327	2,504	2,327	0	0%
Female householder no children	2,103	2,145	2,317	214	10%
Householder living alone less than 65	6,061	6,255	6,531	470	8%
Householder living alone 65 years and over	2,185	3,921	4,129	1,944	89%
Other Non-family households	2,895	2,298	2,754	-141	-5%

Source: 2010, 2015, and 2018 1-year ACS, Root Policy Research.

As shown in Figure II-3, around 9,400 residents experience some form of disability:

- Half of adults over the age of 75 have a disability.
- The most common type of disability in Longmont is ambulatory; over 4,600 residents have serious difficulty walking or climbing stairs.

Figure II-3.
Disability by Age, 2018

Source:
2018 ACS 1-year estimate.

	Total Population	With a Disability	% with a Disability
Under 5 years	3,745	0	0.0%
5 to 17 years	17,509	544	3.1%
18 to 34 years	20,449	530	2.6%
35 to 64 years	38,376	3,662	9.5%
65 to 74 years	9,357	1,583	16.9%
75 years and over	6,088	3,089	50.7%
Total	95,524	9,408	9.8%

Housing Stability

Between 2013 and 2018, Longmont lost a considerable inventory of rental units—more than 2,000 units—affordable to households earning between \$25,000 and \$50,000 per year. Rents for these units rose to a range more affordable to \$50,000 to \$75,000 households.

As of 2018, the city's primary housing needs include:

- 7,500, or 53 percent of all renters are cost burdened, meaning they pay more than 30 percent of their incomes in housing costs, which is above the industry standard.
- 3,500, or 25 percent of all renters are severely cost burdened, which puts them at high vulnerability for eviction.
- 4,000, or 20 percent of all owners are cost burdened. Far fewer, just 750, or 8 percent of all owners are severely cost burdened.
- By resident group, housing needs are greatest for persons with disabilities (3,700 are cost burdened); large families (600 are cost burdened); female-headed households (1,400 are cost burdened); and Hispanic households (1,400 are cost burdened).
- Based on McKinney-Vento data, 525 children enrolled in K-12 schools in the St. Vrain school district are homeless; another 210 with children under the age of 5 are likely homeless. Assuming 2 children per family, there are 740 homeless or at risk households.
- As of 2018, Longmont had a shortage of 2,526 rental units affordable to households earning less than \$35,000 per year based on a rental gaps analysis.

Self-sufficiency and Resilience

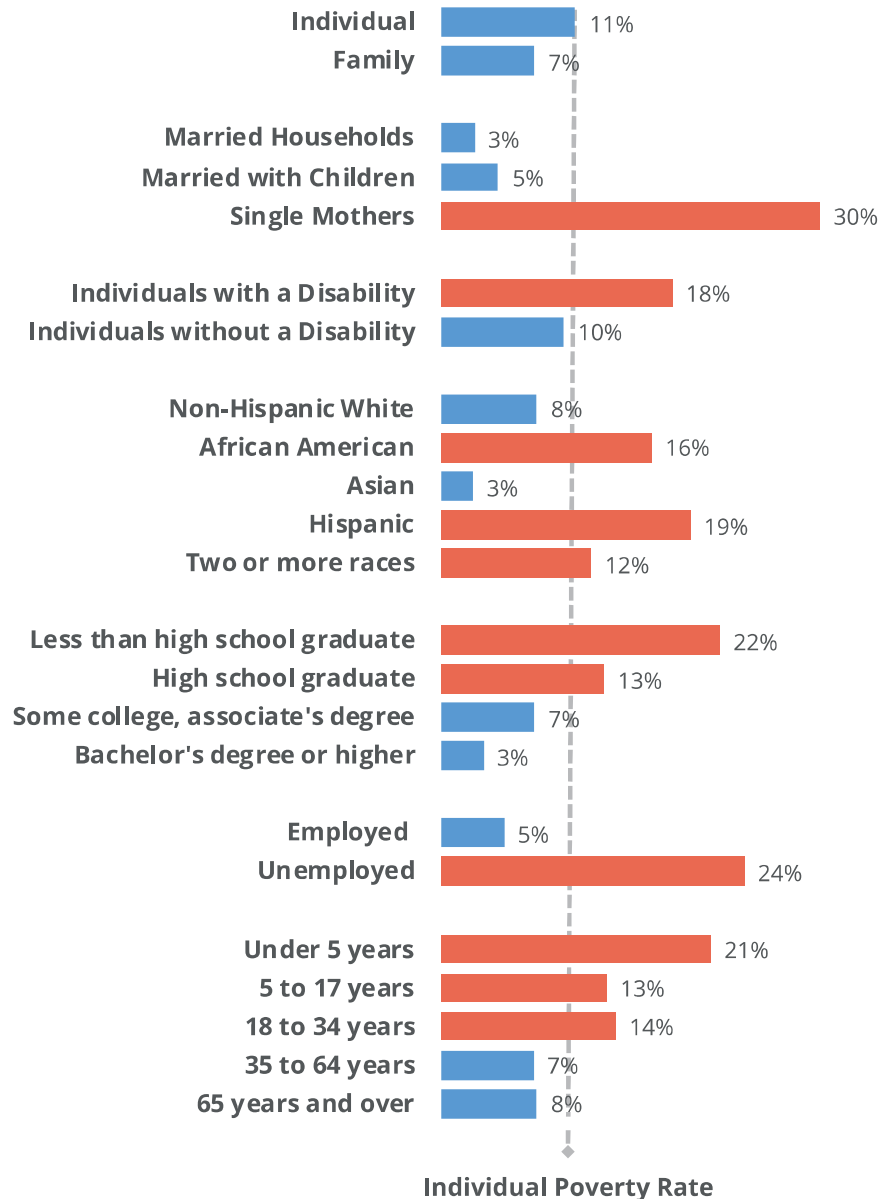
Poverty. The city's poverty rate is relatively low, with just 11 percent of residents living in poverty as of 2018.³ Wide disparities exist among many groups:

- Single mothers, unemployed residents, residents without a high school degree, and children under 5, are the groups with the highest poverty rates;
- These groups have poverty rates at least twice as high as the individual poverty rate in Longmont (Figure II-4).

³ In 2018, the poverty threshold for a family of four was \$25,900; for a senior living alone it was \$12,043.

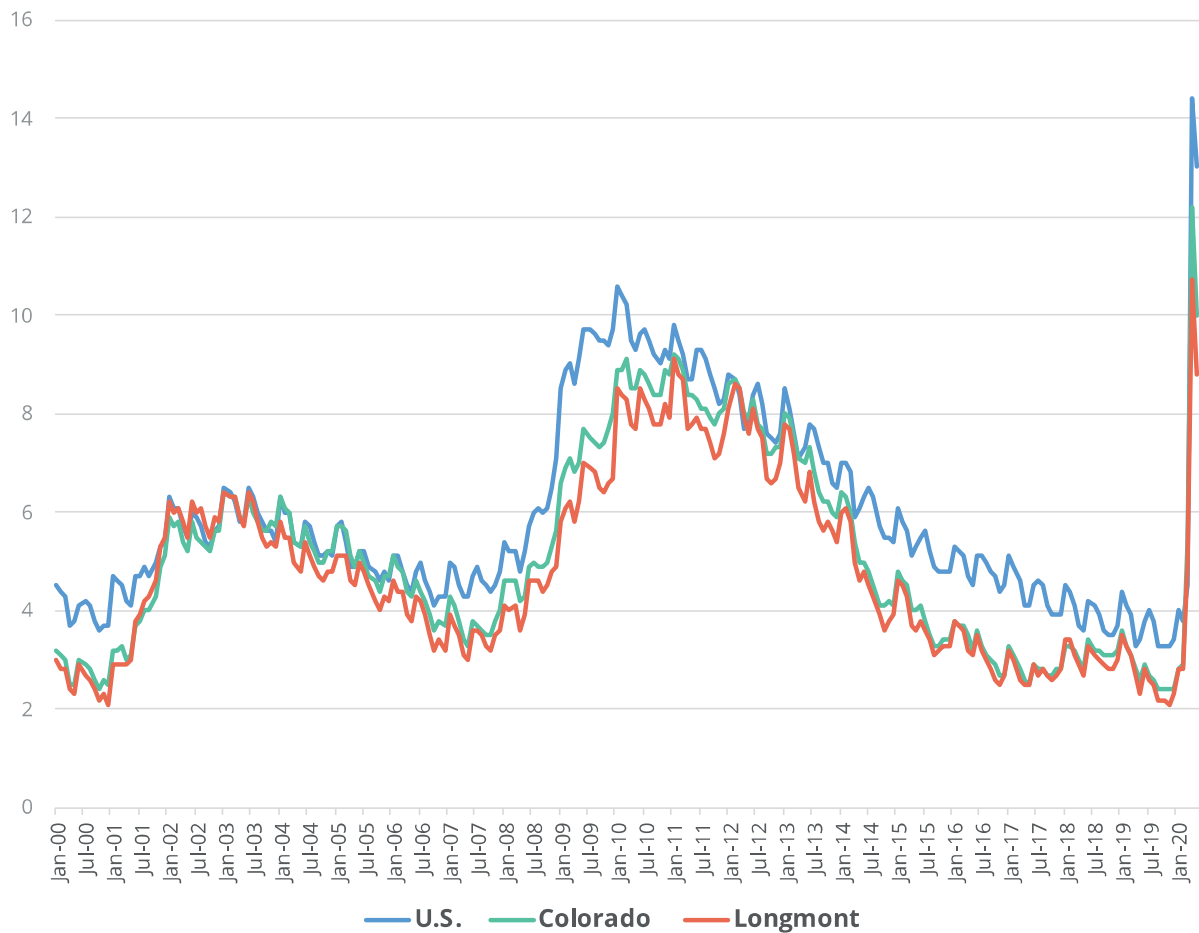
**Figure II-4.
Poverty Rates,
2018**

Source:
2018 5-year ACS.



Unemployment. The recent spike in unemployment will deepen occupational and educational income disparities (Figure II-5). As of May 2020, the unemployment rate was 9 percent in Longmont. According to the Bureau of Labor Statistics the number of unemployed persons in Longmont went from around 1,500 in January 2020 to over 4,800 in May of 2020. Unemployment and poverty are highly correlated. According to 2018 ACS data, the unemployment rate for residents in Longmont living below the poverty line was around 10 times higher than the unemployment rate for persons above the poverty line (29% compared to 3%).

Figure II-5.
Unemployment Rate, for Longmont, Colorado, and U.S., January 2000-May 2020



Note: Not seasonally adjusted.

Source: BLS.

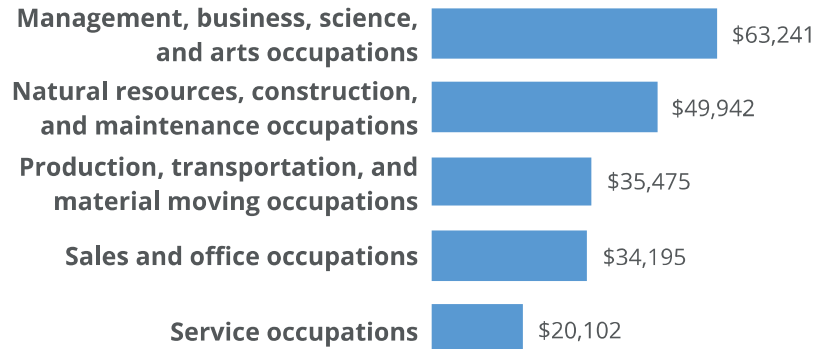
There are wide discrepancies in median earnings by occupation (Figure II-6). Service workers have the lowest earnings, earning around a third of what workers in management, business, science, and arts occupations earn. They are also more likely to be female (54%) and be unable to work from home⁴.

⁴ Mongey, S., Pilossoph, L., & Weinberg, A. (2020). Which workers bear the burden of social distancing policies? (No. w27085). National Bureau of Economic Research.

**Figure II-6.
Median Earnings by
Occupation, 2018**

Note:
For civilian employed population 16
years and over.

Source:
2018 1-year ACS.



Broadband access. People who lack broadband access are unable to take advantage of economic and educational opportunities. In Longmont:

- More than 2,000 (5.7%) households do not own a computer, over 4,000 (11%) households do not have an Internet subscription, and another 3,000 (8%) rely on a cellular data plan to access the Internet.
- While 95 percent of households with income above \$75,000 have an Internet subscription, only 64 percent of households with income below \$20,000 have an Internet subscription.⁵
- Older residents are less likely to have Internet access; around 3,200 (21%) residents 65 and older do not have an Internet subscription.

Childcare. According to the 2018 ACS, there are 6,312 children under six in Longmont. The majority—58 percent (3,660)—live in households with all parents in the labor force and are likely to need some type of non-parent childcare during the week. There are 15,342 children between ages 6 to 17 in Longmont, with 75 percent (11,498) in households with all parents in the labor force. Around 700 school age children live in households with limited English proficiency. Challenges in the transition to online learning will exacerbate educational outcome disparities.

According to data from the Colorado Department of Human Services, Longmont has 80 licensed childcare providers with a total capacity for 3,283 children—slightly lower than the number of young children who may need care.

Food and Nutrition

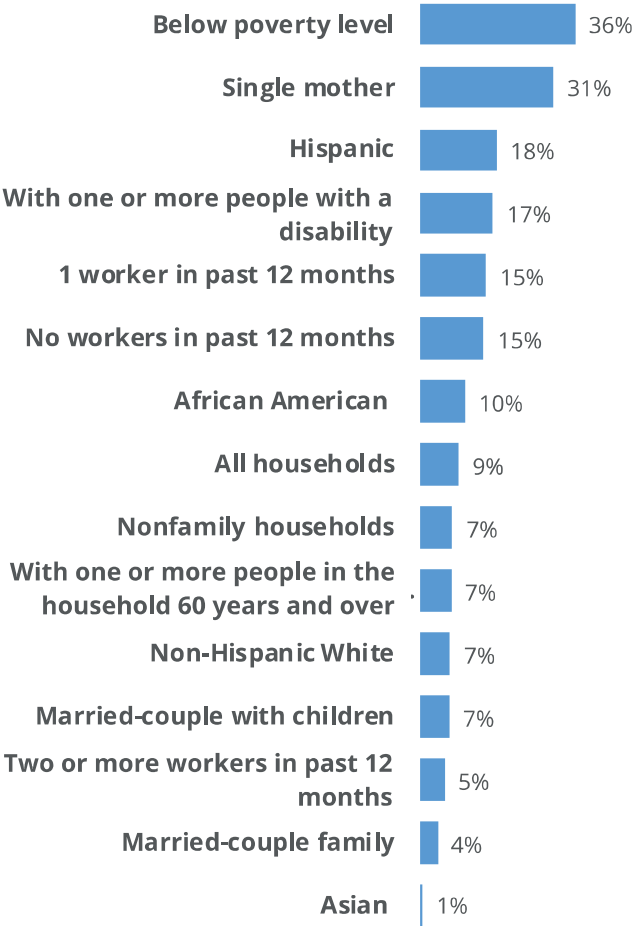
Overall 9 percent of households in Longmont receive SNAP benefits (3,135 households). Residents below the poverty rate the most likely to receive SNAP benefits, followed by

⁵ 87 percent of households with income between \$20,000 and \$75,000 have an internet subscription.

single mothers, Hispanic residents, and households with one or more people with a disability (Figure II-7).

Figure II-7.
SNAP Beneficiaries
Share, 2018

Source:
2018 5-year ACS.



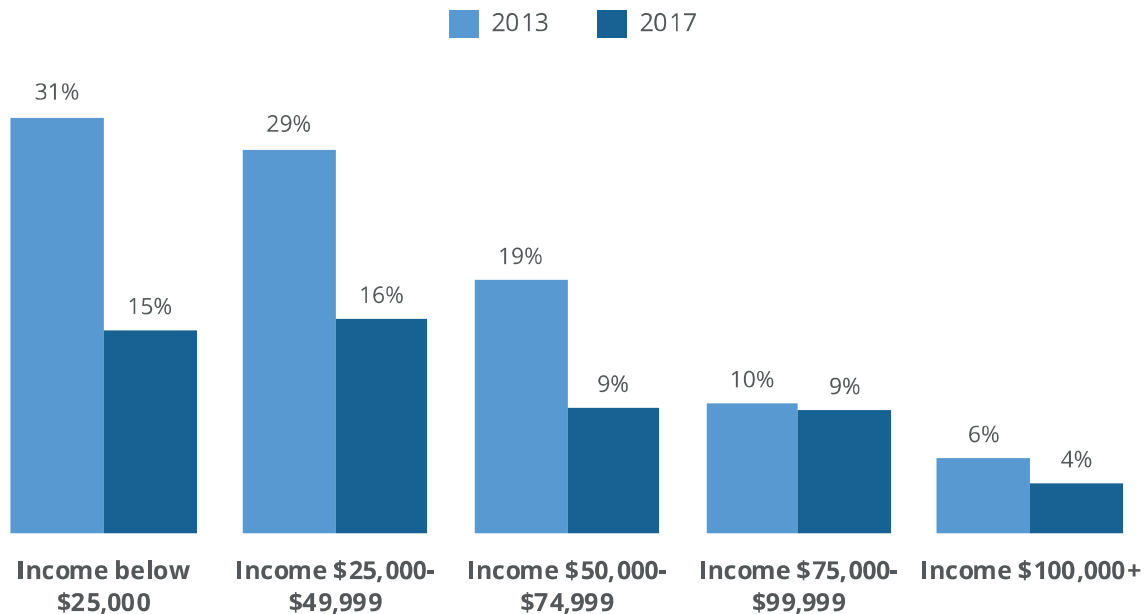
Children and seniors are particularly vulnerable to food insecurity. In Colorado, one in eight kids do not know when or where they will get their next meal and 1 in 30 seniors are forced to choose between food or needed medications.⁶ Feeding America estimated that 9 percent of the total Boulder county population and 9.5 percent of children were food insecure in 2018. 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 are closely related: 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.

⁶ <https://www.hungerfreecolorado.org/hungerfacts/>

Health and Well-being

There have been wide gains in the reduction of the share of uninsured residents in Longmont, moreover, these gains have been largely realized by households with income less than \$50,000 (Figure II-8).

Figure II-8.
Share of Uninsured Population, by Income, 2013 and 2017



Note: Civilian noninstitutionalized population for whom poverty status is determined.

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

The segment of the population with the highest uninsured rate are foreign born residents who have not become naturalized U.S. citizens. According to ACS data, there are over 7,000 foreign born residents who are not citizens in Longmont and 46 percent of them are uninsured.

Recent health needs assessments have been conducted for the Longmont and Boulder communities. The 2019 Community Health Needs Assessment conducted by Longmont United Hospital identifies behavioral health as a priority, citing 2,683 mental health hospitalizations per 100,000 population, while there are only 3.83 providers per 1000 population. In addition, the community's rate of suicide hospitalizations is 48 per 100,000 population, and Colorado ranks as a state highest for suicide. The community's rate of suicide hospitalizations is 48 per 100,000 (CO at 52.0).

The National Institute on Mental Health reports that 67 percent of adults with serious mental illness seek treatment.⁷ Applying that statistic to Longmont adults suggests that of the 3,763 adults with serious mental illness approximately 1,200 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.

Among older residents, the 2019 AgeWell Boulder County report—Aging in Boulder County, Past, Present, Future, reports affordable housing, transportation, service information, and social isolation as main challenges for older residents. One-third (31%) of local older adults report feeling lonely or isolated as at least a minor problem.

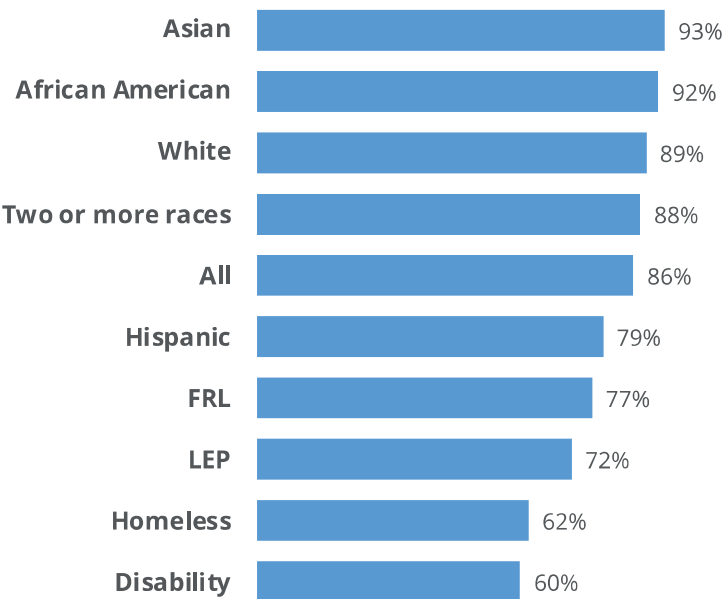
Education and Skill Building

High school graduation rates in the St. Vrain Valley schools are lowest for Hispanic children; children in poverty; children with limited English proficiency (LEP); children who are homeless; and children with disabilities (Figure II-9).

Figure II-9.
High School
Graduation Rates,
St. Vrain Valley,
2019

Note:
4-yr graduation rate.

Source:
Colorado Department of
Education.



Although high school graduation rates are more uniform, disparities in educational attainment are pronounced at higher education levels, pointing to a potential lack of high school to college pipeline (Figure II-10). Of note,

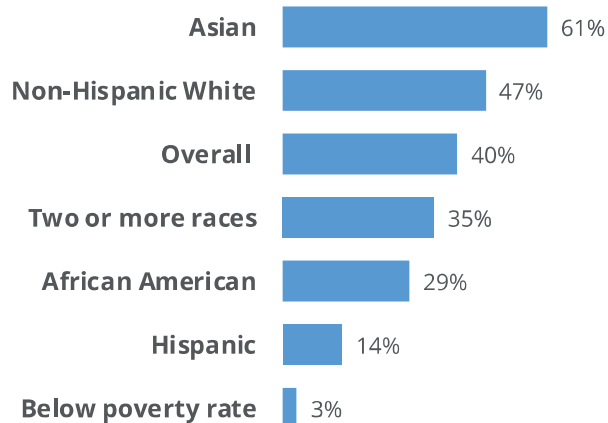
⁷ Substance Abuse and Mental Health Services Administration (2018).

- Seventy-nine percent of Hispanic high schoolers in Longmont graduate from high school, yet just 14 percent of Hispanic residents have college degrees, indicating that few high schoolers continue on to graduate from college.
- The lowest level of college graduation is among the adults below the poverty line. According to 2018 ACS data almost 30 percent of residents below the poverty level have a high school degree, only 3 percent of residents below the poverty line have a bachelor's degree.

Figure II-10.
Share of Population
with Bachelor's
Degree or Higher, 2018

Note:
For population 25 years and over.

Source:
2018 5-year ACS.

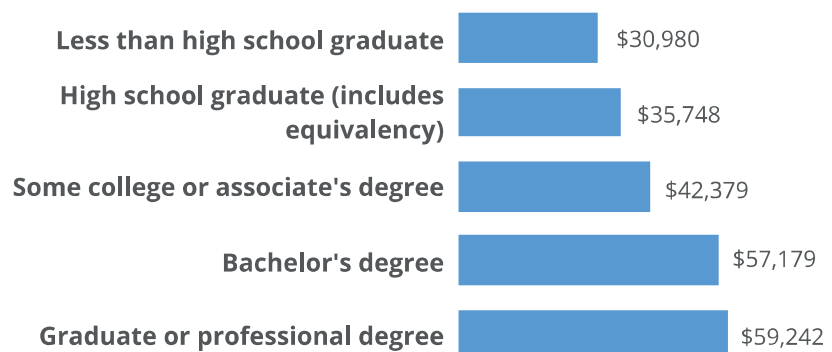


A comparison of median earnings for Longmont workers shows that Longmont residents without a high school degree earn around 55 percent of what residents with a bachelor's degree earn (\$30,980 v. \$57,179). The outcomes are not much different for Longmont residents who have graduated from high school yet do not have a college degree. A resident with a college degree earns 60 percent more than a high school graduate (Figure II-11).

Figure II-11.
Median Earnings,
by Education, 2018

Note:
Civilian employed population 25 years and over.

Source:
2018 5-year ACS.



Safety and Justice

The rate of crimes (per 1,000 persons) reported to the Longmont Police Department has increased slightly from 25 in 2014 to 30 in 2018. The majority of crimes are larceny theft (67%), followed by burglary (12%).

As shown in Figure II-12 below, the number of domestic violence reports in Longmont has increased since 2015 with most of the increases resulting in a charge of child abuse. Specifically:

- The number of total cases where child abuse was charged increased from 67 in 2015 to 116 in 2018; the number of children who witnessed cases also increased from 172 in 2015 to 266 in 2018.
- Reporting of cases by victims has decreased since 2015. The share of cases reported by the victim was 62 percent in 2015 compared to 53 percent in 2018.

Figure II-12.
Domestic Violence Reports, 2015-2018

	2015	2016	2017	2018	2015-2018 Percent Change
Total Reports Taken	701	741	773	955	36%
Share of Cases Reported by Victim	62%	55%	56%	53%	-15%
Cases involving Children					
Kids Present Cases	93	137	110	125	34%
Number of Children Present	181	290	225	246	36%
Kids Witnessed Cases	105	109	111	161	53%
Number of Children Witnessed	172	186	190	266	55%
Total cases where child abuse charged	67	88	70	116	73%

Note: Reports filed with the City of Longmont Police Department.

Source: City of Longmont Domestic Violence Data Analysis and Report for 2018.

Many experts anticipate that the rate of domestic violence will spike with the COVID-19 pandemic⁸ yet the rate of child abuse reports will decrease⁹. In Boulder County, according to the State of Colorado Department of Human Services, referrals of child abuse or neglect between January and March of 2020 had not dropped compared to the last quarter (1,719 in first quarter 2020, compared to 1,707 in fourth quarter 2019).

⁸ <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

⁹ Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment. Available at SSRN 3601399.

SECTION III.

HUMAN SERVICE NEEDS—RESIDENT AND STAKEHOLDER PERSPECTIVES

SECTION III.

Human Service Needs—Resident and Stakeholder Perspectives

This section explores human service needs based on the experience of Longmont residents and stakeholders. The discussion of needs aligns with the six areas prioritized for the 2020 Human Service Agency Funding Program:

- Housing stability;
- Self-sufficiency and resilience;
- Food and nutrition;
- Health and well-being;
- Education and skill building; and
- Safety and justice.

In addition, three issues that cut across all focus areas—the digital divide, lack of information about resources and difficulty navigating systems, and access to reliable, affordable transportation are included as additional areas of focus.

To the extent that data are available, the needs of several segments of Longmont’s population are presented and compared to all Longmont residents who participated in the resident survey (“Longmont” in survey tables). These populations include:

- Low income households (household income < \$35,000);
- Moderate income households (household income of \$35,000 up to \$50,000);
- Low and moderate income households with children under age 18¹;
- Older adults;
- Households that include a member with a disability;
- Immigrants, including residents who are undocumented;
- Residents who are precariously housed,² renters, and homeowners.

¹ Throughout this section, low and moderate income households with children under 18 are identified in figures as ‘LMI and Children.’

² Includes survey respondents who are living with others but not paying rent, are “doubled up” with friends or family, living in transitional housing or emergency shelter, or are unsheltered, camping, or sleeping in a vehicle.

COVID-19 and the Timing of Engagement

As discussed in Section I, the timing of the resident survey (January-March 15, 2020), represents the needs, challenges, and experiences of Longmont residents just prior to the statewide Stay at Home order and economic shutdowns. The focus groups with stakeholders and residents occurred in June and July 2020, providing insights into resident and community needs after three months of shutdowns.

*“COVID-19 revealed how many people are living on the edge and vulnerable to crisis.”
(Stakeholder focus group participant)*

Primary Findings

- Finding affordable housing to rent or buy is increasingly challenging in Longmont, and rents continue to rise. Pre-COVID, a significant share of low income households, low and moderate income families with children, and many renters struggled to pay their rent or mortgage.
 - Housing instability is amplified by the COVID crisis and many of those who were already living on the edge still experience COVID-related unemployment, loss of childcare, and impediments to employment resulting from continued (partial) school closures.
 - Rent subsidies and utility subsidies are a growing need, particularly among LMI families with children, low income households, and low income older adults. Homelessness prevention and quick diversion is a growing need.
- Before COVID-19, many of the resident survey participants experienced a number of indicators of financial vulnerability, including living paycheck to paycheck, paying bills late or for less than the amount due, borrowing money from friends or family, and borrowing money from short-term lenders like pawn shops and payday loans.
 - These vulnerabilities are especially prevalent among low income households, LMI families with children, and residents who are precariously housed. All of these factors suggest that economic shocks—like sustained unemployment due to a pandemic—will push families in near crisis into deeper financial difficulty.
- In order to pay housing costs or other bills, low income residents and moderate income residents reduced or went without dental care, needed car repairs or maintenance, and health care. Delaying dental care or health care and car repair or maintenance can lead to a health or transportation crisis with further impacts on the household’s economic and social stability.
- The digital divide—lack of access to the Internet, lack of Internet-capable devices, and digital illiteracy—disproportionately impacts low income residents, those who are precariously housed, older adults, and LMI households with children. This limits access

to education, employment, medical and mental health care, worship services, social outlets and a resident's ability to find information about services and benefits that may help them meet their family's basic needs. Among older adults the lack of access and digital literacy challenges increase social isolation.

- Language access accommodations and culturally competent programming and service delivery must be strengthened, particularly by the City of Longmont.
- If schools remain online-only or shift to a hybrid of in-person and online learning, serious equity issues—both racial/ethnic and socioeconomic—and adverse employment consequences will grow with devastating impacts on housing stability, health and well-being, poverty, homelessness, and educational attainment.
- Longmont's childcare providers, including family home providers, are experiencing significant impacts from COVID-19 closures, reduced demand for traditional services, and increased costs of safely providing care. At the same time, applications for affordable childcare programs like Head Start and CCAP are rising. A childcare crisis looms.

Digital Divide

The digital divide—lack of access to the Internet, lack of access to Internet-capable devices, and digital literacy—has been a point of concern in the past, but amplified dramatically during the COVID-19 pandemic as much of daily life, from children's education to work to service delivery has shifted online, leaving many of the community's most vulnerable populations behind.

The City of Longmont's 2020-2024 Consolidated Plan to HUD found that citywide, 81 percent of households have a desktop or laptop computer and 85 percent have a smartphone. Seventy-eight percent of households have broadband access by cable, fiber, or DSL and 90 percent have some type of broadband access (10% only have Internet through their cellular data plan).

However, ACS data indicate that access is much lower for low and moderate income households. In Longmont just 5 percent of households earning \$75,000 or more per year are without an Internet subscription compared to 31 percent of households earning less than \$20,000 per year and 11 percent of households earning between \$20,000 and \$75,000 per year.

Lack of awareness of NextLight™. When discussing issues related to the digital divide, none of the focus group participants referred to the City of Longmont's community-owned broadband Internet service, NextLight™. Only one participant mentioned in passing that *"Longmont has its own Internet."*

- *“Technology is a barrier; perhaps the City can subsidize internet services.” (Stakeholder focus group participant)*

Lack of Internet-capable devices. A lack of devices to access the Internet is an issue shared by low income residents of all ages and demographics. Low income families with children may have one device provided by the school district that is expected to be shared by all children in the household. Devices provided through what residents call the “Obama phone” program or who use “pay and go phones” are not typically Internet enabled or are Wi-Fi-only.

Lack of access to device charging outlets. Another issue, particularly for those experiencing homelessness, is a lack of a safe place to charge phones that protects the charging device from the elements. Focus group participants noted that it used to be possible to charge phones in Collyer Park (at 6th and Collyer), but that those lines had been cut. Free public charging stations on 29th Street in Boulder and the 16th Street Mall in Denver are models participants recommend for Longmont.

- *“The pastor at Hopewell Baptist Church put a couple of charging plugs outside of his church and he comes out to preach to those who are charging. They also give food and information.” (Resident focus group participant)*
- *“If you really want to reach the homeless, get them information, put out a charging station, and word of mouth will get them there.” (Resident focus group participant)*
- *“We need a place to charge our phones. How can we get work or housing with a dead phone? Not everyone’s car can charge a phone.” (Resident focus group participant)*
- *“It was really hard to get a hold of people (during the COVID shutdown), especially those who are homeless, because they don’t have anywhere to charge their phone.” (Resident focus group participant)*

Digital literacy. Although digital literacy ranges demographically, with younger residents typically being more technologically savvy, older adults are particularly less able to navigate online systems without personal assistance from family or friends. Lack of digital literacy can be an impediment to ordering prescriptions or grocery deliveries, participating in telehealth appointments, or reducing isolation by participating in online activities.

- *“A family member orders prescriptions online for me. This was very helpful.” (Resident focus group participant—Spanish)*

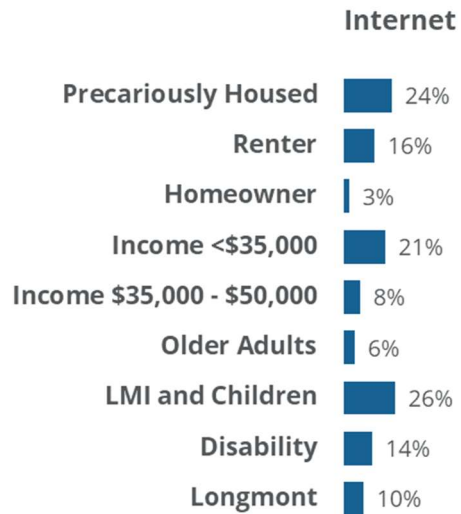
Reduced or went without Internet service. In 2019, one in 10 Longmont respondents reduced or went without Internet access. The pattern across demographic and socioeconomic groups is similar to reductions in phone service—low and moderate income families with children, those who are precariously housed, and low income residents are most likely to have reduced or gone without Internet access.

Figure III-1.

In the past year, have you or members of your household had to reduce or go without any of the following?

Source:

Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.



Housing Stability

The Housing Stability funding area supports “a continuum of affordable housing options; helping people find and sustain stable housing.” Challenges and needs related to housing stability include difficulty making payments, crowded conditions, special needs, and housing related anxiety.

Challenges and needs. Figure III-2 shows the challenges and needs that impact housing stability experienced by resident survey respondents. Low income households are more likely to experience a greater number of threats to housing stability than Longmont residents overall, but also when compared to moderate income households, older adults, and homeowners.

- Low and moderate income households with children (LMI and Children) are nearly three times more likely than the typical Longmont resident to struggle to pay their rent or mortgage (55% v. 18%). Nearly two in five renters (37%), 31 percent of those who are precariously housed, and 28 percent of households that include a member with a disability struggle to pay the rent.
- Many households struggle to pay their utilities, ranging from 18 percent of households that include a member with a disability to nearly half (46%) of low or moderate income families with children.
- By definition, precariously housed residents live doubled up, in transitional situations, or are homeless, so it is not surprising that nearly two in three (64%) want to get their own place or live with fewer people. Three in 10 low or moderate income families also want to get their own place or live with fewer people, and one in five of these families worry that they will be evicted or kicked out of their living situation.

**Figure III-2.
Housing Challenges and Needs**

Higher than City (>5 percentage points)
Lower than City (<5 percentage points)

Housing Challenge	Precariously Housed	Renter	Homeowner	Income <\$35,000	Income \$35,000 - \$50,000	Older Adults	LMI and Children	Disability	Longmont
Difficulty Making Payments									
I struggle to pay my rent/mortgage	31%	37%	9%	39%	24%	13%	55%	28%	18%
I struggle to pay my utilities	19%	20%	6%	27%	14%	8%	46%	18%	11%
I struggle to pay my property taxes	3%	0%	12%	13%	9%	11%	8%	12%	8%
Crowded Conditions									
I want to get my own place/live with fewer people, but I can't afford it	64%	26%	1%	21%	11%	6%	31%	16%	12%
My home isn't big enough for my family members	14%	16%	4%	12%	4%	3%	30%	12%	8%
Special Needs									
I need help taking care of myself/my home and can't find or afford to hire someone	8%	7%	7%	14%	7%	10%	11%	17%	7%
Concerns									
I worry that if I request a repair it will result in a rent increase	8%	22%	-	13%	11%	11%	15%	11%	7%
I am afraid I may get evicted or kicked out	17%	10%	0%	11%	6%	3%	22%	6%	4%
I'm worried about my home going into foreclosure	5%	-	2%	3%	2%	2%	5%	4%	2%

Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Doubling up. Housing cost burden can lead households to double up when adult members cannot afford to live on their own. This can exacerbate housing challenges given that persons tend to double up with family members who are already in vulnerable situations. In Longmont, residents more likely to be doubled up are low and moderate income households with children (44%), the precariously housed (41%), households with a member with a disability (36%), and those with income below \$35,000 (29%). In the overwhelming majority of cases these adults are family members and are not students.

- *“Since April 4th, four families (of the 15 to 20 served) have doubled up with other families due to job loss. All of the families were renters living in naturally occurring affordable housing.” (Stakeholder focus group participant)*
- *“Families are doubled up—homelessness contributes to Internet access issues.” (Stakeholder interview participant)*

Lack of affordable housing. Resident and stakeholder focus group participants discussed the lack of affordable housing to rent in each focus group.

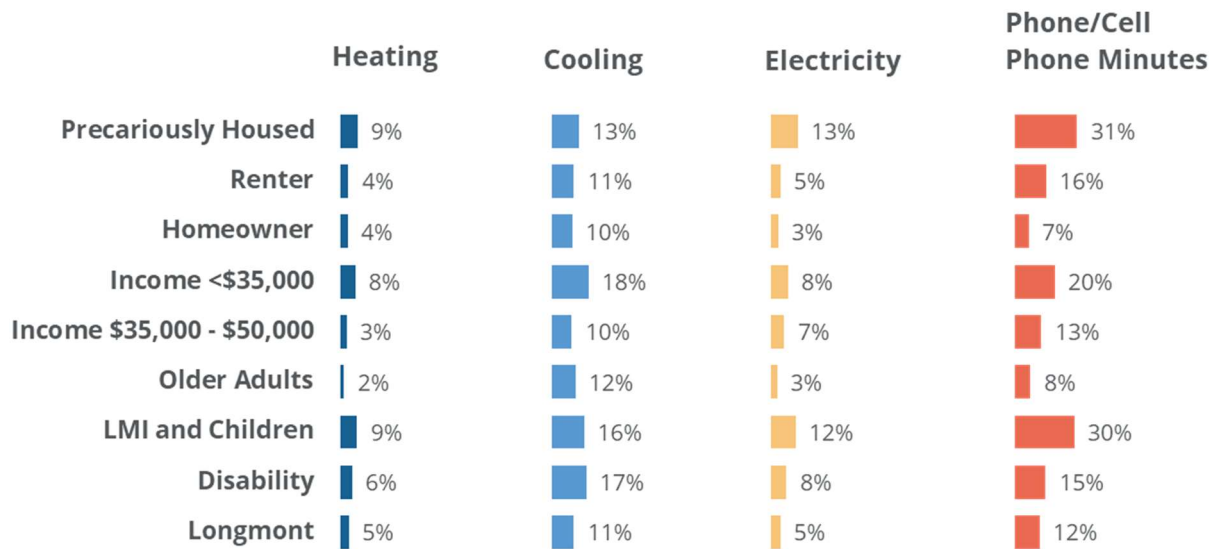
- *“There is a gap in near senior housing—ages 50 to 62. They do not qualify for senior housing, but they may not be earning adequate wages.” (Stakeholder focus group)*
- *“I worry about having to move if rents go up.” (Resident focus group participant—Spanish)*
- *“Affordable housing is a big issue. Longmont receives a lot of pressure on the housing market from folks priced out of Boulder.” (Stakeholder interview participant)*

Utilities—reduced or gone without. Overall, one in 10 (11%) Longmont survey respondents struggle to pay their utilities, including nearly half of all low or moderate income families. Figure III-3 presents the share of Longmont residents who reduced or went without heating, cooling, electricity, or phone in 2019. Compared to other utilities, residents are more likely to reduce or go without phone service.

- Those who are precariously housed, low or moderate income households with children, and low income households are most likely to have gone without or reduced phone service.
- Between heating, cooling, and electricity, Longmont residents are more likely to reduce or forego cooling. Those who are precariously housed and low/moderate income households with children are twice as likely as Longmont residents overall to reduce or go without heating or electricity.

Figure III-3.

In the past year, have you or members of your household had to reduce or go without any of the following?



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

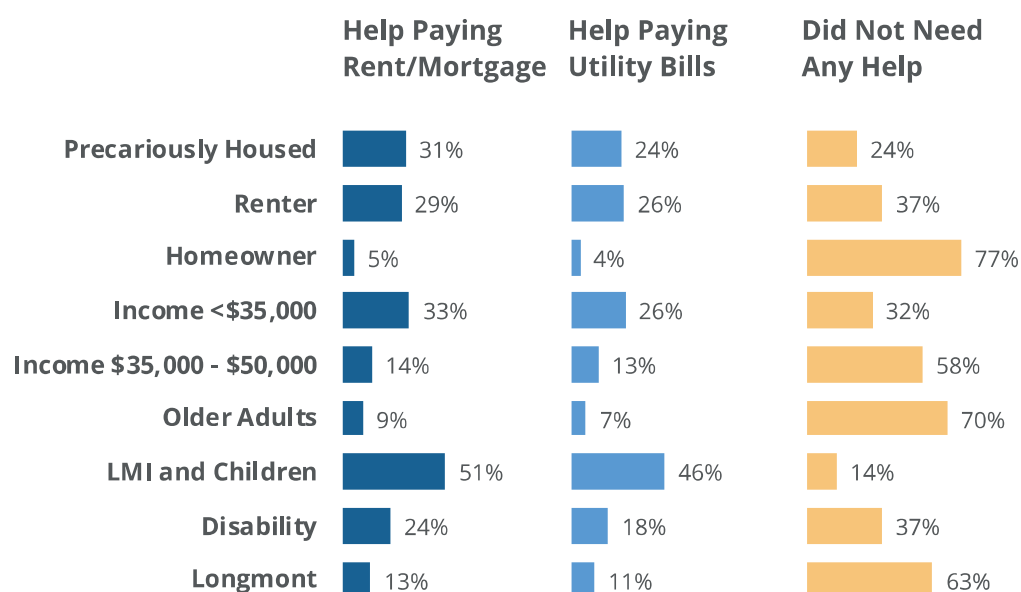
Homelessness. With respect to the needs of Longmont residents who are homeless and living in their car or sleeping outdoors, one of the common themes was a lack of shelter services in Longmont. Some formerly homeless focus group participants expressed their frustration that services were only offered in Boulder when they were longtime Longmont residents. The HOPE SafeLot in Longmont is seen as a critical first step toward providing needed services and supports locally.

- *“Boulder has bigger, better resources, I understand that. But what if you have a job in Longmont? What if Longmont is your home? You should be able to get help if you’re homeless in Longmont. But you have to go to the Boulder Shelter to get anything.” (Resident focus group participant)*
- Both participants felt that Longmont prefers to help the homeless by sending them to Boulder, *“out of sight, out of mind.” (Resident focus group participant)*
- *“We’re seeing more chronic homeless, service resistant population this year. They have zero desire to go to Boulder, which is the closest shelter for chronic homeless/service resistant population.” (Stakeholder interview participant)*
- *“It’s a huge barrier for folks to get referred to Boulder, especially day laborers who need to be back in Boulder in time to wait in line.” (Stakeholder interview participant)*
- *“Folks living in RVs typically have some form of disability payment, food stamps, etc. They are generally doing okay. But, the closest place to dump waste is 13 miles—gas and waste*

dumping costs are prohibitive—this is a public health issue. And, the City spends upward of \$100,000 per year on code enforcement of RV maintenance.” (Stakeholder interview participant)

Types of help needed in 2019—housing stability. Overall, 63 percent of Longmont survey respondents did not need any outside help, but 13 percent needed help to pay the rent or mortgage and 11 percent needed help paying utility bills. Half of low and moderate income families needed help to pay their rent or mortgage, as did one in three low income households and one in four households that include a member with a disability. Nearly half (49%) of LMI families also needed help with utilities, as did one in four low income households, renters, and those who are precariously housed.

Figure III-4.
In the past year, did you need help with... (% Yes)



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

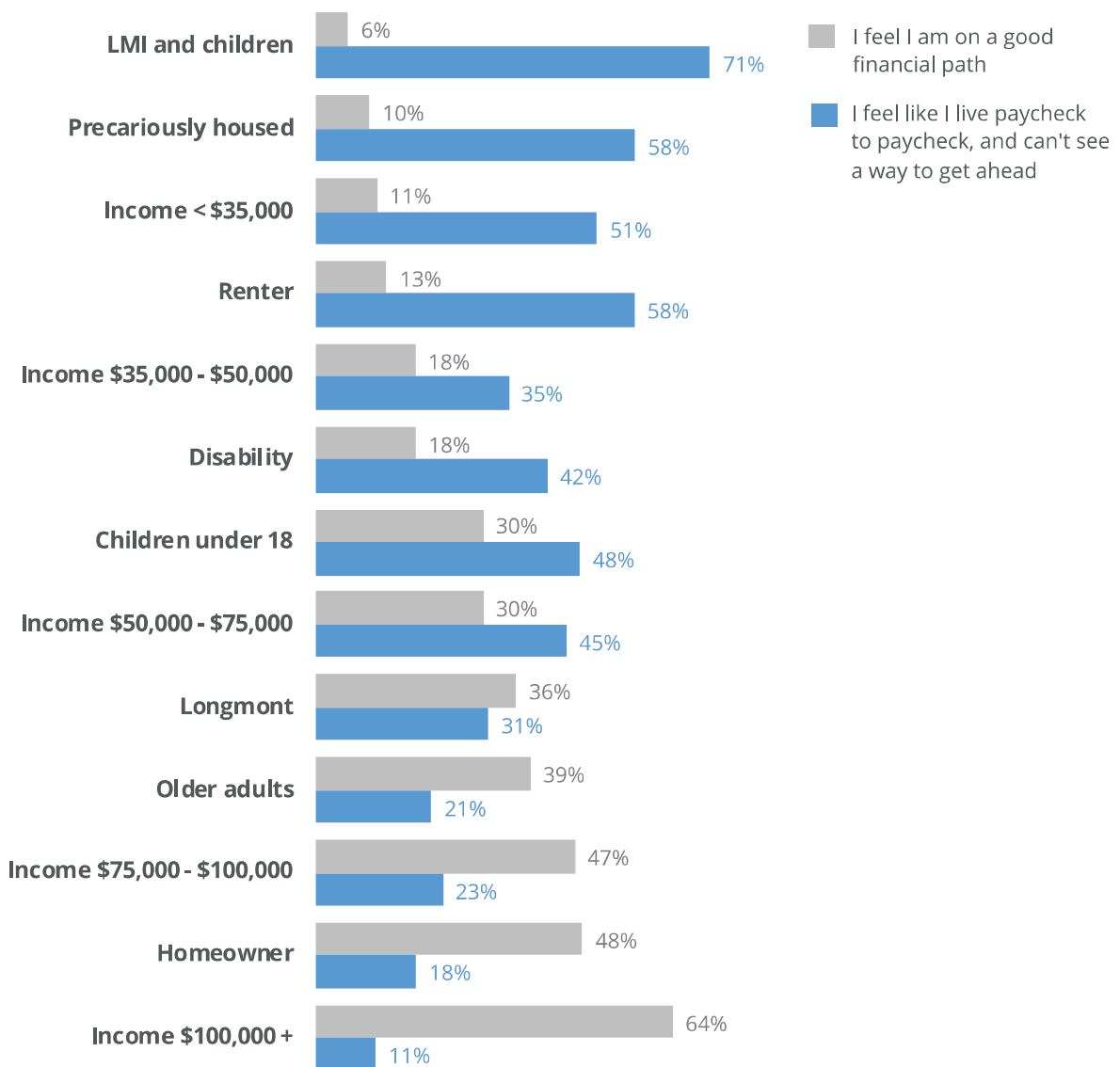
Self-Sufficiency and Resilience

The Self-Sufficiency and Resilience funding area is intended to “support households during tough economic times; help households attain steady employment with livable wages and move toward self-sufficiency; and help households remain as self-reliant as possible.”

Making ends meet. A key aspect of self-sufficiency is resilience related to residents’ ability to make ends meet and weather unexpected financial storms. The resident survey included several measures related to self-sufficiency and resilience, such as indicators of financial path, indicators of financial stability, and indicators of financial vulnerability, all of which impact a household’s ability to make ends meet.

Financial path. Prior to the COVID-19 pandemic, slightly more than one in three (36%) Longmont survey respondents affirmed that they were on a “good financial path” and three in 10 (31%) reported living “paycheck to paycheck.” As shown in Figure III-5, there is significant variation among resident segments on these indicators of a household’s financial path. Most critically, seven in 10 (71%) low or moderate income households with children “live paycheck to paycheck, and can’t see a way to get ahead” and only one in 20 of these families “feel I am on a good financial path”. Low income households, those who are precariously housed, and renters, are 1.5 times more likely than the average Longmont respondent to live paycheck to paycheck.

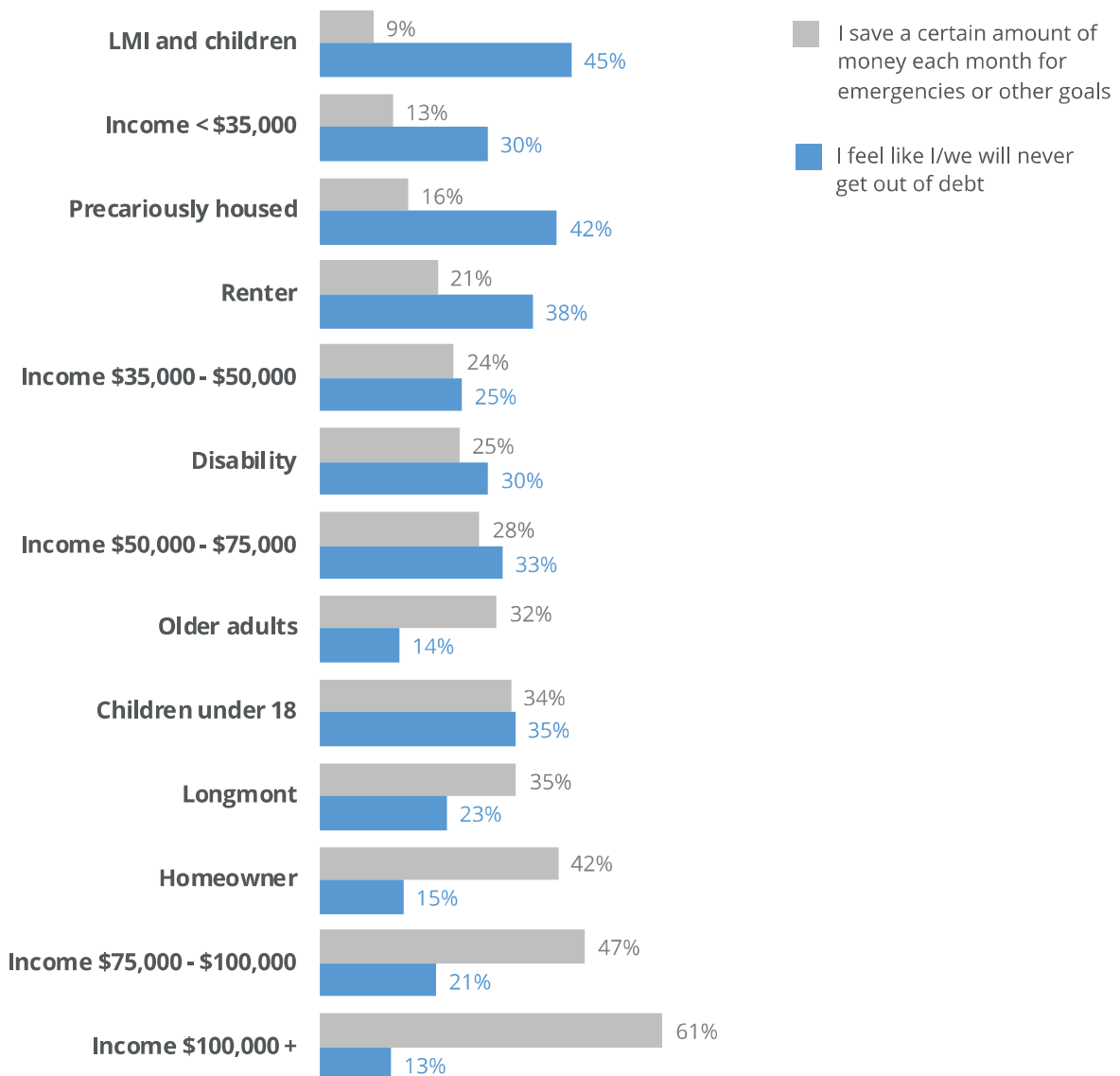
Figure III-5.
Financial Path



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Indicators of financial stability. Saving a certain amount each month and making progress toward paying off debts are both indicators of financial stability. As shown in Figure III-6, only 9 percent of low and moderate income households with children “save a certain amount of money each month,” compared to 35 percent of Longmont respondents.

Figure III-6.
Financial Stability



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Financial vulnerability indicators. Figure III-7 presents survey results for eight financial vulnerability indicators relating to financial struggles or worries they experienced in the past year (2019). Compared to Longmont respondents overall, homeowners and older adults are less likely to experience difficulty paying for unexpected expenses, less

likely to struggle to pay bills, and less likely to need to borrow money from family or friends to pay housing costs or other bills.

As shown, those who are precariously housed, renters, low and moderate income respondents, LMI respondents with children, and households that include a member with a disability were all more likely than the typical Longmont resident to exhibit multiple indicators of financial vulnerability. Indicators of financial vulnerability among selected populations include:

Low income residents:

- Nearly two in five (38%) “struggled to pay bills, sometimes paying late or paying less than the total amount due.” The same proportion had an unexpected expense they weren’t able to pay or struggled to pay.
- Three in 10 (31%) had to sometimes borrow money from family or friends and one in six (16%) had to sometimes borrow from short-term lenders (e.g., payday loans, pawn shops) to pay housing costs or other bills.

LMI families with children under age 18:

- Nearly two-thirds (64%) struggled to pay bills, and half (51%) had an unexpected expense that they struggled to pay or could not pay.
- More than half (55%) needed to borrow money from family or friends in the past year to pay housing costs or other bills, and 31 percent borrowed from short-term lenders.
- More than one in three (36%) “got into credit card debt by using credit cards to meet our needs when we had no other way to pay.”

Precariously housed residents:

- More than twice as likely as Longmont respondents to struggle to pay bills (47% v. 19%), and one in three (33%) had an unexpected expense they could not pay or struggled to pay.
- Three times more likely to need to borrow money from family or friends to pay housing costs or other bills (47% v. 14%) and nearly three times more likely to use short-term lenders (22% v. 8%).

Financial education needs. In focus groups, residents and stakeholders addressed the need to improve residents’ financial literacy, particularly related to consumer debt.

- *“Financial literacy is needed, especially among people who grew up in the U.S., newer immigrants have better chances of being approved for a Habitat home because they have less debt.” (Stakeholder focus group participant)*

Figure III-7.
Financial Vulnerability Indicators

Higher than City (>5 percentage points)
Lower than City (<5 percentage points)

Financial Vulnerability Indicators	Precariously Housed	Renter	Homeowner	Income < \$35,000	Income \$35,000 - \$50,000	Older Adults	LMI and Children	Disability	Longmont
Current Struggles									
Got into credit card debt by using credit cards to meet our needs when we had no other way to pay	29%	36%	18%	28%	23%	15%	36%	27%	23%
Had an unexpected expense, like a doctor bill or car repair that we weren't able to or struggled to pay	33%	36%	14%	38%	27%	18%	51%	34%	21%
Struggle to pay bills, sometimes paying late or paying less than the total amount due	47%	39%	9%	38%	26%	11%	64%	27%	19%
Sometimes need to borrow money from family or friends to pay my housing costs or bills	45%	29%	6%	31%	16%	8%	55%	21%	14%
Sometimes need to borrow money short-term from a payday lender or pawn shop to be able pay housing costs or bills	22%	18%	3%	16%	10%	5%	31%	11%	8%
Worries and Concerns									
I worry about a potential health issue for me or a family member, which would drain my savings and put me in debt	40%	40%	34%	42%	44%	36%	37%	48%	36%
I worry that if we have an unexpected expense, like a doctor bill or car repair, that we won't be able to pay for it	50%	61%	23%	57%	43%	29%	68%	50%	35%
I worry about my credit score	25%	32%	9%	21%	21%	10%	36%	22%	16%

Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Sacrifices to make ends meet. In the past year, 49 percent of Longmont survey respondents reduced or went without at least one of 19 types of goods or services, ranging from food to medical procedures or appointments to transportation. While the proportion of households that needed to reduce or go without ranged from 37 percent of homeowners to 73 percent of renters and 93 percent of low and moderate income households with children, the types of goods and services respondents chose to sacrifice are consistent across resident groups with a few exceptions. As shown in Figure III-8, the categories of goods or services Longmont residents were most likely to reduce or go without are:

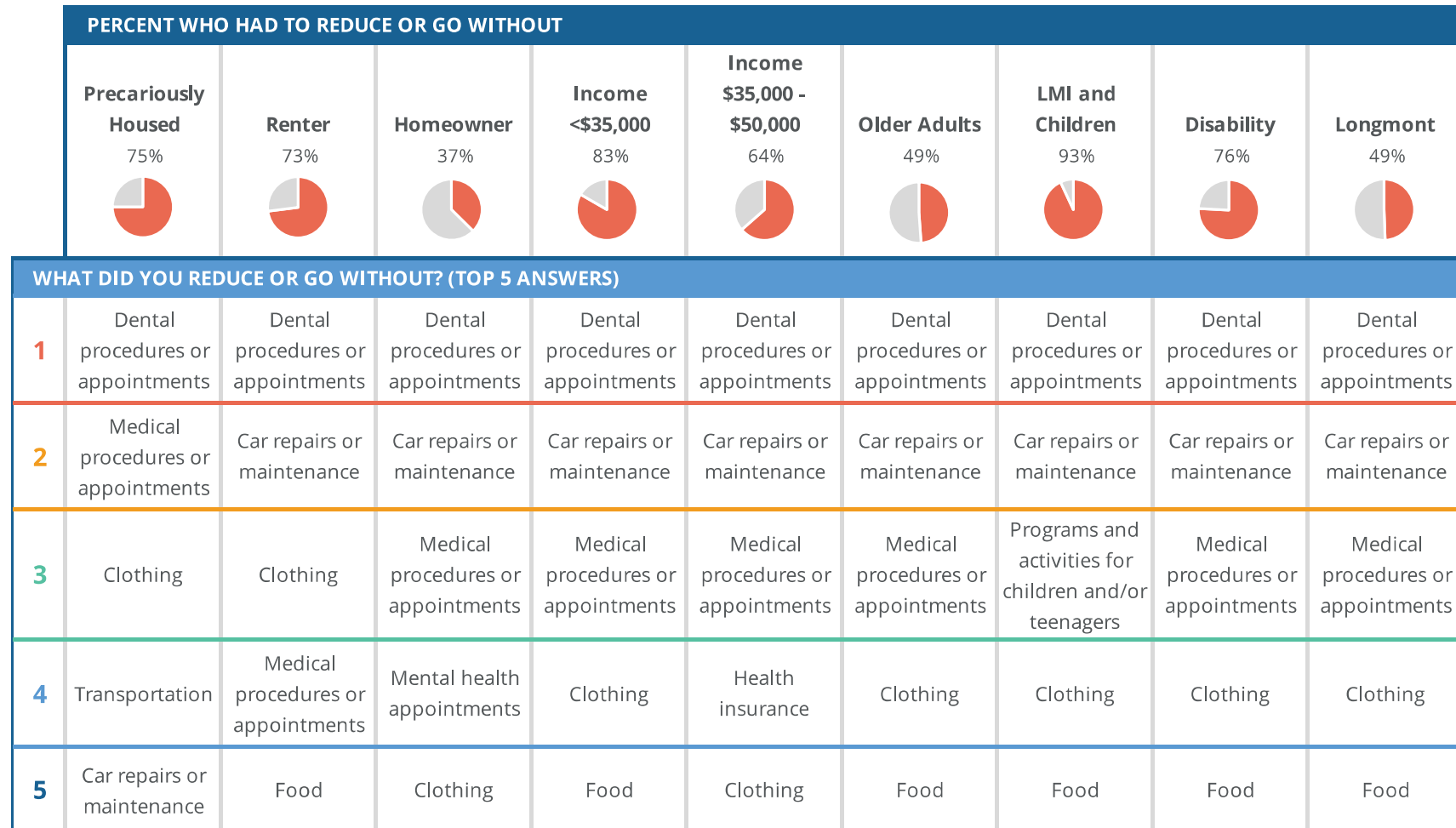
- Dental care;
- Car repairs or maintenance;
- Medical procedures or appointments;
- Clothing; and
- Food.

Some of the differences in the top five goods or services sacrificed among different demographic and socioeconomic segments include:

- LMI households with children were most likely to sacrifice programs and activities for children and/or teenagers;
- Precariously housed residents reduced or went without transportation (in addition to car repairs or maintenance); and
- Homeowners were more likely to sacrifice mental health appointments.

Figure III-8.

In the past year, have you had to reduce or go without any of the following? (Top 5 answers)



Note: n=1,029.

Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Employment challenges and needs. Overall, about one in 15 (7%) of Longmont respondents agreed with the statement “there are not enough job opportunities in my neighborhood”. Residents who were precariously housed at the time of the survey were twice as likely as Longmont residents overall to think that there are not enough job opportunities in their neighborhood (15%).

Figure III-9.
Not enough job opportunities in my neighborhood (% Yes)

Source:
Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

	Not enough job opportunities in my neighborhood
Longmont	7%
Tenure	
Homeowner	6%
Renter	10%
Precariously housed	15%
Household Income	
< \$35,000	10%
\$35,000 - \$50,000	6%
\$50,000 - \$75,000	4%
\$75,000 - \$100,000	9%
\$100,00+	8%
Selected Characteristics	
Older adults	5%
LMI and children	13%
Disability	9%

Employment and the digital divide. In focus groups, residents and stakeholders shared the frustration that they or their clients experience when they lack Internet access or do not understand how to apply for jobs online.

- *“Looking for jobs online is harder for ESL persons.” (Stakeholder focus group participant)*

COVID employment impacts:

- *“The Inn Between did a poll of 30 households, and 78 percent had some or all of their income reduced due to the pandemic. The majority were working in restaurants and retail.” (Stakeholder focus group participant)*
- *“Uncertainty around the future as subsidies expire and emergency response diminishes.” (Stakeholder focus group participant)*

Older adults—self-sufficiency and resilience needs. For older adults, resources to help them successfully age in place may be cost prohibitive, such as personal

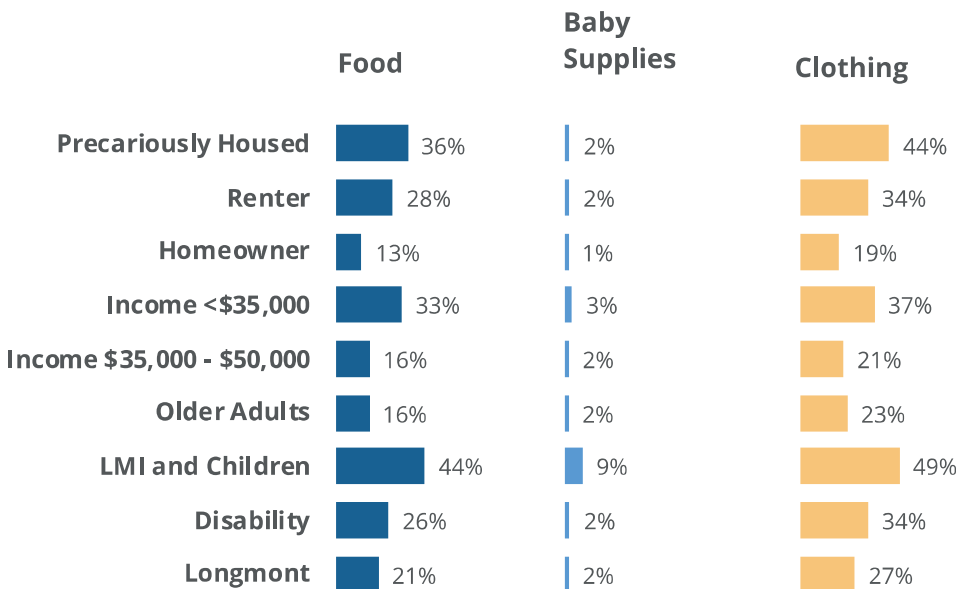
care attendants, or not covered by Medicare. Others may need case management services to ensure that they are taking care of themselves.

- *“Affordable in home services for older adults. On the open market this costs between \$35 to \$45 per hour. Services needed—personal care, laundry, home health, companionship, and bill pay.” (Stakeholder focus group participant)*
- *“We still need to go see seniors in person—not technology savvy and some need hands on help or they need to sign applications etc.” (Stakeholder interview participant)*
- *“We need to offer case management for older adults who are low income or have no other support or family to provide referrals and connections.” (Stakeholder interview participant)*

Food and Nutrition

The intention of the Food and Nutrition funding area is “helping households obtain adequate quantity and quality of food.” Figure III-10 presents the proportion of survey respondents who had to reduce or go without food, baby supplies, or clothing (also a basic need) in 2019. As shown, more than two in five low and moderate income households with children, one in three respondents who are precariously housed, and one in three low income households experienced reducing or going without food. LMI families are also more likely to have reduced or gone without baby supplies or clothing.

Figure III-10.
In the past year, have you had to reduce or go without any of the following?



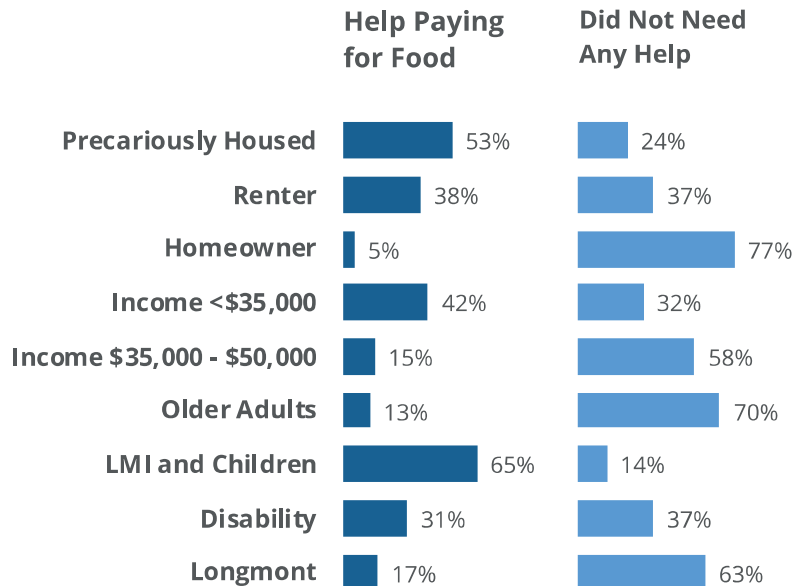
Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Types of help needed in 2019—food and nutrition. Figure III-11 presents the share of survey respondents who needed help paying for food in 2019. As shown, two-thirds (65%) of low and moderate income families needed this assistance, as did half (53%) of those who are precariously housed, and two in five low income respondents.

Figure III-11.
In the past year,
did you need help
with... (% Yes)

Source:

Root Policy Research from the
2020 HOME Consortium of
Boulder and Broomfield Counties
Resident Survey.



Access to food during COVID pandemic and shutdowns. Focus group and interview participants lauded the efforts of Longmont's service providers to go to any length to make sure residents had access to food.

- *"More people need food. Growing Gardens usually donates around 13,000 pounds of food, and it is not enough. More volunteers are needed, training programs and other partnerships with organizations that help deliver food are more difficult to manage during stay at home orders. We will see a shortfall in food harvested." (Stakeholder focus group participant)*
- *"My children usually pick up groceries for me and pick up medicines." (Resident focus group participant—Spanish)*
- *"We've seen a 35-40 percent uptick in demand for food across community since pandemic, has been up and down since the initial weeks." (Stakeholder interview participant)*

Health and Well-Being

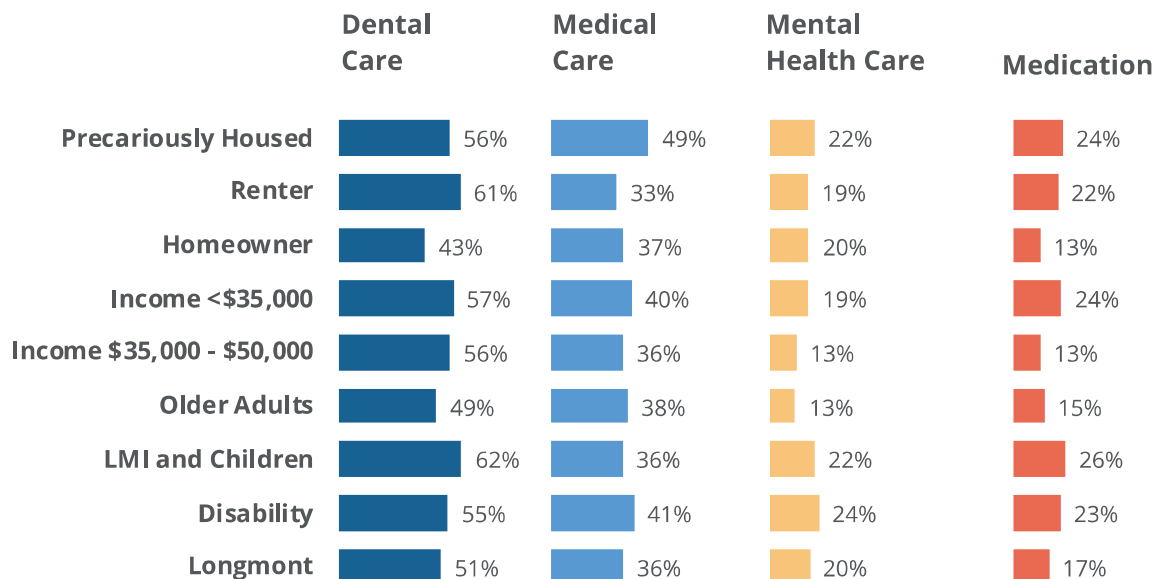
The goal of the Health and Well-Being funding area is to "Ensure access to affordable medical, dental and mental health care." As discussed previously, dental care and medical care appointments or procedures are among the top five goods or services that residents reduced or went without in 2019. Among those who reduced or went without dental, medical, or mental health care, or medication, the greatest proportion overall sacrificed

dental care, followed by medical appointments or procedures. Similar proportions went without or reduced mental health care appointments or needed medications.

- *“Once you turn 65 and have Medicare, they don’t care about your face anymore—hearing aids, dental, vision, not covered.” (Stakeholder interview participant)*

Figure III-12.

In the past year, have you or members of your household had to reduce or go without any of the following?

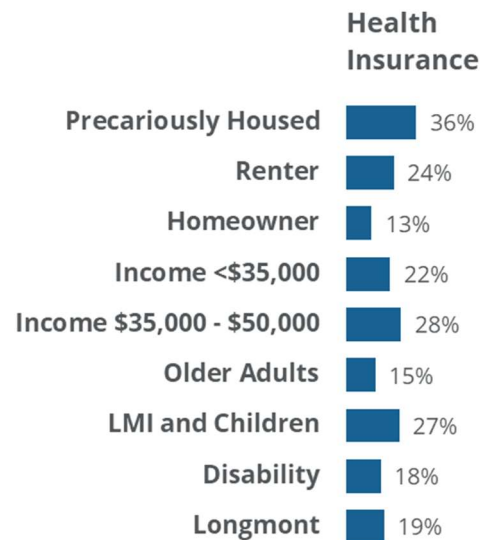


Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Health insurance. Overall, one in five Longmont survey respondents reduced or went without health insurance at some point in 2019. As shown in Figure III-13, residents are less likely to go without health insurance, in general, than they are to reduce or go without medical appointments. For example, 36 percent of precariously housed respondents reduced or went without health insurance while 56 percent of these same respondents reduced or went without medical appointments or procedures.

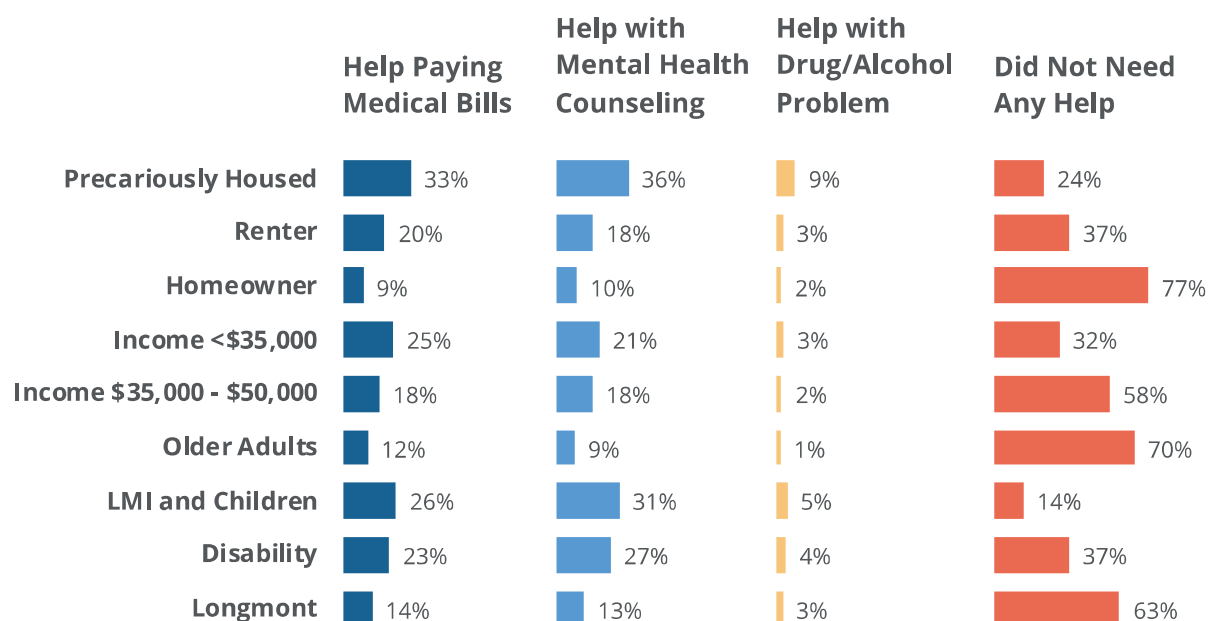
Figure III-13.
In the past year, have you had to reduce or go without any of the following?

Source:
Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.



Types of help needed in 2019—health and well-being. In 2019, slightly more than one in 10 Longmont residents needed help paying medical bills or help with mental health counseling. Precariously housed residents, low income households, LMI families, and households that include a member with a disability were most likely to need help with paying bills and mental health counseling. Precariously housed respondents are more likely to report they need help with a drug/alcohol problem than other resident segments.

Figure III-14.
In the past year, did you need help with... (% Yes)



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Pre-COVID challenges to health care access. Difficulties accessing health care pre-COVID seemed particularly acute among uninsured seniors, seniors who have difficulty finding Medicare providers, and the Latino immigrant population, especially those who are undocumented or uninsured. In focus groups, none of the residents and few stakeholders mentioned existing local clinics, a curious finding since Salud has operated in Longmont since the 1970s.

- *“High demand for health and dental services, especially older population that is below 65 years old. Services are very expensive for the uninsured.” (Stakeholder focus group participant)*
- *“Seniors are having trouble finding care, especially uninsured ones.” (Stakeholder focus group participant)*
- *“Need to reach Spanish speaking and immigrant population better.” (Stakeholder focus group participant)*
- *“Problems in access are global, and not specific Longmont.” (Stakeholder focus group participant)*
- *“These services—mental health—exist, but it is difficult to get clients signed up and to follow through with the receipt of these services. There is a persistent stigma.” (Stakeholder focus group participant)*

Impact of COVID-19 pandemic and shutdowns on health. Residents’ health and well-being has been adversely impacted by the COVID-19 pandemic.

Mental health impacts. Isolation, loneliness, coping with family and work stresses, in-home schooling for children, job impacts, loss of recovery and mental health peer supports due to COVID-19 are all examples of the types of mental health impacts described by residents and stakeholders.

- *“The hardest thing to deal with is the loneliness.” (Resident focus group participant—Spanish)*
- *“Seniors are feeling really isolated.” (Stakeholder interview participant)*
- *“Mental health patients are really hard to connect to online.” (Stakeholder focus group participant)*
- *“We may see an increase in suicide and suicide attempts.” (Stakeholder focus group participant)*
- *“Stay at home orders are not good for LGBTQ persons. It can trap them in an unaccepting environment.” (Stakeholder focus group participant)*

- *"Isolation is a major issue for seniors due to COVID-19. Mental health supports are needed." (Stakeholder focus group participant)*
- *"Not as many cases of people getting sober right now. Or people getting mental health treatment." (Resident focus group participant)*
- The closure of the physical Recovery Café space during the statewide shutdowns was *"very hard"* on focus group participants. They shared how the Recovery Café staff went to great lengths to stay connected with the Café members, including sending out letters and texts and opportunities for groups, like the men's recovery group, to meet online via zoom. Despite these efforts, many Café regulars have not been heard from since the lockdown, likely due to lack of phone minutes or lack of Internet access at home.

Physical health impacts. Delayed routine physical health appointments or procedures and changes in lifestyle due to stay at home orders have adversely impacted the health of many Longmont residents. Stress, changes in schedules and inability to walk around the neighborhood exacerbated health challenges for older adults. School closures impacted children who typically receive health care services at school.

- *"I had to go back on insulin from stress eating, not getting out to walk." (Resident focus group participant—Spanish)*
- Even though they had the options to participate in telehealth appointments, all of the participants in an older adult focus group with Spanish-speaking residents chose to delay until they could see their doctor in person. They did not know how to use the technology, or they did not have access to the necessary devices.
- *"Access to care barriers will get worse if schools do not reopen. For example, for many kids dental and vision screenings are done through school, many of those kids can't be reached while schools are closed." (Stakeholder focus group participant)*

Education and Skill Building

The Education and Skill Building funding area "starts young and continues throughout all stages of life, offering education, and skills training that are the building blocks of self-sufficiency." Access to education for both children and adults and access to quality, affordable childcare is critical to child development and the economic opportunities available to adults.

Childcare needs. Before the COVID crisis, quality affordable childcare was in high demand in Longmont, including providers participating in the Colorado Child Care Assistance Program (CCAP).

- *“The CCAP program is strong but has barriers, including a difficult and long—up to seven pages—paperwork; this does not work well with undocumented families. Trying to move the paperwork online has been a challenge.” (Stakeholder focus group participant)*
- *“Top childcare needs before COVID—More facilities that accept CCAP subsidies; early morning and evening hours; and newborn to one years old is the biggest gap.” (Stakeholder focus group)*

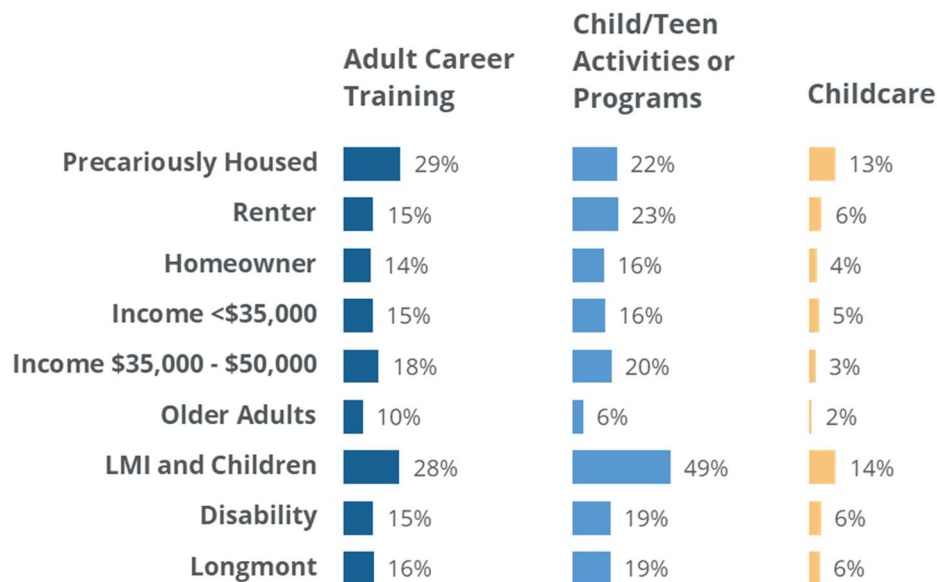
After the COVID crisis began, demand for Head Start and the CCAP increased even as providers struggled to remain open or remained closed.

- *“Number of applications to the Head Start program has increased by a lot. Now they are seeing 3 to 4 times more applications than available slots. Many are new applicants. Also, major increase in CCAP demand in the county. Services are giving out a lot of financial assistance.” (Stakeholder focus group participant)*
- *“There is a new preschool opening at 50 percent capacity. There is a perception that this is indicative of a lack of need. However, this may be because residents either lost their job and cannot afford to pay or folks are working at home and choosing not to utilize daycare.” (Stakeholder focus group participant)*
- *“Many preschools and childcare facilities will not survive this and will be forced to close.” (Stakeholder focus group participant)*

Reductions in adult and youth education or activities. About one in five Longmont survey respondents reduced or went without child or teen activities/programs in 2019 and 16 percent sacrificed adult education or career training. Precariously housed respondents and LMI households with children were most likely to have gone without or reduced adult education, and LMI families were most likely to have sacrificed child or teen programs. In general, respondents were least likely to have reduced or gone without childcare in 2019 (6% of respondents overall).

Figure III-15.

In the past year, have you or members of your household had to reduce or go without any of the following?



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Need for in-person K12 learning. During June and July 2020, when resident and stakeholder focus groups occurred, the extent to which the St. Vrain Valley School District would reopen for in-person learning was in flux. At the time of this writing (late July 2020), various versions of hybrid school schedules, with students learning both in-person and online are proposed. Stakeholders and residents expressed grave concerns about the economic and social impacts on children and families under a hybrid or online-only model.

Employment impacts on working parents. Focus group participants voiced concerns that parents, especially single parents, will lose their jobs or be unable to return to work due to needing to provide home schooling or supervise their children’s district-provided online learning.

- *“Return to school two days a week will present a huge challenge for working parents. This also impacts employers whose workers cannot come back because they do not have childcare.” (Stakeholder focus group participant)*

Educational inequities of hybrid or online-only learning. When statewide stay at home orders closed schools, the St. Vrain Valley School District did its best to provide students and families with access to the Internet (hotspots) and devices (laptops or tablets). Due to limited resources, one device per family was allotted, requiring students to share or take turns to participate in their education.

- *“Technology presents a big language barrier for kids who needs Spanish instruction. Parents are not able to help. Translation services over the phone are intimidating.” (Stakeholder focus group)*
- *“The Latin population faces other challenges in their environment that may prevent them from participating on all those other types of training and activities. Before COVID parents needed to learn how to maneuver a whole new education and public services system. Filling forms and having to gather so much information on school enrollments dates etc. can be a challenge i.e. enrollment to start school in the fall has to be done in January.” (Resident focus group participant)*
- *“The St. Vrain Valley School District set up three hot spots in Longmont outside of high school buildings and the learning services center. The district is purchasing technology for remote learning—they were only able to get one device per family for elementary to secondary—high school students, they were able to get one per kid.” (Stakeholder interview participant)*

Safety and Justice

“Ensuring safe and supportive environments for vulnerable children and adults” is the intention of the Safety and Justice funding area. Overall, 8 percent of Longmont survey respondents are concerned about their family’s safety in their current neighborhood and the same proportion believe that their “neighborhood does not have safe places for children to play outside.” As shown in Figure III-16, low income households, those who are renters or are precariously housed, and low and moderate income families with children are more likely than other respondents to have safety concerns in their neighborhood.

- *“We used to call Collyer Park ‘Meth Park’, but the neighborhood watch cleaned it up.” (Resident focus group participant)*

**Figure III-16.
Neighborhood
Safety Concerns
(% Yes)**

Source:

Root Policy Research from the
2020 HOME Consortium of
Boulder and Broomfield
Counties Resident Survey.

	I am concerned about my or my family's safety in my current neighborhood	My neighborhood does not have safe places for children to play outside
Longmont	8%	8%
Tenure		
Homeowner	6%	5%
Renter	12%	13%
Precariously housed	13%	11%
Income		
< \$35,000	11%	9%
\$35,000 - \$50,000	3%	7%
\$50,000 - \$75,000	7%	9%
\$75,000 - \$100,000	7%	8%
\$100,000+	5%	4%
Selected Characteristics		
Older adults	7%	4%
LMI and children	14%	20%
Disability	9%	11%

Safety and justice needs. Stakeholders and residents discussed three types of safety and justice needs in the focus groups and interviews—capacity building for law enforcement around engaging with residents with disabilities and mental illness; concern about the impact of COVID shutdowns on child abuse and domestic violence and capacity of local resources for domestic violence; and racial and ethnic tensions stirred by federal policy decisions (e.g., “public charge” rules) and the death of George Floyd in Minneapolis.

Capacity building for law enforcement. In focus groups, participants with mental illness and parents of children with disabilities, encouraged Longmont to build the capacity of police officers to safely engage with people with disabilities.

- *“My big issue is the with police. My son dresses in costumes, and people get worried when they see him walking in our neighborhood. People kept calling the police on him, so he could really get hurt. We had to teach him what to do if he encountered an officer. I asked his peers and most think they should run away or hide if they are approached by police. The Longmont police department only has two officers with mental health training.”
(Resident focus group participant)*
- *“We also need to educate on the difference between a crisis, when you’re having a breakdown, and getting help, when you walk into a clinic and say you need to see someone. We need both here in Longmont. We also need an EDGE team. Boulder has one and Longmont had a pilot. The EDGE team has Mental Health Partners out on calls with two*

police officers. They work with you to get help and not have to go to jail. When I was homeless, I met the EDGE team in Boulder, and the pilot team in Longmont. It was really important.” (Resident focus group participant)

- *“Cops rely heavily on bullying and intimidation; they really should get EDGE teams into Longmont. They know what they’re doing.” (Resident focus group participant)*

Although Longmont’s CORE and LEAD programs, similar to the EDGE program in Boulder, pair mental health providers with police officers to help deescalate situations, focus group participants did not seem to be aware of these programs.

Child abuse, domestic violence, and family services. In focus groups, stakeholders with expertise in child abuse and domestic violence described the impacts of COVID stay at home orders on the incidence and severity of child abuse and domestic violence.

- *“The majority of abuse reporting in child cases occur through school. Kids are locked inside, sometimes in dangerous situations, without interacting with a trusted adult.” (Stakeholder focus group participant)*
- *“Both a rise in the numbers of abuse reports for children and adults, but also in the severity of the abuse reported.” (Stakeholder focus group participant)*
- *“For family visitation services, capacity has been cut in half due to the extensive cleaning required.” (Stakeholder focus group participant)*
- *“Longmont is a hotspot for human trafficking and abuse cases.” (Stakeholder focus group participant)*
- *“Longmont needs better access to mental health care, domestic safehouses, and programs for families.” (Stakeholder interview participant)*

Racial and ethnic tensions. In stakeholder focus groups, a number of participants referenced the rise of the Black Lives Matter movement and momentum to address systemic racism locally and nationally. Residents and stakeholders also discussed how immigrants are disproportionately impacted by all facets of the COVID crisis and that these disparities are amplified for residents who are undocumented.

- *“Racial and ethnic tensions are prevalent. It is difficult, and growing more difficult, to gain trust within the Hispanic community. Longmont needs to show solidarity and support with their immigrant communities.” (Stakeholder focus group participant)*
- *“This issue is exasperated by the pandemic. Kids are out of school, folks are losing their jobs, immigration statuses are on hold due to closed offices, and many cannot qualify for benefits or are dropping benefits due to fear of deportation.” (Stakeholder focus group participant)*

- *“Domino effect—work card, licenses, benefit access, it all goes hand in hand.” (Stakeholder focus group participant)*

Lack of Information and System Navigation Difficulties

Lack of access to information about available resources and difficulty finding and navigating human service systems further complicates residents’ ability to receive needed services. In focus groups, both stakeholders and residents shared that a lack of information about available services and challenges navigating assistance systems are an issue in Longmont. Stakeholders discussed the need for networking or cross-training to facilitate collaboration among service providers and increase frontline staff awareness of resources offered by peer organizations.

- *“I was not aware that the City was offering any help.” (Resident focus group participant)*
- *“Housing is a huge issue in the area. But we need a system navigation, it’s hard to find services and connections. Few people know about programs that help with navigation, and the Imagine! program is too small.” (Resident focus group participant)*
- *“Need to educate the community and service providing staff to understand what resources are available in the community.” (Stakeholder focus group participant)*
- *“Community resource directory, cross trainings, or a community resource fair are potential solutions to increase collaboration among agencies.” (Stakeholder focus group participant)*

Information and service navigation needs of the immigrant community—language access and trust

- *“Cultural brokers’ can help breach lack of trust in government for recent immigrants.” (Stakeholder focus group participant)*
- *“Spanish translation can be too academic. Some of these folks never went to school. Translation to more conversational Spanish.” (Stakeholder focus group participant)*

Information and service navigation needs of people with disabilities—help with process and trust

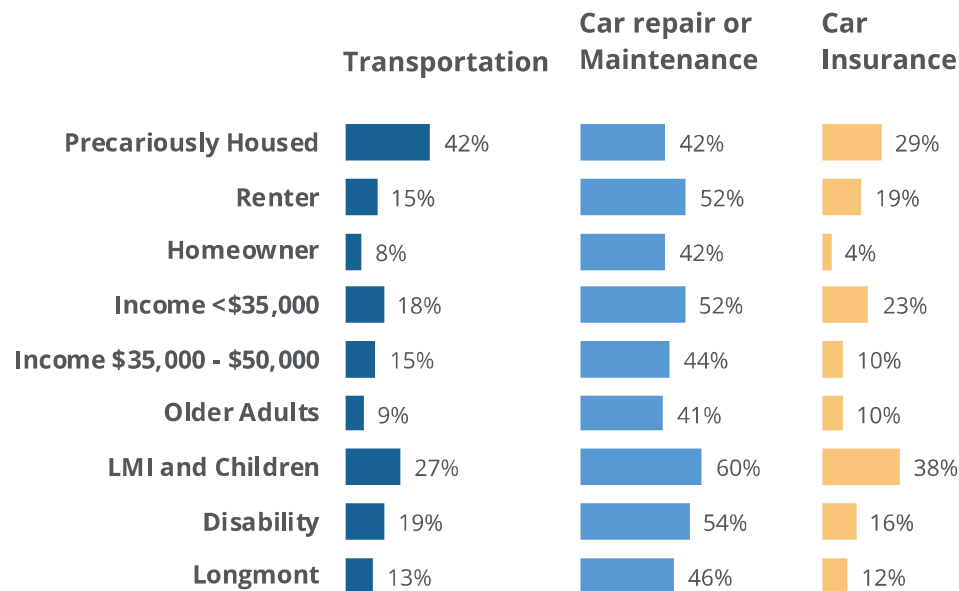
- *“Clients with disabilities struggle to complete paperwork. Need a third party in this position.” (Stakeholder focus group participant)*
- *“Folks who suffer from cognitive disabilities often mistrust government workers who are available to help with paperwork.” (Stakeholder focus group participant)*

Transportation

Transportation difficulties, particularly among low and moderate income households and transit-dependent populations, are a longstanding challenge. Transportation difficulties are a common factor leading to employment issues, missed medical or benefits appointments, and increased difficulty finding housing, accessing services, and completing other activities of daily living. Transportation, particularly car repairs or maintenance, is also one of the primary goods or services that Longmont residents sacrifice when they are having difficulty making ends meet. As shown, residents are less likely to reduce or go without car insurance than they are to sacrifice car repairs or maintenance. But still, LMI families and residents who are precariously housed are two to three times more likely than the average Longmont resident to have reduced or gone without car insurance.

Figure III-17

In the past year, have you or members of your household had to reduce or go without any of the following?



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Types of help needed in 2019—transportation. Overall, about one in 20 (6%) Longmont survey respondents needed help paying for transportation in 2019. Residents who are precariously housed are more than six times more likely to have needed help paying for transportation (40%). LMI households with children are also more likely than the typical Longmont resident to have needed help paying for transportation (27%).

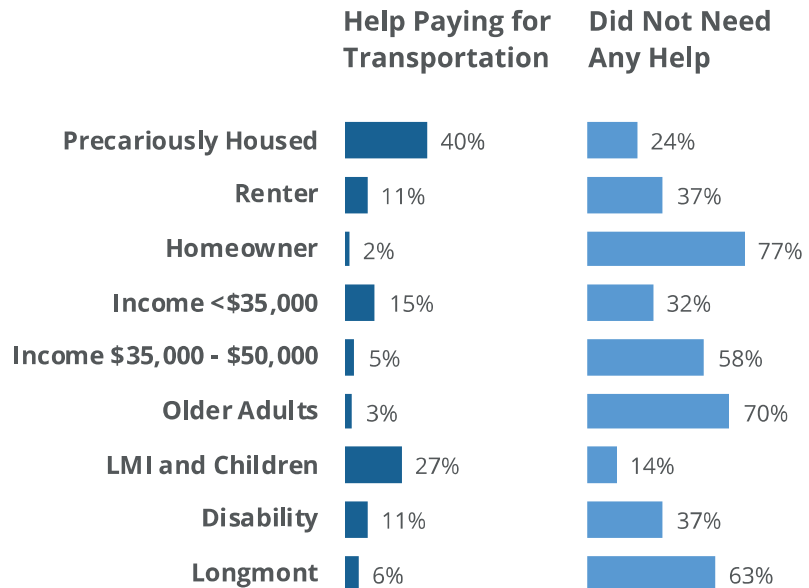
In focus groups, residents gave examples of transportation difficulties and the types of help needed:

- *"I have been calling around trying to get help to get tires. I keep getting referred to other organizations." (Resident focus group participant)*

Figure III-18.
In the past year,
did you need help
with... (% Yes)

Source:

Root Policy Research from the
2020 HOME Consortium of
Boulder and Broomfield Counties
Resident Survey.



Around three in 10 Longmont survey respondents experienced a transportation related challenge in the past year. As a result of these transportation difficulties, a member of the household was late for work, missed medical appointments, missed work, missed school, and missed mental health care appointments.

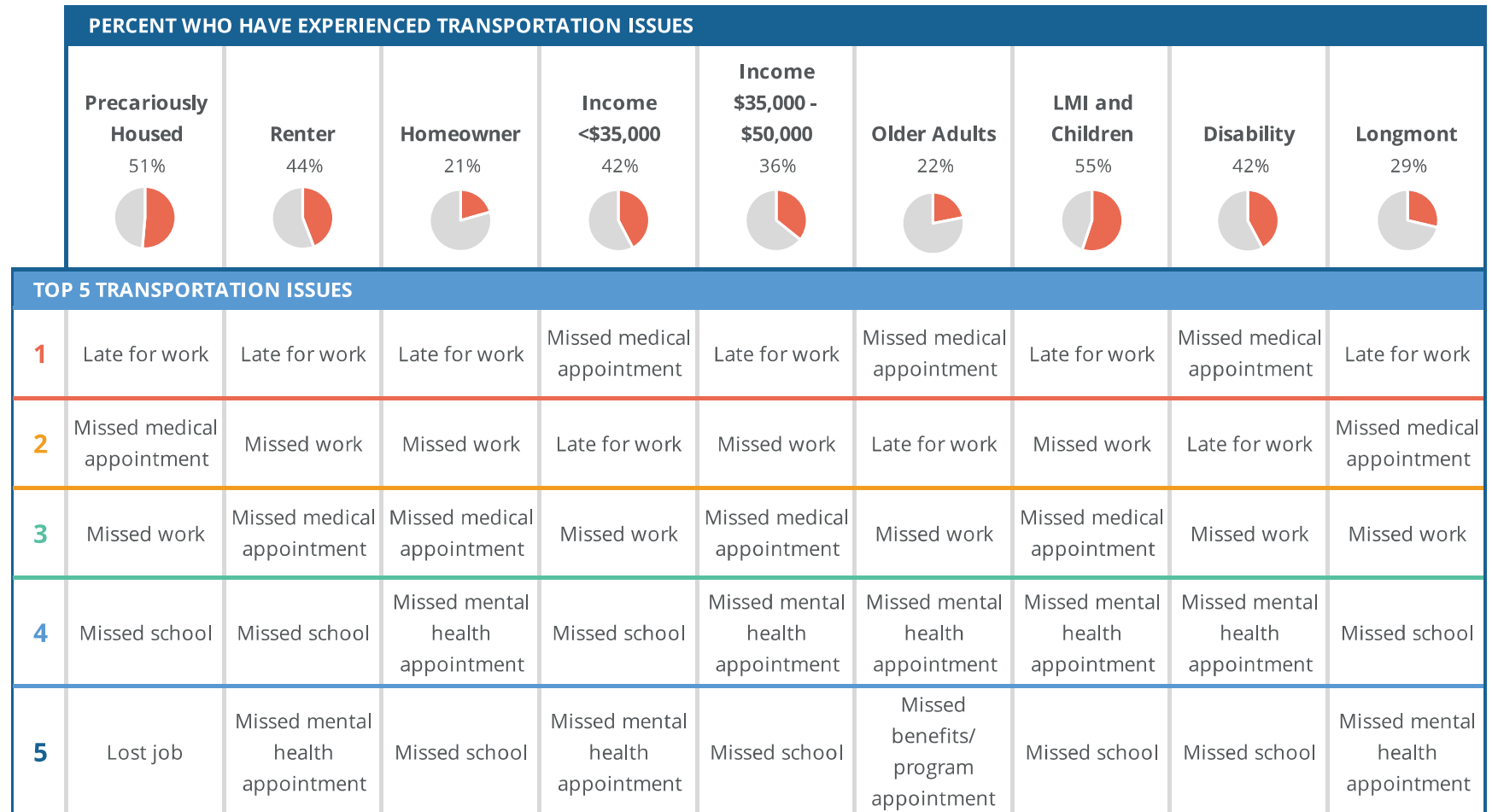
- More than half (55%) of LMI households with children experienced transportation issues, resulting in a member of the household being late for work, missing work, missing medical and mental health appointments, and missing school.
- Half (51%) of respondents who are precariously housed had transportation difficulties that, in addition to being late for work, missing work, missing medical appointments, and missing school, also resulted in job loss.

Most of the focus group participants drive, typically because of preference, but others described challenges with using RTD that make driving a necessity.

- *"Access-a-Ride through RTD has a huge barrier to entry (for older adults). Currently, residents have to travel to Denver to be tested and prove their disability in order to receive this service. The City is currently writing a grant proposal to get a testing center closer to this population." (Stakeholder focus group participant)*
- *"The bus line is far; I drive everywhere." (Resident focus group participant)*
- *"Hard to use the bus with a baby. Longmont is also not very walkable." (Resident focus group participant)*

Figure III-19.

In the past year, have you experienced any of the following due to transportation issues?



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

SECTION IV.

RESOURCES AND GAPS

SECTION IV.

Resources and Gaps

This section explores the types of resources residents consider most helpful and barriers or gaps in service or resource availability from the perspective of residents and stakeholders. It includes estimates of service needs drawn from the analysis of human service gaps by population (Appendix B).

Primary Findings

- People love living in Longmont and they have a strong sense of community. Residents of from all walks of life feel welcome in Longmont and are proud to call the city home.
- Longmont and its partners invest in the city's social safety net, and with a few exceptions, residents and stakeholders discussed the need for increased resources dedicated to housing stability.
- It is hard for residents, and many stakeholders, to find information about programs or services available in Longmont. Difficulty finding information is amplified for residents who lack access to the Internet, Internet-capable devices, or have limited digital literacy. Language access is also a barrier.
- Gaps in needed resources or services include:
 - Local crisis mental health services, local housing crisis services;
 - Digital inclusion; and
 - Case management capacity.
- Residents who are immigrants experience additional difficulties accessing resources due to lack of language access, immigration status, and issues stemming from the digital divide.
- Residents with disabilities do not experience the same level of inclusion and described being more isolated than other residents, even prior to COVID.

Longmont's Strengths

Longmont residents love their community and the city's distinct identity as being a solidly middle class enclave where all types of people can live, work, and play together.

Inclusive and integrated community

- *"Boulder and Lafayette have Hispanic populations, but they are only in one part of the city. You see Hispanics in Boulder and Lafayette are only in the mobile home parks. In Longmont*

more and more Hispanics are buying their homes in Longmont, it's more affordable, but really interesting to see how the cities segment where Hispanics can afford to live.” (Resident focus group participant)

- *“I like Longmont, because—I grew up in Weld County, in Gilcrest—never realized that in Greeley it was more racist, and in Longmont, I have never felt not wanted. Always felt welcome and a sense of community. I share my son with his father where he lives in Aurora and it feels you are like 1 in 1,000 in Aurora, where in Longmont, it feels like you’re one of a family.” (Resident focus group participant)*
- *“I really agree that growing up in Longmont, never felt any racism or not being wanted.” (Resident focus group participant)*

Strong sense of community

- *“The people are really friendly; the school district is nice.” (Resident focus group participant)*
- *“People want to stay in Longmont.” (Resident focus group participant)*
- *“It’s safer here, except for the meth problem.” (Resident focus group participant)*
- *“I’ve lived throughout the county. In Boulder the sense of community is so different than Longmont and Lafayette. More access to immigrant businesses in Longmont than you’d see in Lafayette or Boulder, and Longmont is more diverse than in Boulder.” (Resident focus group participant)*
- *“In Longmont, we take care of each other.” (Resident focus group participant)*
- *“I like living in Longmont and I want to stay in the community. Services I need are available, and I like how peaceful the city is.” (Resident focus group participant)*

Most helpful resource used or needed in the past year. Figure IV-1 visualizes the types of resources or help that respondents to the resident survey who experienced challenges in 2019 identified as having the most positive impact. Housing, mental health, food, job assistance, and other forms of support like utility assistance helped these individuals and families.

If you experienced challenges in the last year, what resources or help made (or would have made) the most positive impact on you or your family?

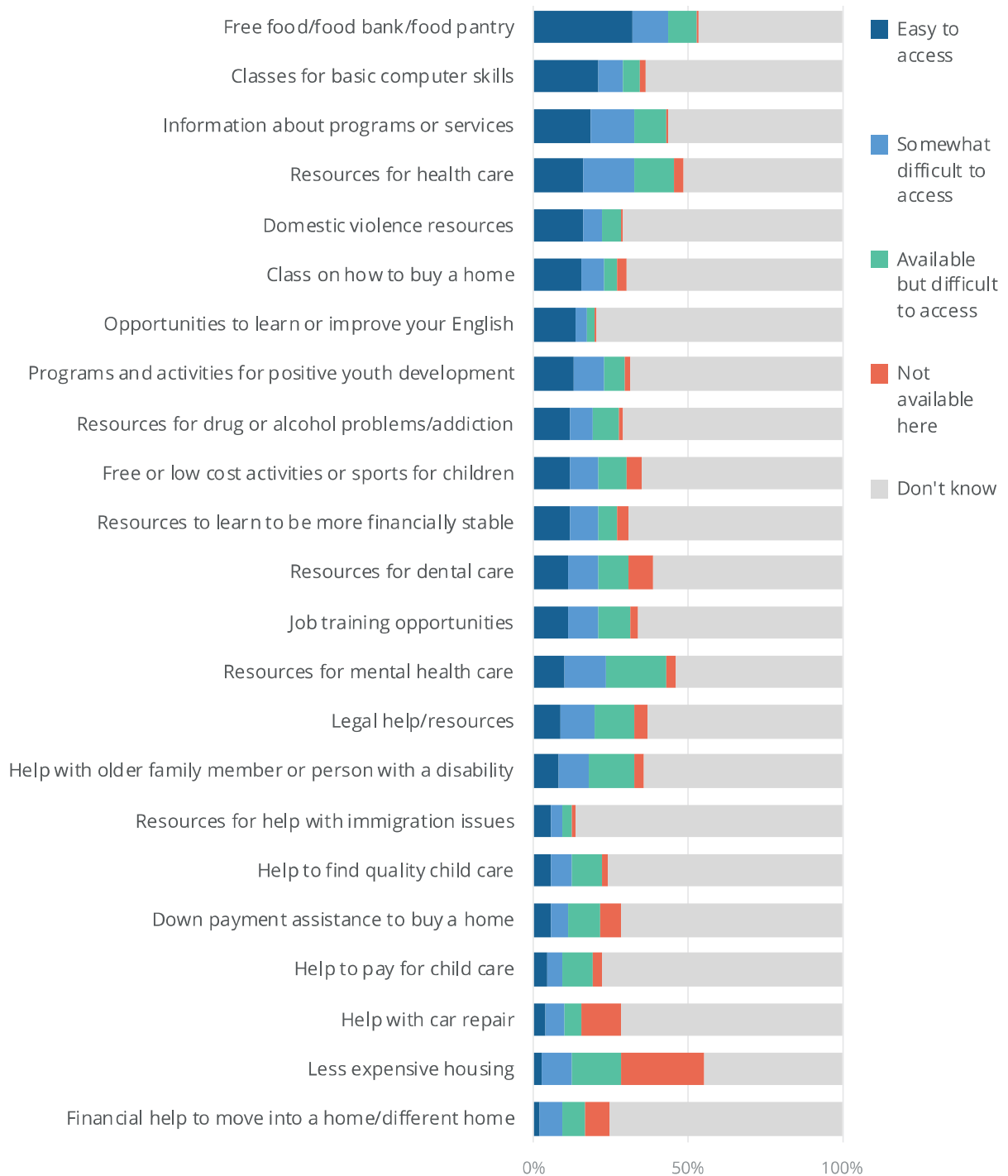


Resident awareness of resource availability. Residents were also asked to indicate how easy or difficult it is to access different services. Figure IV-2 presents residents' perspectives on ease of access for services in Longmont. It is important to note that these responses represent Longmont residents overall and not for the specific groups of residents who actually have a desire to use each of the services. In discussions with residents and stakeholders, participants often described awareness of services or programs in terms of "until you need it, you don't need to know if it's available in Longmont." Given this caveat, the results provide an insight into the general knowledge of Longmont residents of human service resources and programs. In general:

- Food related services are perceived among the easiest to access;
- Less expensive housing is considered not available for many; and
- The most common response to questions of resource availability is “don’t know”.

Figure IV-2.

In your experience, how easy or difficult is it to access the following resources in your community?

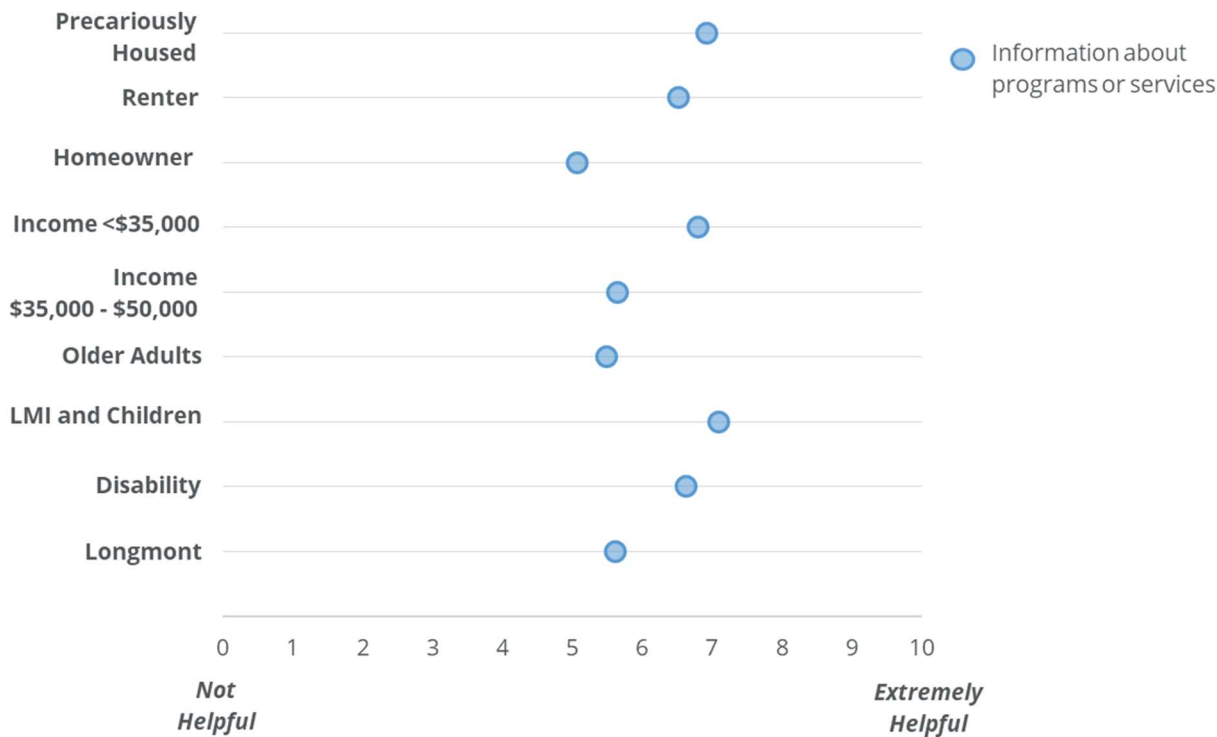


Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Given residents' relative lack of awareness of resource and service availability, it is not surprising that residents consider information about programs or services to be very

helpful. Access to information is particularly helpful to residents who are precariously housed, renters, low income residents, low and moderate income families with children, and residents with disabilities.

Figure IV-3.
Which of the following services would be most helpful? Information Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

In focus groups, residents and stakeholders discussed the difficulty they experience trying to find information about available resources in Longmont as well as Boulder County.

- *“It’s really hard to find resources, even on the County website it’s hard to find.” (Resident focus group participant)*

Digital Divide

The COVID pandemic exposed the extent of the digital divide in Longmont between residents with access to the Internet and Internet-capable devices and those without. Those without are much more likely to be low income, racial or ethnic minorities, residents with limited English proficiency, and older adults.

Barriers and gaps—digital inclusion. In focus groups, the digital divide was apparent. Participants who did not have access to the Internet included older adults, low income single mothers, and persons experiencing homelessness. Some older adults with

Internet access received a device from family and the family member taught them how to use it.

Other than referencing the efforts of the St. Vrain Valley School District to provide families with a device and access to WiFi hotspots and a program by the YWCA that provided laptops to youth taking a coding class, participants did not reference any local digital inclusion resources. From the perspective of residents, gaps contributing to the digital divide include:

Lack of access to Internet service:

- *“Internet—schools were doing hotspots. But, you had to be really close to the school to get it to work. Not everyone has cars to get there, weather issues.” (Resident focus group participant)*
- *“Having Internet that’s free/low cost for students, and the information has to be in the parents’ language.” (Resident focus group participant)*

Lack of access to Internet-capable devices:

- *“Some of the families that I work with have school age kids. And the district provided them with one computer per family. If you have one computer per family and have a high schooler, a middle schooler, and a first grader, that doesn’t work.” (Resident focus group participant)*
- *“I do not have a computer. I’m looking forward to the senior citizen opening so they can help me with my phone on how to use it. I’m not very good at doing remote stuff. I have a lot of friends who do not have computer access. But we still need the senior center to reopen; you can’t quilt together remotely!” (Resident focus group participant)*

Lack of digital literacy:

- *“To work with families, now I have to do it over the phone, and not everyone has access to technology or, they’re not tech savvy, which is challenging for them.” (Resident focus group participant)*

Barriers to accessing NextLight™. Prior to the pandemic, participants in a community meeting held to support development of Longmont’s 2020-2024 Consolidated Plan expressed frustration about their inability to access Internet service through NextLight™, and its free service for eligible low income families funded by the Longmont Community Foundation and the Longmont Children, Youth and Families Division.

The program, officially called Sharing the NextLight™, has provided high-speed Internet (25 Mbps/25 Mbps) to 35 families, which translates to more than 160 children served. Eligibility is determined by three factors. First, a family must live in a NextLight™ service area which

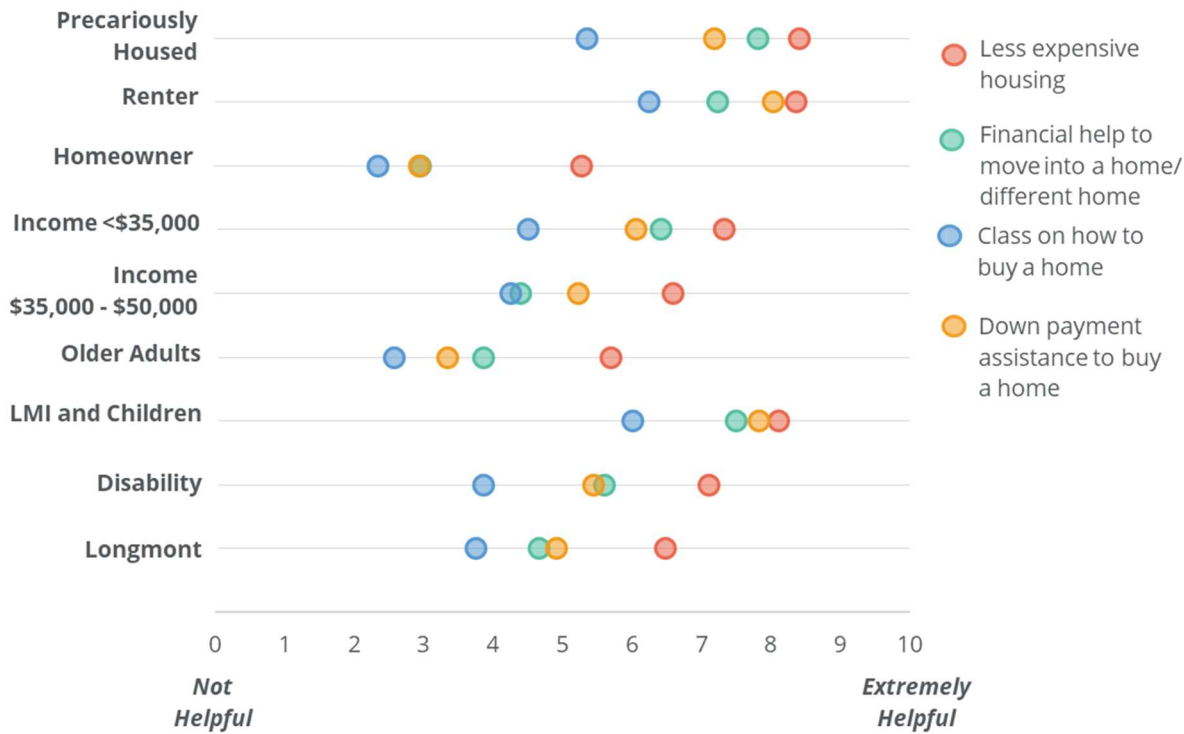
spans about 85 percent of Longmont. Second, a family must have children in the St. Vrain Valley District. Finally, a family must receive free and reduced lunches.

However, barriers to access remain for several reasons. Some rental complexes have exclusive advertisement contracts with other market rate providers and, as such, do not actively market NextLight™. Also, although exclusive contracts with providers are not allowed, service providers do need to invest in the infrastructure to bring services to low income residents. Often this takes place during development construction, limiting access in newer and often more affordable apartment complexes.

Housing Stability Resources

Figure IV-4 compares the helpfulness of different types of housing-related resources to different segments of Longmont residents. Not surprisingly, less expensive housing was most helpful to all, but down payment assistance appealed to renters. Those who are precariously housed, low and moderate income families with children, and renters also prized financial help to move into a home or a different home.

Figure IV-4.
Which of the following services would be most helpful? Housing Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Not surprisingly, the types of assistance considered most helpful vary by a resident’s personal situation. Older adults on fixed incomes in market rate apartments worry about future rent increases and express a need for affordable senior housing. Low income single

parents living in income-based housing struggle to pay the utilities in buildings or homes that are not energy efficient. Residents living in their car need gas cards and help with car repairs to sustain them while they wait for needed assistance to be housed (e.g., subsidized housing, deposits, application fees).

- *"I wish for low income electricity or late fee waivers. Late fees are a real set back, and I can't catch up. These apartments take a lot in electricity; up to \$300 in wintertime." (Resident focus group participant)*
- *"The Longmont care rebate (utility sales tax rebate credit) has been amazing!" (Resident focus group participant)*
- *"Utilities subsidies are very helpful, specifically LEAP and help with Internet costs." (Resident focus group participant)*
- *"Housing and legal assistance are the biggest requests for help from older adults." (Stakeholder interview participant)*

Barriers and gaps—housing stability. The analysis of human service gaps (Appendix B) estimates the number of residents in need of housing assistance by population. The number of residents with housing needs includes¹:

- Older adults—2,069 need rental or mortgage assistance and 1,755 need home repairs;
- Persons with disabilities—2,648 need rental or mortgage assistance, 2,004 need home repairs, and 1,707 need utility assistance;
- Precariously housed residents—1,913 need housing assistance;
- Low income families—2,152 need rent or mortgage assistance, 1,300 need home repairs, and 1,794 need utility assistance; and
- At-risk youth—525 experiencing homelessness.

Focus group and interview participants identified several barriers to housing stability and gaps in the support system. These include case management and homelessness prevention services, local emergency homeless shelter for families as well as domestic violence shelter capacity.

¹ Please note that estimates in this analysis are not additive because one individual or family may fit into more than one focus population. For example, an individual living with a disability who has children and a household income of less than \$50,000 annually would be included in estimates of need for both "persons with a disability" and "low income family."

Case management and prevention services:

- *"Gap is once people are housed they still need case management to maintain housing." (Stakeholder interview participant)*
- *"Need to teach people how to maintain a household, pay bills, and so forth." (Stakeholder interview participant)*
- *"More cases managers needed to help with jobs." (Stakeholder interview participant)*

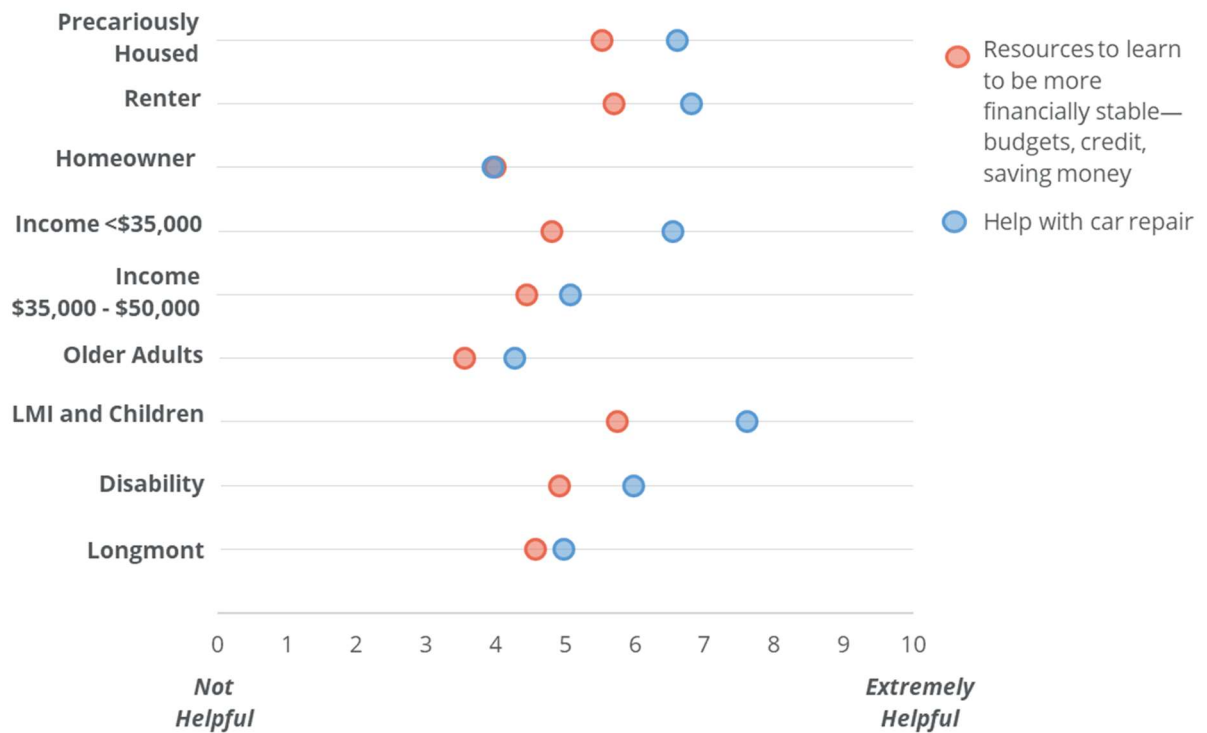
Lack of local homeless housing resources:

- *"If you have two kids and just lost your housing there is nowhere to go." (Stakeholder interview participant)*
- *"Sheltering families is a much bigger challenge than individuals, most families are in cars." (Stakeholder interview participant)*
- *"Coordinated entry only happens from noon to 2:00 and with COVID it is all by phone." (Stakeholder interview participant)*
- *"Some people took advantage of free buses during COVID to go to Boulder shelter, but some were turned away due to capacity issues." (Stakeholder interview participant)*
- *"It's a huge barrier for folks to get referred to the shelter in Boulder, especially day laborers who need to be back in Longmont in time to wait in line for work."*
- *"HOPE shelter is a navigation shelter and requires clients to be working or have a high desire to be working; they're trying to get people housed. At HOPE shelter everything is goal based; if you are not maintaining or moving forward you get exited from the shelter. Chronic homeless, disabled homeless, service resistant homeless get referred to Boulder." (Stakeholder interview participant)*

Self-Sufficiency and Resilience Resources

Two components of maintaining self-sufficiency are building personal finance skills and having a reliably working vehicle. As noted in the previous chapter the majority of Longmont residents, including low income residents, rely on personal vehicles for transportation. Yet vehicle repairs or maintenance are among the first services sacrificed in order to pay housing costs or other bills. As shown, help with car repair is considered very helpful to most resident groups, but is particularly helpful to LMI households with children.

Figure IV-5.
Which of the following services would be most helpful? Financial and Car Repair Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Helping residents obtain or maintain reliable vehicles is very important to some low and moderate income residents. In focus groups, participants shared examples of resources that were helpful to them.

- “A woman’s work (www.awomanswork.org) can help with a car, but they only help you once, with a junkyard card. I learned about it through the school district.” (Resident focus group participant)
- “Help with tags or plates. I have to pick between tags, gas, or insurance. We need help keeping our cars on the road. Thankful for church on Highway 66 that used to give gas money.” (Resident focus group participant)

In focus groups, residents and stakeholders also discussed other types of resources important to self-sufficiency and resilience.

- “I am working at a credit union, and work with a lot of individuals who have lost jobs and need to defer payments. People need to be educated on the importance of your credit and your loans and financial responsibilities, and also borrowing from an institution that really cares about you and is willing to help during hard times. It’s nice to work in a place that cares about people.” (Resident focus group participant)

- *"I think the primary barriers to self-sufficiency are livable wages, housing, childcare, and lack of homeownership." (Stakeholder focus group participant)*

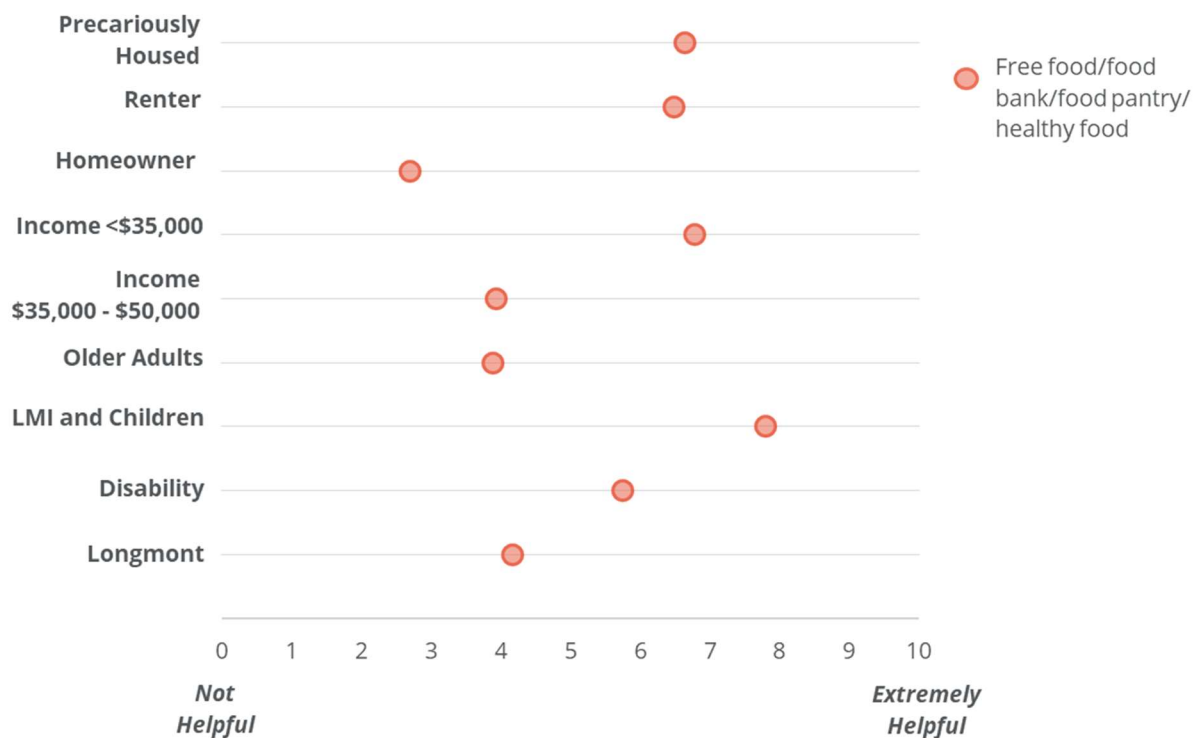
Barriers and gaps—self-sufficiency and resilience. The analysis of human service gaps estimates of the number of residents in need of self-sufficiency and resilience resources by population. The number of residents with different types of self-sufficiency and resilience resource needs includes:

- Older adults—1,631 need in-home personal care services;
- Precariously housed residents—765 need transportation assistance; and
- At-risk youth—1,076 live in poverty.

Food and Nutrition Resources

Low and moderate income families with children, low income households, residents who are precariously housed, and renters identify access to free food/food bank resources as very helpful.

Figure IV-6.
Which of the following services would be most helpful? Healthy Food Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Provision of food from local food banks has transitioned from a consumer choice model to pre-prepared boxes due to COVID-19 safety measures. As such, consumers receive boxes that may not align with their dietary needs (e.g., low salt, vegetarian) or that include more food than the participant can eat due to household size or smaller appetites of older adults. Participants did like the efficiency of the “drive thru” food bank and suggested that with a few modifications to allow for size of household and dietary needs, some would prefer to continue with the “drive thru” method.

- *“Food from the food bank has been really helpful. I have been getting more than I need in the boxes, because it’s just my daughter and me. When we get extra food, we give away to neighbors.” (Resident focus group participant)*
- *“Food Drive thru is great. I miss picking food out, but do not miss lines!” (Resident focus group participant)*
- *“Enough popcorn to last through my lifetime.” (Resident focus group participant)*
- *“15 pounds of bacon is a little too much for my cholesterol.” (Resident focus group participant)*

Barriers and gaps—food and nutrition. The analysis of human service gaps estimates the number of residents in need of food and nutrition resources by population. The number of residents with food and nutrition needs includes:

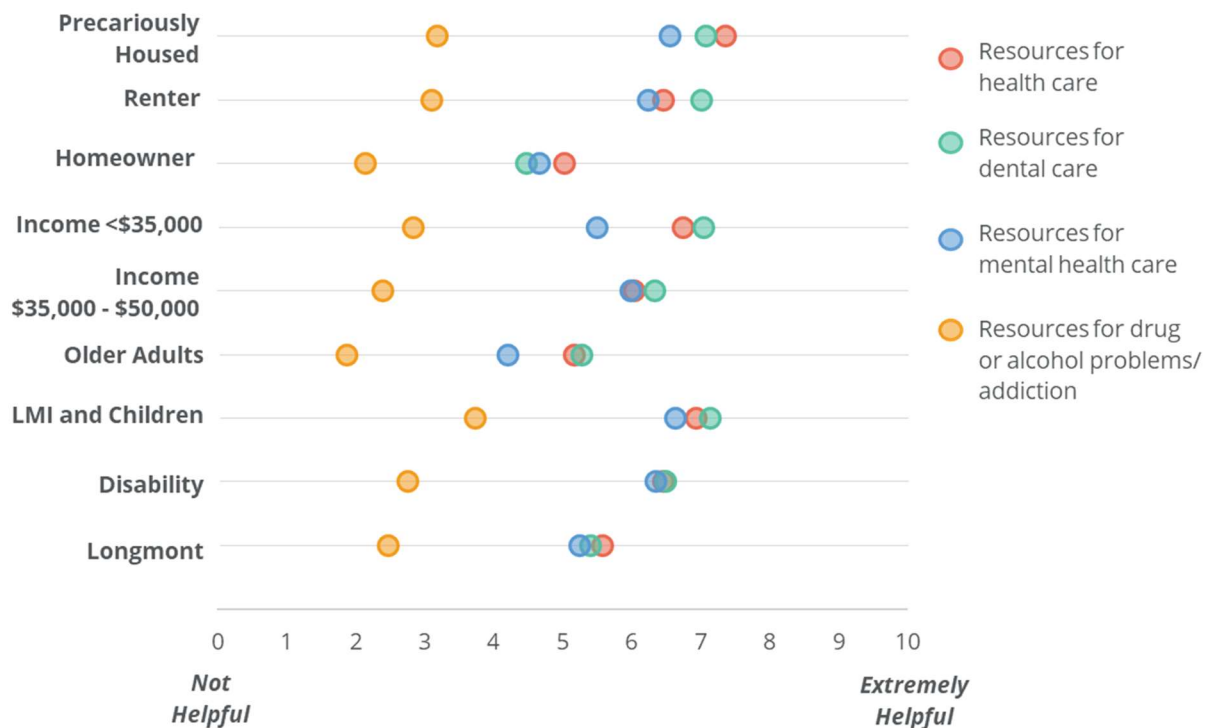
- Older adults—2,048 need food assistance;
- Persons with disabilities—2,952 need food assistance;
- Precariously housed residents—1,020 need food assistance; and
- Low income families—2,554 need food assistance.

Health and Well-Being Resources

Figure IV-7 presents residents’ ratings of the helpfulness of resources for health care, dental care, mental health care, and drug or alcohol problems. As shown, resources for dental care, health care, and mental health care are viewed as very helpful to most respondent segments. LMI families with children are most likely to consider resources for help with drug or alcohol problems to be most helpful, followed by those who are precariously housed, renters, and low income households.

Figure IV-7.

Which of the following services would be most helpful? Health and Well-Being Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

In focus groups, participants discussed the strength of the Recovery Café’s programming and the gap in access to health care for veterans in Longmont and Boulder County.

- *“The Recovery Café is life to me. It is stability, belonging, and it’s like Cheers, where everyone knows your name. It’s safe, and friendly and open to everyone. It gives me structure, and a place to go during the day, where I can talk and not be judged. I can also run ideas by people and get feedback. Here, I’m treated as a friend and an equal.” (Resident focus group participant)*

Barriers to health and well-being resources. The analysis of human service gaps estimates the number of residents with health and well-being resources by population. This includes:

- Older adults—1,866 need help with medical bills;
- Persons with disabilities—2,509 need access to mental health care;
- Precariously housed residents—680 need access to mental health care and 638 need help with medical bills;

- Low income families—1,208 need access to mental health care;
- At-risk youth—1,967 have serious mental illness, 129 are neglected or abused; and
- Individuals who need but are not receiving intervention for—alcohol abuse (6,573), mental health services (5,185), serious mental illness (3,763), and substance abuse (3,537).

Barriers to accessing health and well-being resources included gaps in local access to care for veteran's, mental health crisis services, and quality respite care services.

Lack of local veteran's health care services:

- *"For VA medical assistance you have to go to Denver or Fort Collins." (Stakeholder interview participant)*

Lack of local mental health crisis service capacity. There is a perception among residents and stakeholders that crisis mental health care services are not readily available in Longmont, either due to limitations on hours of availability or lack of local service (e.g., detox facility).

- *"Crisis response is lacking. One instance of a resident having a crisis over the weekend and no one from the CORE team was available—due to office hours—to evaluate the situation and issue a gravely disabled hold (72 hour hold) for their safety." (Stakeholder focus group participant)*
- *"If someone wants to get clean, there is no help." (Resident focus group participant)*
- Participants shared that if a person is in a mental health crisis that requires a 72 hour hold, that person is "cabbed" to Boulder. *"Why do you have to go to Boulder? Your family is here. Your friends are here. Your supports are here." (Resident focus group participant)*
- *"The 72 hour is nice, and sometimes you need it, and it's state law. But why does it have to be in Boulder? Is it in case you need to go to jail? That doesn't seem right." (Resident focus group participant)*

Respite services for caregivers. Parents of children with disabilities shared that Longmont does not have a quality provider of caregiver respite services. Participants offered examples of the types of organizations they wished were available in Longmont.

- *"There is a place in AZ called Ryan House (www.ryanhouse.org) a nonprofit with palliative care and hospice care. We could leave our daughter there and go visit family. She loved the house and was pissed when we picked her up. They had visitors and social interactions; they had a lot of care and activities. Longmont does not have these types of settings. Not at all present. It takes me a long time to get comfortable with a facility. I have tried facilities and have not been happy with the type of care." (Disability resident focus group)*

Need for affordable in-home **personal** care services:

- *“More and more individuals aging and most want to stay in their home and get in home care.” (Stakeholder interview participant)*

COVID-related barriers to health care access. Focus group participants framed discussion of access to health care services in the context of barriers to care posed by the COVID-19 crisis, including the impact of reliance on telehealth.

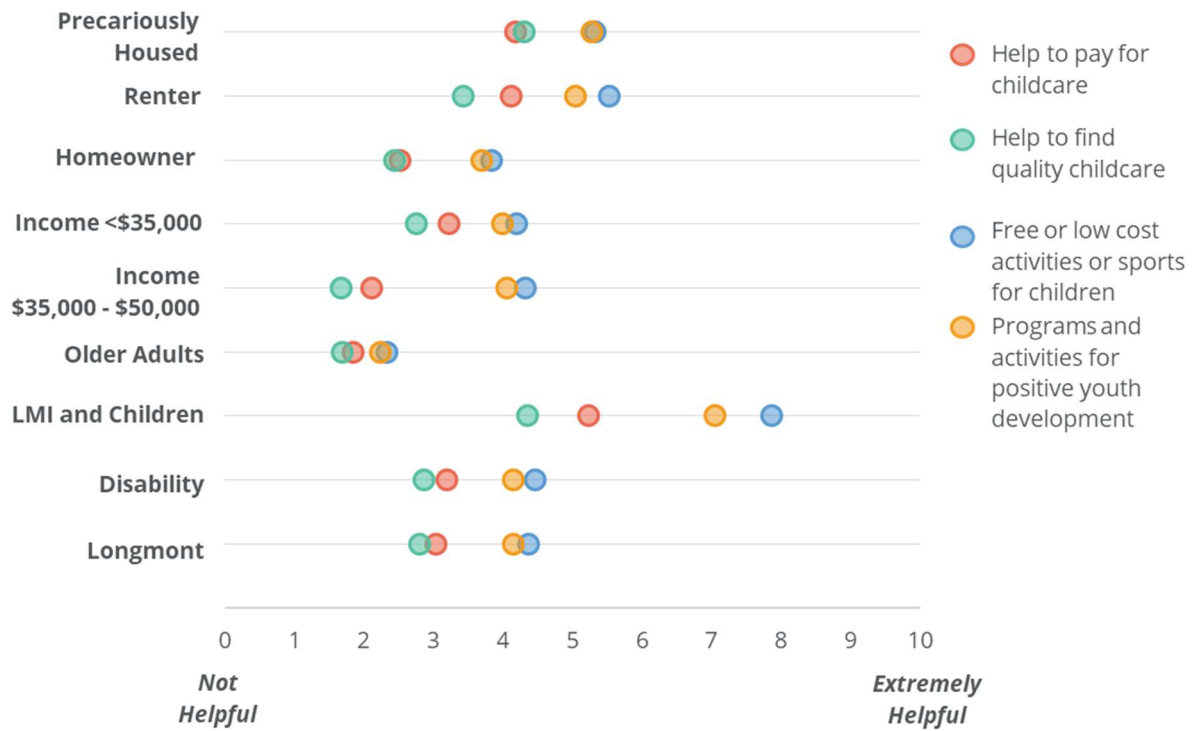
- *“Service providers moving to telehealth to deal with the crisis. Many vulnerable populations do not have access to high speed Internet, smart phones, etc.” (Stakeholder focus group participant)*
- *“Access to care barriers will get worse, some people require in person care.” (Stakeholder focus group participant)*
- *“Case management services for persons with AIDS can be done remotely, but we may see more HIV transmission if testing is not available or paused during COVID.” (Stakeholder focus group participant)*
- *“Some people are delaying services.” (Stakeholder focus group participant)*

Education and Skill Building Resources

Resident survey respondents’ estimation of the helpfulness of resources for child and youth development varied. Low and moderate income households with children considered free or low cost activities or sports for children and programs and activities for positive youth development very helpful.

Figure IV-8.

Which of the following services would be most helpful? Childcare and Youth Development Resources



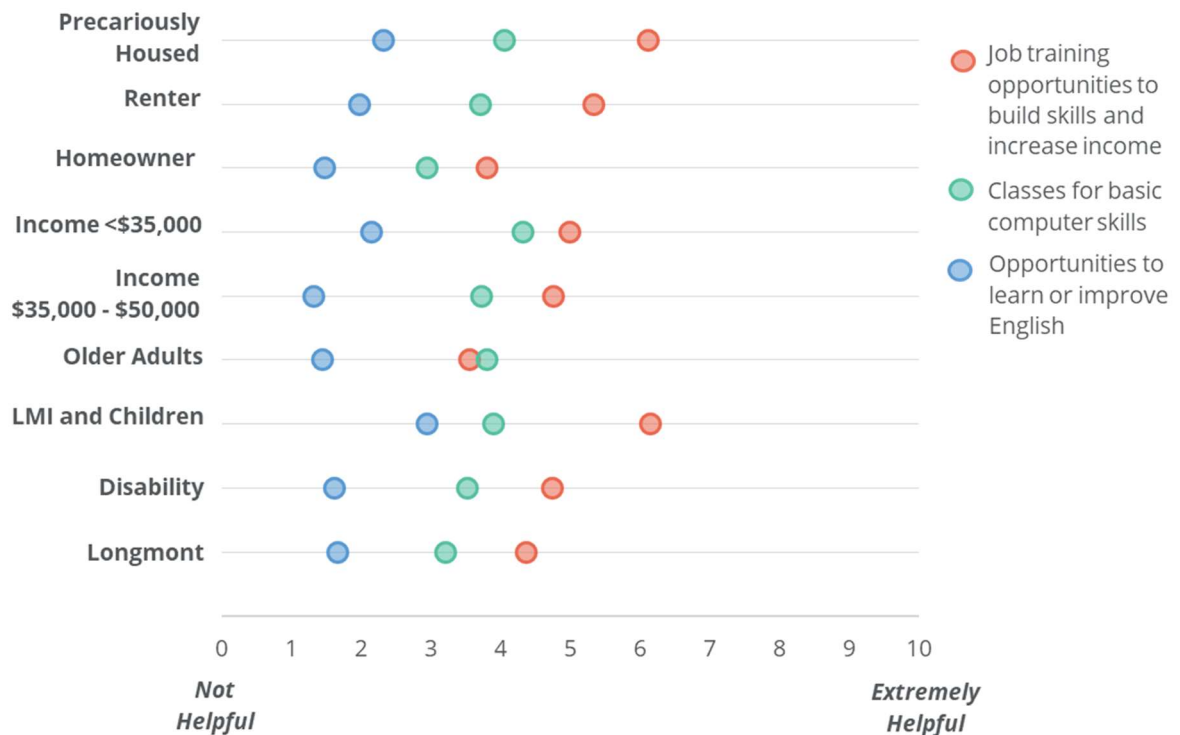
Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

In focus groups, residents complimented the St. Vrain Valley School District’s inclusivity and resources for bilingual education and ESL opportunities for parents.

- *“How inclusive schools were to the immigrant community. The school also offered ESL classes for adults which was really, really nice.” (Resident focus group participant)*
- *“When we immigrated to Longmont, it was nice to have bilingual schools and ESL programs and helped me learn English and what everyone was doing.” (Resident focus group participant)*

As shown in Figure IV-9, job training opportunities to build skills and increase income is most helpful to residents who are precariously housed and LMI families with children, followed by renters, low and moderate income households, and households that include a member with a disability.

Figure IV-9.
Which of the following services would be most helpful? Skill Development Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Education and skill building—barriers and gaps. Focus group participants described barriers experienced by immigrant parents as they try to navigate the public school system, including registration processes and accessing online portals to monitor their child’s progress. COVID-related school closures further increase the burden on families who may have been just getting by prior to the crisis. Both stakeholders and residents expressed concerns about sending children to childcare and stakeholders worry about the long-term impacts of the COVID crisis on the viability of local childcare providers.

- *“The Latin population faces other challenges in their environment that may prevent them from participating on all those other types of training and activities. Parents need to learn how to maneuver a whole new education and public services system. Filling forms and having to gather so much information on school enrollments, dates etc. can be a challenge— i.e. enrollment to start school in the fall has to be done in January.” (Stakeholder focus group participant)*
- *“The hardest thing about COVID—I am a parent educator/advocate. Normally I get to see these families and do home visits about education and talk to them. But, not being able to meet with them is really hard. A lot of families are going through a tough time. Most have kids under five and kids who are school age. They have to home school, have little ones, and*

some have lost jobs, and some do not have unemployment.” (Resident focus group participant)

Childcare. Childcare centers and family-home childcare providers are in danger of closing or remaining closed as a result of too few families seeking care, employment disruptions in families, concerns about maintaining properly disinfected operations, or uncertainty in a home-based provider’s housing situation.

- *“My neighbor runs a daycare. She had 8 or 9 kids before COVID, and now she has 3. It’s super scary to think about sending your child to daycare.” (Resident focus group participant)*

Employment and school disruptions are building to a crisis for childcare providers that will likely have long term impacts on the supply of childcare slots (both centers and in-home) in Longmont (and the region).

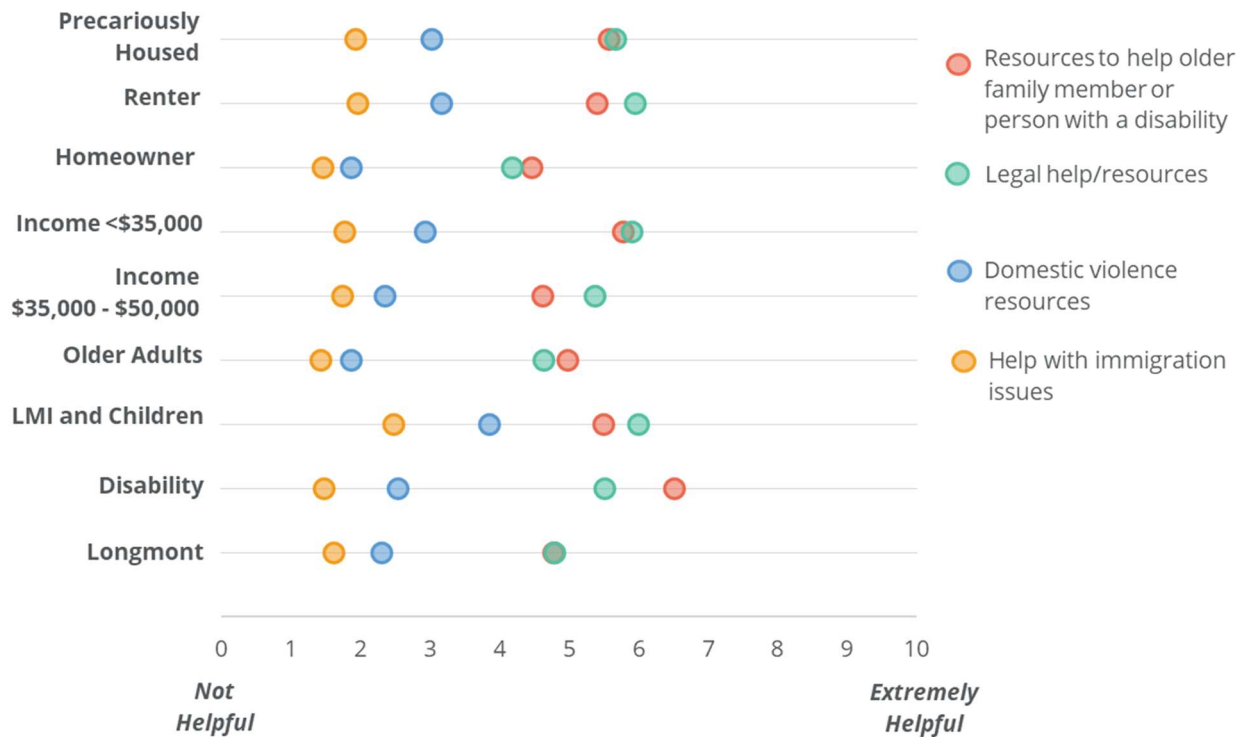
- Pre-COVID, CCAP subsidies covered less than half of the number of households who applied;
- In Longmont, the number of Head Start applications usually outnumbered the number of available spots 2 to 1, but now providers are seeing this ratio increase to 4 to 1, and many of these are new applicants; and
- Childcare centers cannot survive on 50 percent capacity (margins were thin at 100%) and will likely need to close, exacerbating the problem.

Safety and Justice Resources

Among the safety and justice-related resources considered, resident survey participants deemed legal assistance and resources to help older family members or family members with a disability as most helpful. Low and moderate income households with children were more likely to consider domestic violence resources and resources for immigration issues helpful.

Figure IV-10.

Which of the following services would be most helpful? Safety and Justice Resources



Source: Root Policy Research from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey.

Safety and justice—barriers and gaps. With respect to safety and justice, the only gap in the system discussed by participants is a lack of shelter capacity for domestic violence.

- *“There is a gap for people in DV (domestic violence) situations; there is nowhere to go—the DV shelter is usually at capacity.” (Stakeholder interview participant)*

Barriers Experienced by Residents who are Immigrants

In stakeholder and resident focus groups, participants discussed barriers to human service resources experienced by members of the immigrant community, including those who are undocumented. Language access and immigration status are the primary barriers, but even those with legal status may refuse needed resources out of fear of being considered a “public charge.”

Language access barriers:

- *“The City has not done anything in Spanish.” (Resident focus group participant)*

- *“The City has not done a good job of communicating in Spanish. There’s a lot of nonprofits doing a lot of good work.” (Resident focus group participant)*
- *“Help for non-English speakers on how to find resources is appreciated.” (Resident focus group participant)*
- *“Language barriers come up in the intake process—front office training needed.” (Stakeholder interview participant)*

Immigration status:

- *“All my problems come from immigration status. Schooling—can’t get scholarships, but they’re almost always assigned to kids out of school rather than someone my age (36). Can’t get a house, so I have to rent. I have an SSN, but my husband doesn’t.” (Resident focus group participant)*
- *“US Immigration services are closed and not making appointments, cases are not advancing.” (Stakeholder interview participant)*

Lack of resources for undocumented residents:

- *“Public access—we when first moved to Longmont, even getting a library card was really difficult because we did not have needed paperwork. I know a lot of people during this time of COVID, immigrant families, are suffering because don’t have a job, don’t get benefits, stimulus.” (Resident focus group participant)*
- *“Financial aid for undocumented families is needed the most; really hardworking families; it’s really difficult to keep or maintain jobs.” (Resident focus group participant)*
- *“More access to doctors, to clinics. I know my mom has to go somewhere in Boulder to the People’s Clinic to get herself and Dad checked. I think right now, our families need access to clinics/doctors. Mom is undocumented.” (Resident focus group participant)*
- *“As soon as I graduated high school, I was eligible for \$10,000 worth of scholarships, and that was before it was restricted. Rotary, other private organizations, were doing scholarships for the immigrant community. It’s really hard now, because back then, there were probably 15 people applying. Now there are 150 people who apply for the same scholarship. So, the amount of money is down to a few hundred dollars.” (Resident focus group participant)*
- *“Need is so high that it’s really hard for organizations to keep up. Especially if word starts spreading around.” (Resident focus group participant)*

“Public charge” fears:

- *“Whatever is offered, a lot of the community, the Hispanic community, is scared to accept help. If Longmont does anything and make sure that help is offered bilingually and help where people can call and ask questions.” (Resident focus group participant)*
- *“Every time people hear something; they think it’s a rumor. There’s a perception that any help could impact immigration status.” (Resident focus group participant)*
- *“My insurance through my work is expensive, but I’m getting it because I don’t want my son to have Medicaid because it could affect him in the future.” (Resident focus group participant)*

Cost of participating in DACA:

- *“When I renewed DACA, the City of Boulder helped with that. If the City comes up with some funding, it would be helpful.” (Resident focus group participant)*
- *“DACA will be going up to almost \$800 and we need to be able to help—don’t want people to have to choose between rent and DACA renewal.” (Resident focus group participant)*

Barriers Experienced by Residents with Disabilities

Focus group participants with disabilities and parents of children with disabilities shared the barriers and gaps they experience in Longmont.

Isolation and lack of community integration:

- *“I’m trying to get more training for the officers and for the youth with disabilities and mental illness. I want to create a blue card for the kids to carry that says their name, their disability, and how they are likely to react when approached by a stranger or law enforcement, to give out to officer or person. Officers can ask, ‘do you have a blue card?’ If they encounter a person with a disability.” (Resident focus group participant)*
- *“I would love for neighbors to feel more comfortable asking questions and being open. Community education, like the BLM movement for people with disabilities.” (Resident focus group participant)*
- *“Zoom and phone calls don’t meet the community needs of people with mental health disabilities—still feelings of isolation.” (Stakeholder interview participant)*
- *“Working with folks in recovery, the biggest piece they need is community and radical acceptance.” (Stakeholder interview participant)*

Lack of intentional living opportunities for adults with disabilities:

- *“Florida has an organization named Promise in Brevard (www.promiseinbrevard.com), which is a place for persons with disabilities planned as an encompassing community with transportation, jobs, and housing—all of them have Section 8 and decent paying jobs. They have a long waiting list. We can replicate that. They have a common dining room too. They did it with federal funds, and donations. As parents we deserve to have a retirement and time for ourselves. There should be more places like that available.” (Resident focus group participant)*

SECTION V.

PATH TO RESILIENCY

SECTION V.

Path to Resiliency

A common theme among Longmont residents who participated in focus groups is that they are happy to live in a welcoming community that takes care of its residents. Residents point to the city's blue-collar origins, strong immigrant community, and (historically) affordable homes to rent or buy as some of the qualities that distinguish Longmont from other Boulder County communities. Residents who moved to Longmont from other cities and states noted that Longmont has a wider variety public services as well as better treatment toward residents served.

"In Longmont, we take care of each other."

COVID-19 Pandemic

While the full extent of the economic, social, and cultural impacts of the pandemic are not yet fully known, we believe that the need for assistance with housing costs, landlord/tenant mediation, and employment assistance has only grown since implementation of statewide shutdowns of most industries. Focus groups planned for the HSNA and conducted in June and July 2020 included a discussion of the pandemic's impacts on resident and community needs. Findings from these discussions are incorporated throughout the balance of the needs assessment. One of the major needs magnified by the COVID-19 crisis is the urgent need to bridge the digital divide, addressing not only Internet access, but access to devices and digital literacy.

Resident and Stakeholder Priorities

In each focus group and interview, participants identified their top priorities for Longmont's human service funds and investments. When asked about their #1 priority for funding, representative responses include:

Digital divide

- *"Access to technology." (Stakeholder focus group participant)*
- *"The homeless need safe outlets to plug in phones." (Resident focus group participant)*

Mental health

- *"Single parents. They are under tremendous stress being out of work and having kids at home with no breaks. Mental health challenges, worries, and the stress of not having income." (Stakeholder focus group participant)*
- *"Food and mental health support." (Stakeholder focus group participant)*

- *“Substance abuse.” (Stakeholder focus group participant)*
- *“Longmont needs detox and crisis mental health services in Longmont for low income people. Don’t send us to Boulder. (Resident focus group participant)*
- *“Set up a call list where seniors or City staff could call each other to check up on and combat the feeling of loneliness and the mental health problems it causes, especially for those who live alone.” (Resident focus group participant)*

Housing stability

- *“Rental assistance, keeping people housed, is cheaper than the alternative.” (Stakeholder focus group participant)*
- *“Direct subsidies for first and last month deposit to get folks into housing—who can afford the housing once they’re in.” (Stakeholder focus group participant)*
- *“Housing available at affordable levels for senior citizens. Also, I worry that my children are not able to afford housing.” (Resident focus group participant)*
- *“Direct assistance—several months—for those who are housed, but at risk of losing their housing to keep folks stabilized in their current housing. More preventative measures.” (Stakeholder focus group participant)*
- *“Rental voucher for a month or so to help with the COVID situation.” (Resident focus group participant)*
- *“Utilities subsidies. Rental subsidies.” (Resident focus group participant)*
- *“My priorities for older adults are: affordable housing, affordable home care and case management, quality home care—training, fair wages—and, a cultural piece—access to home care in their native language.” (Stakeholder interview participant)*

Employment

- *“Job preparedness in the school system, life skills, and career planning to shift intergenerational poverty.” (Stakeholder focus group participant)*
- *“Leadership support for people working from home with children at home.” (Stakeholder focus group participant)*

Case management

- *“Service navigation resources such as case managers or advocates.” (Stakeholder focus group participant)*
- *“Help for non-English speakers on how to find resources is appreciated.” (Resident focus group participant)*

Recommendations

The recommendations encompass continued response to the unfolding COVID-19 crisis and long term investments to strengthen the city's safety net and increase residents' resiliency and stability.

#1—Continue and strengthen existing programs and services. The City of Longmont provides essential leadership, services, and funding to the web of county and community organizations and residents helping their most vulnerable neighbors “get more from life” and live up to the promise that *“in Longmont, we take care of each other.”* Housing stability, self-sufficiency and resilience, food and nutrition, health and well-being, education and skill development, and safety and justice, are essential components of the system of care that is truly a safety net for the people of Longmont. This needs assessment and ongoing impacts from the COVID-19 pandemic demonstrate clearly that maintaining and strengthening the city's safety net will be essential for long term community resiliency.

1-A. Prioritize housing stability. Maintaining housing stability and becoming housed in a safe environment is a necessary condition toward addressing the causes and conditions of generational poverty and homelessness—and to building a strong foundation for individual and family self-sufficiency and resilience.

As the COVID-19 crisis continues, we recommend Longmont direct resources to housing stability efforts to prevent evictions, foreclosures, and homelessness and as an opportunity to address more deeply rooted causes of housing insecurity. Both in response to the pandemic and over the long term, stakeholders note that affordable housing is the best way to stabilize a household and enable them to then build skills and become self-sufficient. Longmont is doing a great job facilitating the production of affordable housing—yet there are never enough resources.

We recommend that the city encourage its foundation and corporate partners to prioritize filling the gaps that exist with state and federal supports for housing stability (e.g., CARES Act funds, unemployment supplements) that cannot be accessed by undocumented immigrants. This would also include resources that may be accessible but may result in a finding of public charge that would negatively impact an immigrant's path to citizenship (“public charge” issues).

1-B. Proactively support employment. Temporary unemployment or furloughs caused by COVID stay at home orders and economic shutdowns—particularly in services, restaurants, and retail—may become permanent due to business closures or wholesale shifts in how those industries operate. These disproportionately affect women and single female heads of households, as well as immigrants, who are more likely to work in the most vulnerable industries. And needs may broaden to workers who may not have needed job training and skill development in the past. In addition, disruptions to in-school learning

are likely to continue and adversely impact labor force participation of parents, especially single parents.

Economic development efforts should pay attention to the labor force characteristics of those most impacted by COVID, and direct resources to development partnerships with employers whose jobs that match the skill sets of the unemployed. On the industry side, job training should be directed to match the needs of employers. Assistance with learning about career opportunities and resources to replace lost wages will be needed while residents participate in training or certification programs.

1-C. Support access to childcare and prepare for provider closures. Employment and school disruptions are building to a crisis for parents and childcare providers that will likely have long term impacts on the supply of childcare slots (both centers and in-home) in Longmont, as well as the broader region. Government subsidies for childcare (CCAP, Head Start) were oversubscribed prior to the crisis, and applications for both have doubled during the crisis.

Childcare centers and family home providers—whose margins were razor thin pre-COVID—cannot survive at 50 percent capacity. Centers or family homes may not be large enough to provide adequate social distancing, and the cost of equipment, supplies, and staff to comply with disinfecting protocols may be cost prohibitive. Some parents may choose to keep their children at home while they work or may request only part-time out-of-home care; both further impact the potential revenue for providers. In sum, demand for care is likely to increase and the already-limited slots are likely to decrease.

1-D. Be mindful of the vast impacts of continued school closures on children, families, and employers. Continued school closures that keep children out of school buildings for less than five days a week will have wide ranging, deep, and potentially devastating impacts across the spectrum of social determinants of health, including widening educational inequities, parent/caregiver job loss, childcare center/provider closures, lack of preventative health, vision, and dental care, increased risk of sustained episodes of child abuse due to decreased contact with mandatory reporters, and food insecurity. Prior to COVID, language access, difficulty with enrollment timing and paperwork, and reliance on online curricula and parent portals disproportionately impacted parents with limited English proficiency, limited digital literacy, and low income parents who lack Internet access or access to devices.

#2—Emphasize “no wrong door” approach to human service intake.

In focus groups, residents described the difficulty they experience navigating assistance systems, finding out which organizations offer what services, eligibility, etc. This search for help is made more frustrating and overwhelming in times of crisis, much less a pandemic that shifted nearly all information provision online. Efforts to connect to help are even more difficult for those with limited English proficiency or limited digital literacy (much less those who lack access to the Internet entirely).

At a minimum, stakeholders and residents emphasized the importance of more effective outreach to low income residents, especially older adults and the immigrant community, so that these populations understand the resources that are available in Longmont. Service providers expressed a desire for increased networking, cross-training, or collaborations so that organizations can more effectively serve residents.

Stakeholders also discussed the value of being able to assess a resident's needs—beyond the immediate service sought—at the initial point of contact, a sort of universal intake, that would then prompt referral to other services or, for those with the most intensive needs, access to a case manager whose role is help the resident navigate systems and connect to resources to address underlying issues that threaten housing stability, self-sufficiency, and resilience. This approach may be analogous to the coordinated entry system used by homeless service providers or build upon the human service intake system deployed in Boulder County.

#3—Invest for long-term resiliency. The needs assessment identified three critical gaps in Longmont's current safety net that will require investment of additional resources to develop:

- Crisis mental health and housing crisis services:
- Digital inclusion; and
- Case management.

3-A. Crisis mental health and housing crisis services. Both stakeholders and residents discussed the lack of options in Longmont for residents in mental health crisis or in a sudden housing crisis with no place to sleep.

Specific needs for expanded mental health crisis capacity in Longmont include:

- Walk-in mental health crisis service available 24/7;
- Mental health professionals available 24/7 to pair with law enforcement who encounter residents in mental health crisis;
- Local provision of 72-hour Substance Use Emergency Commitment/Substance Use Involuntary Commitment or Mental Health holds; and
- Social detox services provided locally, and expanded substance use treatment opportunities for low income residents.

Emergency housing crisis resources needed in Longmont:

- Increased local capacity for emergency overnight domestic violence shelter; and

- Emergency overnight shelter for families who lose their homes. There is no place for parents and children to go, other than in their car (if they have one).

The HOPE SafeLot is meeting a critical need, providing a safe place for Longmont residents living in vehicles to park, take showers, and share meals.

3-B. Digital inclusion—proactively bridge the digital divide. Getting residents who need access to the Internet and Internet capable devices will be essential for residents to access employment opportunities, participate in training or skill development, participate in or facilitate a child’s schooling, access services, and stay connected to family, social, and spiritual networks. Working to improve digital literacy will also be key, particularly for older adults, residents with limited English proficiency, and those who are unfamiliar with smart phones, tablets, or basic Internet functionality (email, filling in forms, Internet privacy and security).

- Longmont’s community-owned broadband service should be affirmatively marketed to low income residents, older adults, residents with limited English proficiency, and households identified by the St. Vrain Valley School District as lacking Internet access. Efforts to remove barriers to service at the property level should continue.
- With community foundation and corporate partners, develop a digital inclusion strategy for Longmont. Device access and increasing digital literacy are essential to bridging the gap and will require multiple partners. Evaluate the efforts of other communities to pursue digital inclusion goals and determine the best path forward for Longmont. The City of Austin’s Digital Inclusion Strategic Plan, which led to the creation of a partnership between the Housing Authority of the City of Austin and Austin Pathways called *Unlocking the Connection*, is a best practice in connecting housing authority residents with the digital world. (<https://austinpathways.org/unlocking-the-connection/>) The Sacramento Coalition for Digital Inclusion (<https://digitalinclusionsac.org/>) is another example an approach to digital inclusion.

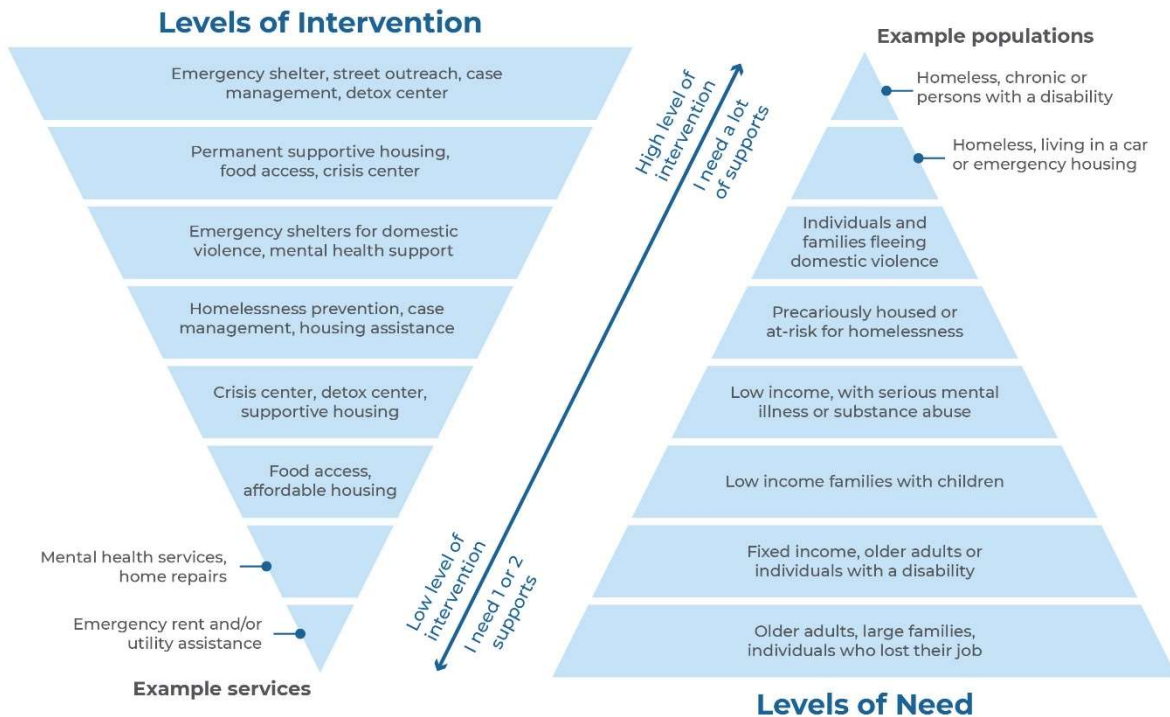
3-C. Build case management capacity to support stability and resiliency.

Residents in crisis or who are looking to lift their family out of economic insecurity often need a high degree of personal assistance for a short period of time. Others require the level of support found in permanent supportive housing models. Building the capacity of case management, peer coaches, or community navigators may address the information and system navigation barriers residents experience and have more lasting positive impacts on housing stability and self-sufficiency.

Residents and stakeholders discussed how some people need high levels of intense services to achieve housing stability and self-sufficiency, while others need assistance to weather a short-lived, but unexpected crisis. Figure V-1 visually depicts the varying levels of intervention and levels of need experienced by Longmont residents and conveys that at

higher levels of intervention, more individualized resources are needed, including assistance from a case manager, navigator, or peer advocate.

Figure V-1.
Levels of Intervention and Levels of Need



Source: Root Policy Research.

How do We Measure Success?

Measuring progress toward becoming a more resilient community can be difficult. Residents and stakeholders shared their perspectives on the markers of success. Academic research and public health literature provide estimates of the return on investment from dedicating resources to the social determinants of health. We conclude with examples of indicators that can be used to track progress over time.

Measuring success—stakeholder perspectives. Stakeholders participating in focus groups and interviews offered a range of descriptions of what Longmont would be like if the City and its partners successfully supported residents, resulting in increased self-sufficiency and resilience. These include:

- *"Becoming an equal opportunity community." (Stakeholder focus group participant)*
- *"Collaboration." (Stakeholder focus group participant)*
- *"Integrated services and community partnerships." (Stakeholder focus group participant)*

- *“Diversity in leadership and high skilled jobs.” (Stakeholder focus group participant)*
- *“More people visiting the clinic, we know demand is there.” (Stakeholder focus group participant)*
- *“Parents more involved and educated on their children’s lives and resources.” (Stakeholder focus group participant)*
- *“Less hurdles for immigrants including fees for residency and educational opportunities.” (Stakeholder focus group participant)*
- *“Better collaboration between human service groups.” (Stakeholder focus group participant)*
- *“Connecting with other agencies, collaboration.” (Stakeholder focus group participant)*
- *“The number of lots secured for permanently affordable units (rental or homeownership) are dramatically increased. I use the term lots and secured very intentionally. In land development, intentions can only go so far and until a lot is secured (approved plat indicating it is restricted for affordable) there is always a chance that lot will be lost. If we can prioritize getting those lots that have agreements in place to complete their entitlement and secure those lots legally that will be tremendously helpful. Once a lot goes to market at an unaffordable rate it is very hard to get it back to affordable and in the City of Longmont there are a finite number of lots designated for residential use so this is a shrinking resource.” (Stakeholder focus group participant)*

Measuring success—insights from the literature. Direct measurement of resource investment in human capital can be difficult to quantify. Recent studies related to housing stability, childcare, the digital divide, and reducing domestic violence provide some estimates of the return on investment.

Housing stability. Research has overwhelmingly shown better educational and labor market outcomes for children who are stably housed.^{1, 2, 3} Furthermore, keeping families housed is a sound fiscal choice; providing services for homeless persons can be up to five times more expensive than the costs of supportive housing services.⁴ Having a balanced housing market can alleviate poverty concentrations, which are costly for the community

¹ Chetty, Raj, and Nathaniel Hendren. "The impacts of neighborhoods on intergenerational mobility I: Childhood exposure effects." *The Quarterly Journal of Economics* 133.3 (2018): 1107-1162.

² Chetty, Raj, and Nathaniel Hendren. "The impacts of neighborhoods on intergenerational mobility II: County-level estimates." *The Quarterly Journal of Economics* 133.3 (2018): 1163-1228.

³ Owens, A. (2017). Report for ICP v. Department of Treasury and Office of the Comptroller of the Currency, 3:14-3013-D.

⁴ Flaming, D., Burns, P., & Matsunaga, M. (2009). *Where we sleep: Costs when homeless and housed in Los Angeles.*

overall: Poverty rates over 20 percent in neighborhoods encourage negative outcomes for individuals like crime, leaving school, and longer duration of poverty spells.⁵

Childcare and early childhood development. Investments in early childhood development and early education have a substantial payoff. They lead to immediate increases in parental earnings and employment, and greater educational attainment and earnings for children once they reach adulthood. Existing research suggests expanding early learning initiatives would provide benefits to society of roughly \$8.60 for every \$1 spent, about half of which comes from increased earnings for children when they grow up. If all families were able to enroll their children in preschool at the same rate as high-income families, enrollment would increase and would yield net present value of \$4.8 billion to \$16.1 billion per cohort from earnings gains alone *after* accounting for the cost of the program.⁶

Impacts of school closures. School closures will pose substantial costs for children, especially children living in low and middle income households. Projections of COVID-19-related learning loss indicate that students are likely to return in fall 2020 with approximately 63-68 percent of the learning gains in reading relative to a typical school year and with 37-50 percent of the learning gains in math. However, losing ground during the COVID-19 school closures will not be universal, with the top third of students potentially making gains in reading.⁷ Estimates of other school closures for U.S. pandemic flu mitigation find that closing all schools in the U.S. for four weeks could have job absenteeism costs of 0.1-0.3 percent of GDP (\$20 to \$60 billion).⁸

Digital divide. The COVID-19 pandemic has brought to the surface the widely recognized benefits of broadband access. Before the pandemic research showed that increasing broadband penetration by 10 percent is correlated with a 1.21 percentage point increase in economic growth.⁹

⁵ Galster, G. C. (2012). The mechanism (s) of neighbourhood effects: Theory, evidence, and policy implications. In *Neighbourhood effects research: New perspectives* (pp. 23-56). Springer, Dordrecht.

⁶ Council of Economic Advisers. (2015). *The economics of early childhood investments*.

⁷ Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Liu, J. (2020). Projecting the potential impacts of COVID-19 school closures on academic achievement.

⁸ Lempel, H., Epstein, J. M., & Hammond, R. A. (2009). Economic cost and health care workforce effects of school closures in the US. *PLoS currents*, 1.

⁹ Qiang, C. Z. W., Rossotto, C. M., & Kimura, K. (2009). Economic impacts of broadband. *Information and communications for development 2009: Extending reach and increasing impact*, 3, 35-50.

Broadband access expands employment opportunities for adults, and Internet access is now required to fully participate in the educational system. Furthermore, now there are clear healthcare benefits associated with increased access to broadband.¹⁰

Research shows that African Americans and Hispanics are more likely to view lack of broadband access as a “major disadvantage” in finding quality health care. In addition, African Americans and Hispanics are more likely to view lack of broadband access as a “major disadvantage” in accessing government services, programs, and information—such as accessing the DMV website to make an appointment, renewing a driver’s license or car registration, or changing an address.¹¹

Domestic violence and child abuse prevention. Domestic violence prevention and support for victims can avoid substantial costs. Estimates indicate that intimate partner violence lifetime can cost up to \$103,767 per female victim and \$23,414 per male victim. Around 60 percent of these costs are medical, and another 37 percent are attributed to lost productivity.¹² The estimated economic costs of child abuse are higher, at up to \$249,855 per victim, two-thirds of the costs are related to the productivity losses—victims of child abuse have lower earnings over their entire span of working years—and another 15 percent of the costs are healthcare related.¹³

Metrics to track. Research from the CDC and partner organizations has demonstrated that focusing on a distinct set of social determinants of health can achieve a lasting impact on health outcomes—leading to more resilient communities.

The CDC has identified the following health outcomes that program interventions can prevent or reduce:

- | | |
|--------------------------|---------------------------|
| ■ Anxiety and Depression | ■ Cardiovascular Disease |
| ■ Asthma | ■ Child Abuse and Neglect |
| ■ Blood Pressure | ■ Cognitive Development |
| ■ Bronchitis | ■ Infant Mortality |
| ■ Cancer | ■ Liver Cirrhosis |

¹⁰ Levine, L., & Taylor, M. P. (2018). Closing the Digital Divide: A Historic and Economic Justification for Government Intervention. University of California Riverside School of Public Policy Working Paper Series WP# 18, 5.

¹¹ Smith, A. (2010). Home broadband 2010. Pew Internet & American Life Project.

¹² Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American journal of preventive medicine*, 55(4), 433–444.

¹³ Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child abuse & neglect*, 36(2), 156–165.

- Motor Vehicle Injuries
- Obesity
- Dental Caries
- Pneumonia
- Sexually Transmittable Infections
- Sexual Violence
- Teenage Pregnancy
- Traumatic Brain Injury
- Type II Diabetes
- Youth Violence

Applying those to the city's focus areas, we recommend that the city should consider tracking a set of the following metrics, which have been demonstrated to have the most meaningful impacts on health outcomes:

Housing stability

- The proportion of occupied housing units that have moderate or severe physical problems.
- The proportion of households earning less than 200 percent of the poverty threshold who spend more than 30 percent of income on housing.
- The proportion of renter households who spend more than 50 percent of income on housing.

Self-sufficiency and resilience

- The proportion of children aged 0-17 years living with at least one parent employed year round, full time.
- The proportion of persons and children under 17 years living in poverty.
- The proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings.

Food and nutrition

- The proportion of households with food insecurity.
- The number of policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans.

Health and wellbeing

- The proportion of persons with medical insurance.
- The proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.
- The proportion of persons of all ages, and especially vulnerable residents who are socially isolated, who have a specific source of ongoing care.

Education and skill building

- The proportion of high school completers who enroll in college immediately after, particularly those of Hispanic descent.
- The proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade.
- The proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings.

Safety and justice

- The number of children who are exposed to violence and services for those children and their families.
- The proportion of children aged 0-17 years who have ever lived with a parent who has served time in jail or prison.
- The rate of minor and young adult perpetration of serious property crimes.

APPENDIX A.

DATA PROFILE

APPENDIX A.

Data Profile

Using the most recent data available, this section presents a snapshot of the Longmont community through a lens that focuses on the social determinants of health, specifically for low and middle income residents. The goal of this section is to provide useful context for understanding the scope of human service needs among the Longmont population, largely prior to the COVID 19 pandemic.

The analyses primarily rely on a variety of data sources and present key indicators of each determinant prior to the COVID pandemic. As of this writing (July 2020), unemployment is still high, many businesses are closed or only partially reopened, and Colorado eviction protections are slowly being eased, so the impacts of the crisis may continue to deepen.

Primary Findings

- Longmont's population is quickly becoming older. The number of residents over 65 living alone has almost doubled since 2010. As of 2018, more than 4,000 senior citizens lived alone in Longmont. Many of these residents have disabilities, as the incidence of disability rises with age: around 50 percent on residents over 75 have some form of disability.
- Household composition in Longmont is changing. Since 2010, notable population declines were seen in children under age 5 (41%), households headed by a single father (77%); married couples with children (8%); and non-family households (5%).
- While retaining a stable demographic composition, the city has become wealthier, in part, due the influx of higher income residents. This has affected housing prices, as the private market has responded to new demand. Although Longmont remains one of the most affordable jurisdictions in the area, especially for moderate income workers, prices have increased rapidly during the past 5 years.
- The individual poverty rate has declined from 15 to 11 percent since 2013. However, single mothers, unemployed residents, adult residents without a high school degree, and children under 5 poverty have poverty rates twice the overall level.
- As of 2018, persons living below the poverty line have an unemployment rate around *10 times higher* than the unemployment rate for persons above the poverty line (29 compared to 3%).
- High school graduation rates are high. However, disparities in educational attainment are more pronounced at higher education levels, pointing to a potential lack of high

school to college pipeline, especially for Hispanic students and students below the poverty level.

- Gaps in college attainment rates are transferred to occupational and earnings outcomes. Service workers in Longmont have the lowest earnings, earning around a third of what workers in management, business, science, and arts occupations earn. A Longmont resident with a college degree earns 60 percent more than a high school graduate.
- The share of households receiving SNAP benefits has remained stable since 2013, but housing cost burdens spill over to food insecurity. In Colorado, 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.
- There have been wide gains in the reduction of the share uninsured in Longmont, especially among households with income below \$50,000.
- The rate of crimes (per 1,000 persons) reported to the Longmont Police Department has increased slightly since 2014, but the number of domestic violence reports in Longmont has increased considerably since 2015.

Demographic Characteristics

The City of Longmont has almost doubled in population since 1990. The city's share of Boulder County's population overall is now 29 percent—up from 23 percent in 2018 Figure A-1.

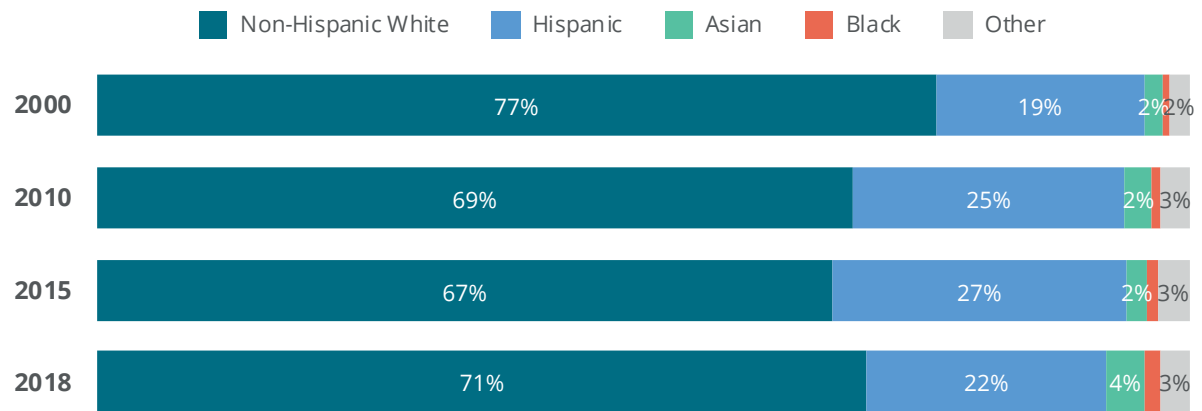
Figure A-1.
Population, 1990-2018

	1990	2000	2010	2018
City of Longmont	51,555	71,093	86,270	95,986
Share of Boulder County Population	23%	24%	29%	29%

Source: 2018 1-year ACS and 1990, 2000, and 2010 Census.

The city has retained a relatively stable demographic composition over time. Seventy percent of the population is non-Hispanic White, down from 71 percent in 2000 (Figure A-2). The city's largest minority population is residents of Hispanic descent, who comprised 22 percent of the population in 2018. Asian residents are a small (4%), but growing, proportion of the city.

Figure A-2.
Distribution of Race and Ethnicity, 2000-2018



Source: 2000 and 2010 Census, 2015 and 2018 1-year ACS, Root Policy Research.

Longmont's population is aging quickly. The size of the population under 5 has decreased by 2,600 since 2010, while the population 65 and over has increased by 7,300—nearly doubling since 2010 (Figure A-3).

Figure A-3.
Age Distribution, 2010, 2015, 2018

Source:
2010, 2015 and 2018 1-year ACS,
Root Policy Research.

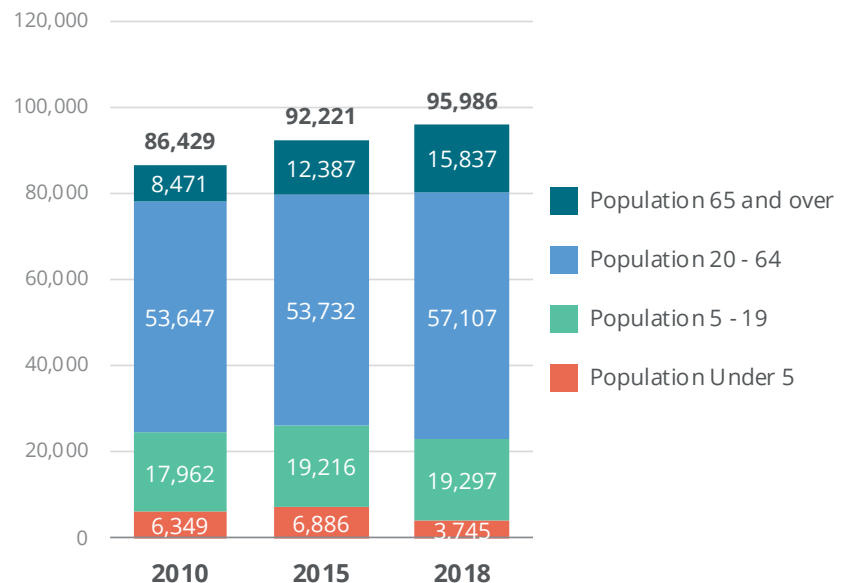


Figure A-4 below shows the number of households by household type in Longmont. Residents over 65 living alone represent one of the most vulnerable population groups, and COVID-19 has exacerbated their needs. This group has almost doubled in numbers since 2010: According to 2018 ACS data, over 4,000 senior citizens live alone in Longmont.

The next fastest growing group is married couples without children.

Household types that declined included children headed by a single father; married couples with children; and non-family households (e.g., roommates).

Figure A-4.
Household Type, 2010-2018

	2010	2015	2018	Change 2010-2018	
				Number	Percent
Total households	33,777	34,888	37,327	3,550	11%
Married couple with children	7,686	7,231	7,067	-619	-8%
Married couple no children	8,500	8,962	11,330	2,830	33%
Male householder with children	1,462	737	343	-1,119	-77%
Male householder no children	558	835	529	-29	-5%
Female householder with children	2,327	2,504	2,327	0	0%
Female householder no children	2,103	2,145	2,317	214	10%
Householder living alone less than 65	6,061	6,255	6,531	470	8%
Householder living alone 65 years and over	2,185	3,921	4,129	1,944	89%
Other Non-family households	2,895	2,298	2,754	-141	-5%

Source: 2010, 2015, and 2018 1-year ACS, Root Policy Research.

As shown in Figures A-5 and A-6 below, around 9,400 residents in Longmont currently have some form of disability:

- Around 50 percent of adults over the age of 75 have a disability. The next highest incidence rate is for adults between 65 and 74 years old; about 17 percent have a disability.
- The single most common type of disability in Longmont is ambulatory; over 4,600 residents have serious difficulty walking or climbing stairs. This is followed by nearly 3,800 residents with a hearing disability.

Figure A-5.
Disability by Age, 2018

	Total Population	With a Disability	% with a Disability
Under 5 years	3,745	0	0.0%
5 to 17 years	17,509	544	3.1%
18 to 34 years	20,449	530	2.6%
35 to 64 years	38,376	3,662	9.5%
65 to 74 years	9,357	1,583	16.9%
75 years and over	6,088	3,089	50.7%
Total	95,524	9,408	9.8%

Source:
2018 ACS 1-year estimate.

Figure A-6.
Disability by Type, 2018

Source:
2018 ACS 1-year estimate.

	With a Disability	% of Total Population
Population with a disability	9,408	9.8%
With a hearing difficulty	3,763	3.9%
With a vision difficulty	2,051	2.1%
With a cognitive difficulty	2,139	2.3%
With an ambulatory difficulty	4,622	5.0%
With a self-care difficulty	1,374	1.5%

According to 2018 ACS data, almost 6 percent (5,400) of Longmont's population over 5 years of age has limited English proficiency (LEP), the vast majority of whom are Spanish speakers (Figure A-7). Foreign born residents in Longmont do not have significantly higher poverty rates than natives due to their higher labor force participation (74% compared to 69%). However, they have lower educational attainment (26% share of college graduates v. 43%) and lower income (\$57,000 compared to \$71,000), therefore would benefit from outreach in languages other than English. Around 700 school age children live in households with limited English proficiency. Challenges in the transition to online learning will exacerbate educational outcome disparities.

Figure A-7.
Limited English Proficiency, 2018

	Total in Language Group		Limited English Proficient	
	Number	Percent of Total Population	Number	Percent of Total Population
Population 5 years and over	92,241	100%		
Speak language other than English at home	17,432	18.9%	5,407	5.9%
Spanish	13,221	14.3%	4,495	4.9%
Other Indo-European languages	1,453	1.6%	227	0.2%
Asian and Pacific Island languages	1,828	2.0%	685	0.7%
Other Languages	930	1.0%	-	0.0%

Source: Source: 2018 5-year ACS, Root Policy Research.

Housing Stability

It is well understood that improved housing conditions increase quality of life, and recent research has consistently demonstrated that children raised in stable housing conditions—including public housing—do better economically as adults. This section provides high level indicators on housing stability. For a full picture of housing market needs please see the most recent Housing Needs Assessment conducted for the City of Longmont by Root Policy Research.

Although Longmont remains one of the most affordable jurisdictions in the area, especially for moderate income workers, prices have increased rapidly during the past 5 years. Between 2013 and 2018, Longmont lost a considerable inventory of rental units—more than 2,000 units—affordable to households earning between \$25,000 and \$50,000 per year. Rents for these units rose to a range more affordable to \$50,000 to \$75,000 households.

As of 2018, the city's primary housing needs include:

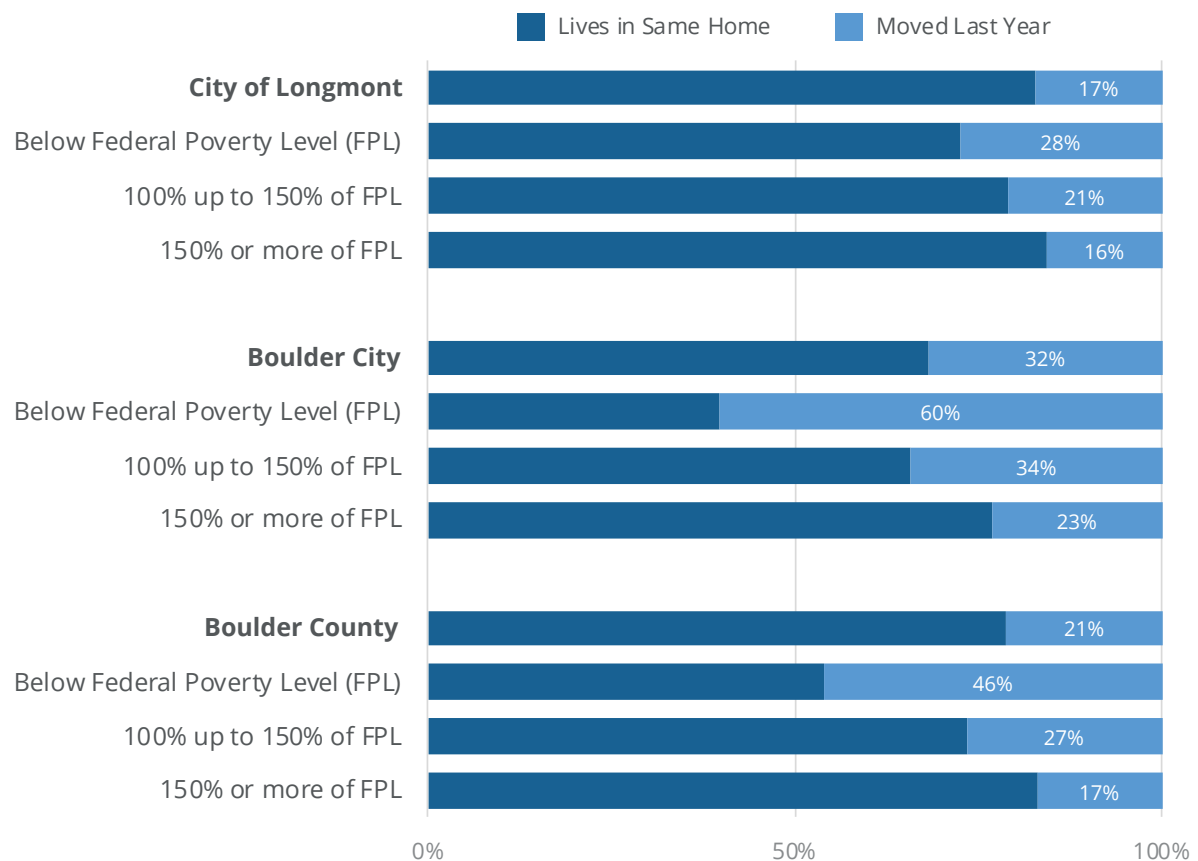
- 7,500, or 53 percent of all renters are cost burdened, meaning they pay more than 30 percent of their incomes in housing costs, which is above the industry standard.
- 3,500, or 25 percent of all renters are severely cost burdened, which puts them at high vulnerability for eviction.
- 4,000, or 20 percent of all owners are cost burdened. Far fewer, just 750, or 8 percent of all owners are severely cost burdened.
- By resident group, housing needs are greatest for persons with disabilities (3,700 are cost burdened); large families (600 are cost burdened); female-headed households (1,400 are cost burdened); and Hispanic households (1,400 are cost burdened).
- Based on McKinney-Vento data, 525 children enrolled in K-12 schools in the St. Vrain school district are homeless; another 210 with children under the age of 5 are likely homeless. Assuming 2 children per family and doubling the number of households to account for at risk families, there are 740 homeless or at risk households, based on the metrics of the Boulder County Housing Stabilization Program (HSP).
- As of 2018, Longmont had a shortage of 2,526 rental units affordable to households earning less than \$35,000 per year based on a rental gaps analysis.
- The city also faces a shortage of homes to buy priced at less than \$375,000 per month (market gaps analysis).

Challenges managing rent, vulnerability to evictions, and lack of affordable housing cause low income households to move frequently—which can disrupt access to employment and quality education. Figure A-8 presents the proportion of households who lived in the same home a year ago for Longmont, the City of Boulder, and Boulder County, for those in or

near poverty. In Longmont, almost 30 percent of residents in poverty have moved in the last year. This compares to 18 percent of all Longmont residents.

Longmont residents in poverty are much less likely to have moved than residents in the City of Boulder (60%) and Boulder County (46%). In all jurisdictions, the odds of having moved decreases as income rises.

Figure A-8.
Share of Residents Living in the Same (or Different) Home as a Year Ago, By Jurisdiction and Federal Poverty Level, 2018

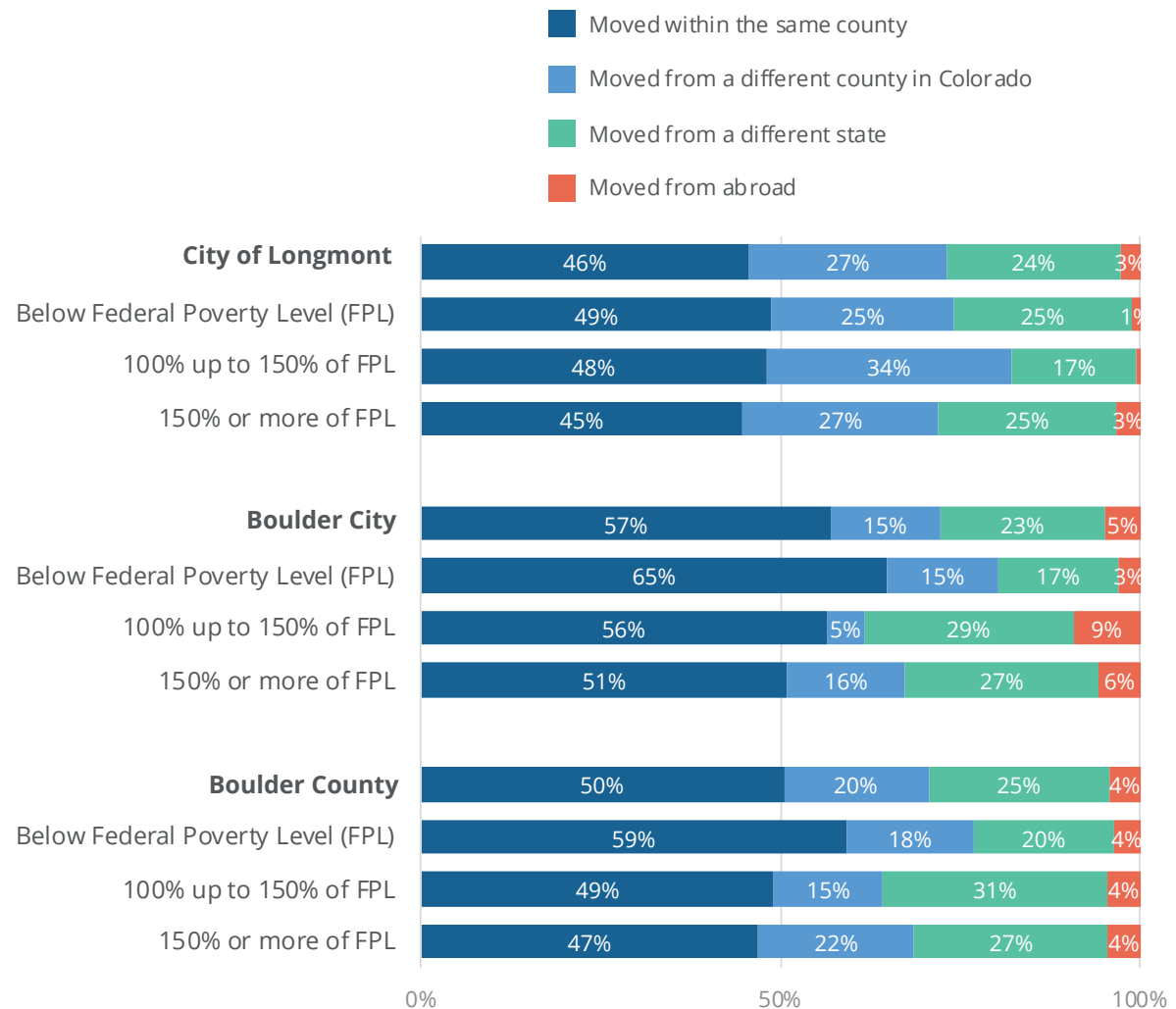


Note: Population 1 year and over in the United States for whom poverty status is determined.

Source: 2018 5-year ACS.

For those households that moved in the past year, Figure A-9 depicts the location of their prior residence—the same county where they currently reside, a different Colorado county, a different state, or abroad. As shown, Longmont movers are more likely to have moved from outside of Boulder County than movers in the City of Boulder and Boulder County.

Figure A-9.
From Where new Residents Moved in the Past Year, 2018

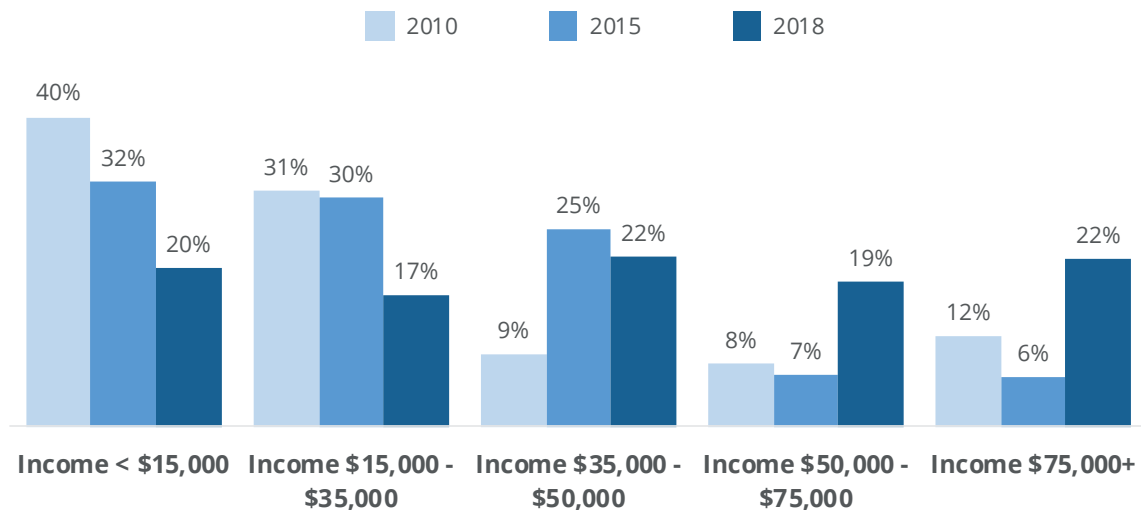


Note: Population 1 year and over in the United States for whom poverty status is determined.

Source: 2018 5-year ACS.

Figure A-10 shows the income distribution of residents who moved to Longmont (from a different Colorado county, a different state, or abroad) over the past year. As the data demonstrate, Longmont has been attracting fewer low income residents over the years. While the share of newcomers with income below \$15,000 was cut in half between 2010 and 2018, the share of newcomers with income above \$75,000 has almost doubled.

Figure A-10.
Income Distribution of Persons Who Moved to Longmont in Past Year, 2010-2018



Note: Population 15 years and over in the United States.

Source: 2018, 2015, and 2010 ACS 1-year estimates.

Housing stability and health. The links between stable housing and health are becoming increasingly apparent in the community.

According to the 2019 Community Health Needs Assessment conducted by Longmont United Hospital, one of the underlying barriers to being healthy is limited access to safe, affordable housing/shelter: “When a person’s basic needs are unmet, it is more difficult to maintain one’s own health.” The reports notes that “there was the feeling that a strong, concerted effort focusing on access to housing and homelessness would be beneficial.”

Potential resources identified in the community included:

- Coordinated entry system being used by social service providers
- OUR Center, Sister Carmen and Senior Center provide access to available resources
- Police outreach efforts to those experiencing homelessness
- Imagine Association for Community Living focuses on transitions of individuals to the right place
- Project Connect is the integration of human services resources and could expand more thoroughly into Longmont

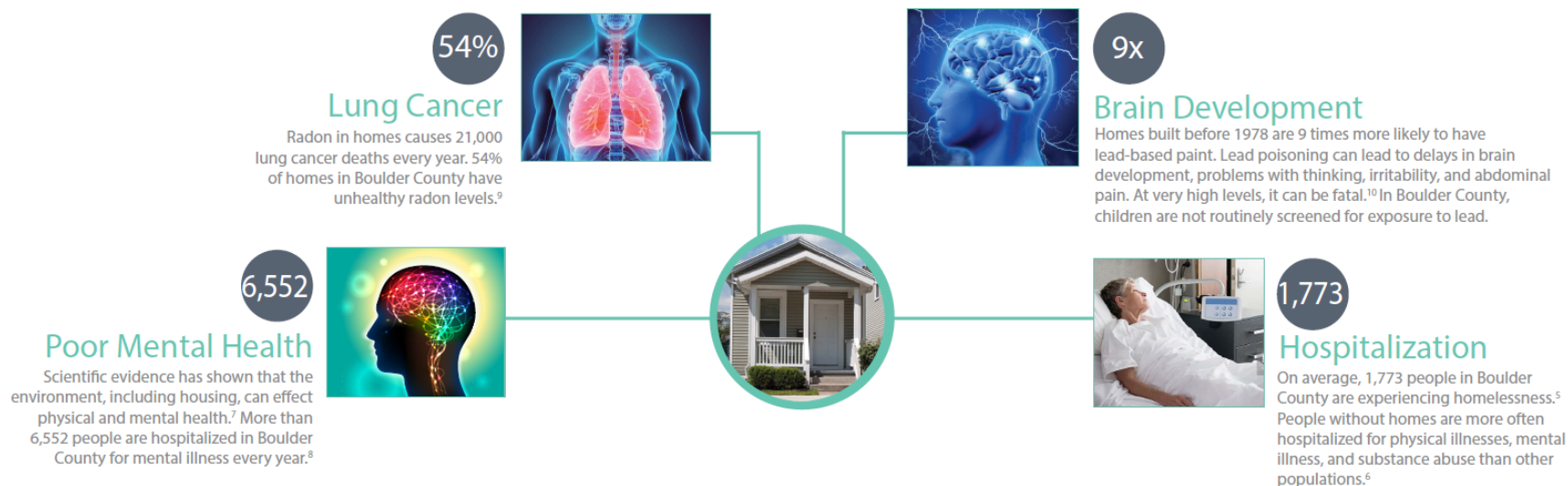
The Colorado Health Institute (CHI) assessed the capacity of the Boulder County Public Health Improvement Process (PHIP) to address housing and mental health as part of the

2017. CHI's analysis finds that current assets and opportunities within the PHIP are high for mental health and *low* for housing. Their community engagement efforts find that "strong, vocal leadership is needed to engage all communities in Boulder County about the connection between stable, safe housing and healthy, resilient communities."

Figure A-11.
Housing and Health Links

Limited access to healthy housing can impact our health

Scientific evidence has shown that where we live can have profound, direct effects on our physical and mental health. On average, we spend 87% of our time indoors.



Source: Boulder County Public Health 2017 Community Health Assessment.

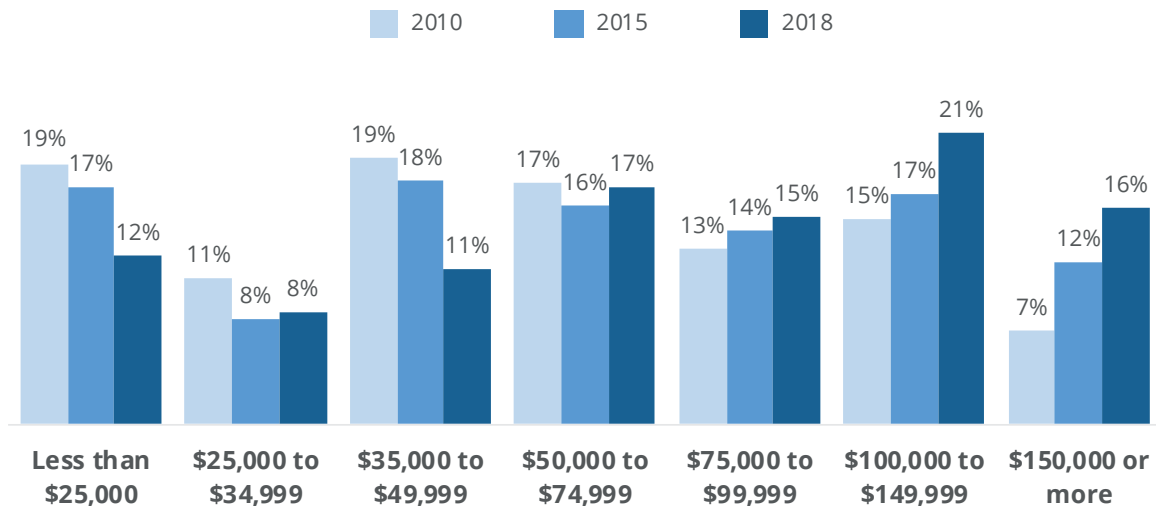
The AgeWell Boulder County report—Aging in Boulder County, Past, Present, Future (2019) also signals housing affordability as a shared concern among older adults in Boulder County. According to the study, the positive rating of availability and affordability of housing within Boulder County dropped 18 percentage points since the first administration of the CASOA eight years ago, from 27 percent in 2010 to only 9 percent in 2018. In addition, in a survey conducted for the report, of 183 services professionals in Boulder County, housing and transportation was rated as the highest in-demand services for older adults.

Self-sufficiency and Resilience

This section analyses the key aspects of self-sufficiency and resilience, which include income, poverty, and employment. Increasingly, access to internet and childcare have become major impediments to educational advancement and full participation in the labor force; as such, analysis of broadband and childcare indicators is also included.

Income and poverty. Since 2010, Longmont has become a wealthier community (Figure A-12). Part of this is due to an influx of higher income workers, as demonstrated in Figure A-10. Overall in the city, the share of households with incomes below \$50,000 decreased from 49 to 31 percent between 2010 and 2018, while the share of households with income above \$50,000 increased from 52 to 69 percent.

Figure A-12.
Income Distribution, 2010-2018



Source: 2010, 2015, and 2018 1-year ACS.

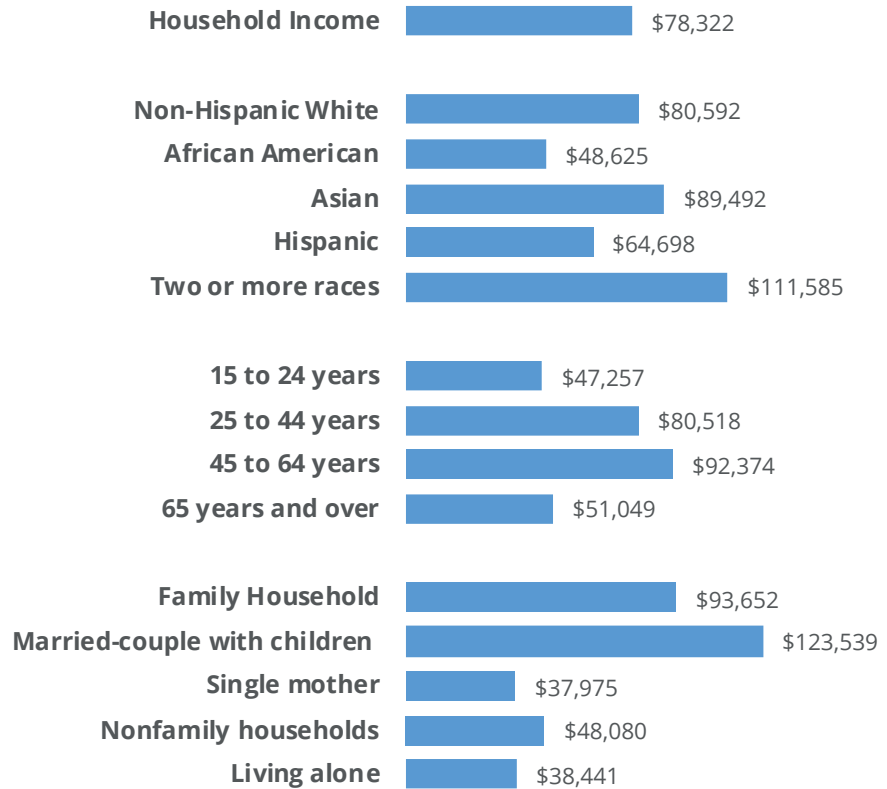
Figure A-13 below shows that income gains have been unable to close income gaps in Longmont.

- Single mothers and single person households have median incomes of around half the median income in Longmont overall.

- African Americans, the youngest and older adults, and nonfamily households, have median income between 60 to 65 percent of the median income in Longmont overall.
- Highest income households include married couples with children, family households, young to middle aged adults, and households with residents of two or more races.

Figure A-13.
Median
Household
Income, 2018

Source:
2018 1-year ACS.



The Census Bureau publishes poverty thresholds by size of family. In 2018, the poverty threshold for a family of four was \$25,900; for a senior living alone it was \$12,043.

In addition to the poverty threshold, the Census Bureau calculates poverty ratios to measure the number of households with incomes fractionally above the poverty threshold. For example, a family of four with a poverty ratio of 150 percent has an income of 1.5 times the poverty threshold, or \$38,850. All households with income below twice the poverty rate are considered low and moderate income households.

The individual poverty rate decreased from around 15 percent in 2013 to 11 percent in 2018. Figure A-14 below shows wide disparities in poverty rates across demographic groups:

- Single mothers, unemployed residents, residents without a high school degree, and children under 5, are the groups with the highest poverty rates;

- These groups have poverty rates at least twice as high as the individual poverty rate in Longmont.

Figure A-14.
Poverty Rates

Source:
2018 5-year ACS.

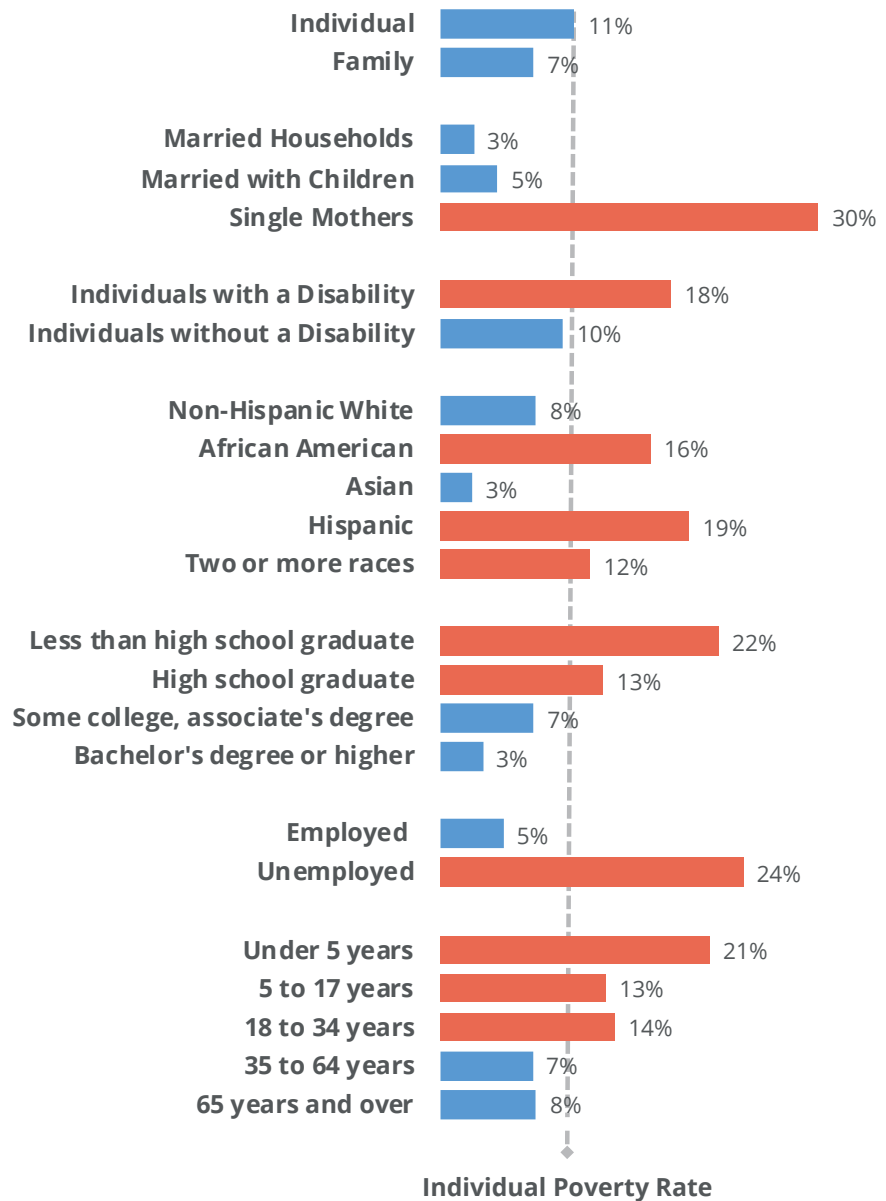


Figure A-15 presents the number and share of the Longmont's population for each poverty ratio. As shown, over 9,600 residents in Longmont have incomes below the poverty level. Longmont has a slightly lower poverty rate than Boulder County and a much lower poverty rate than the City of Boulder, whose poverty rate is influenced by the city's large college student population.

Figure A-15.
Population, by Federal Poverty Level and Jurisdiction, 2018

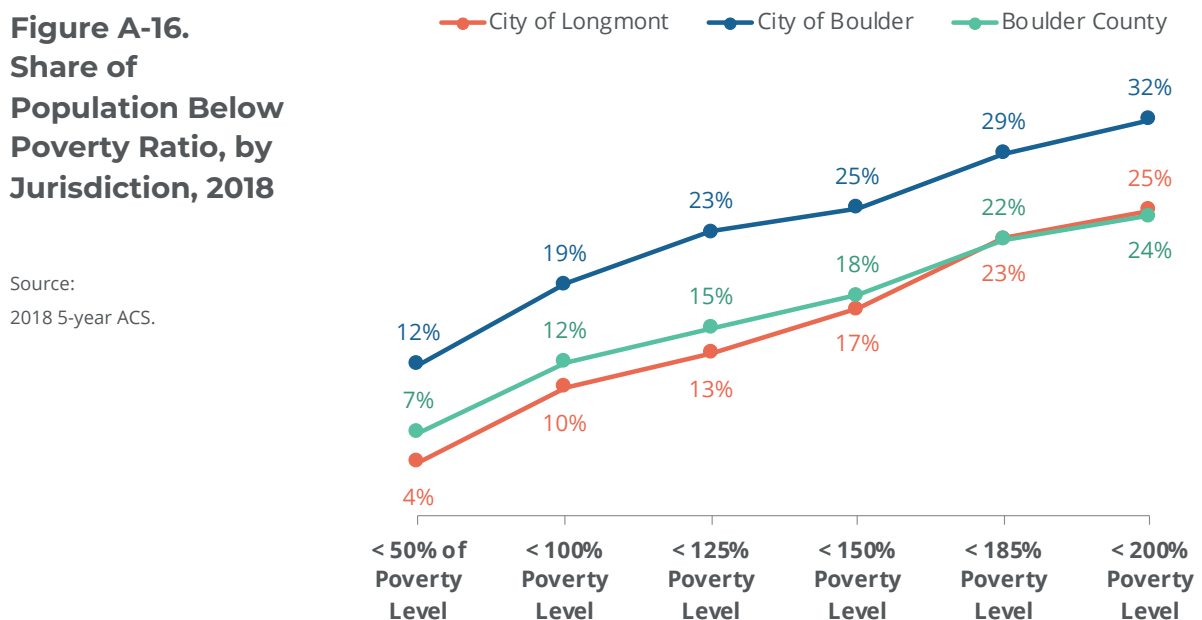
	Longmont		Boulder City		Boulder County	
	Number	%	Number	%	Number	%
Population	92,357	100%	96,885	100%	309,313	100%
Population by Federal Poverty Level (FPL)						
Population < 50% FPL	4,086	4%	11,921	12%	20,934	7%
Population > 50% and < 100% FPL	5,571	6%	6,340	7%	17,612	6%
Population >= 100% and < 125% FPL	2,555	3%	4,099	4%	8,576	3%
Population >= 125% and < 150% FPL	3,341	4%	1,820	2%	8,216	3%
Population >= 150% and < 185% FPL	5,249	6%	4,319	4%	14,099	5%
Population >= 185% and < 200% FPL	2,076	2%	2,708	3%	5,869	2%
Population >= 200% FPL	69,479	75%	64,608	67%	234,007	76%
Total Population Below the 100% FPL	9,657	10%	18,261	19%	38,546	12%

Note: Federal poverty rate is different from Figure A-?? due to rounding.

Source: 2018 5-year ACS.

Figure A-16 presents a cumulative look at the share of each jurisdiction's population that falls below different poverty ratios. One in four households in Longmont has income below 200 percent of the federal poverty level, and this tracks closely with Boulder County overall.

Figure A-16.
Share of
Population Below
Poverty Ratio, by
Jurisdiction, 2018



Source:
2018 5-year ACS.

Figures A-12 and A-17 map poverty rates by neighborhood in Longmont. These analyses compare the density of low and moderate income households in neighborhoods relative to the county's rate.

The share of neighborhood residents in poverty varies throughout the city, with some concentrations in central Longmont. Residents in poverty are more likely to live in central Longmont along highway 287.

Figure A-17.
Poverty Rate, by
Census Tract,
2018

Source:
2018 5-year ACS.

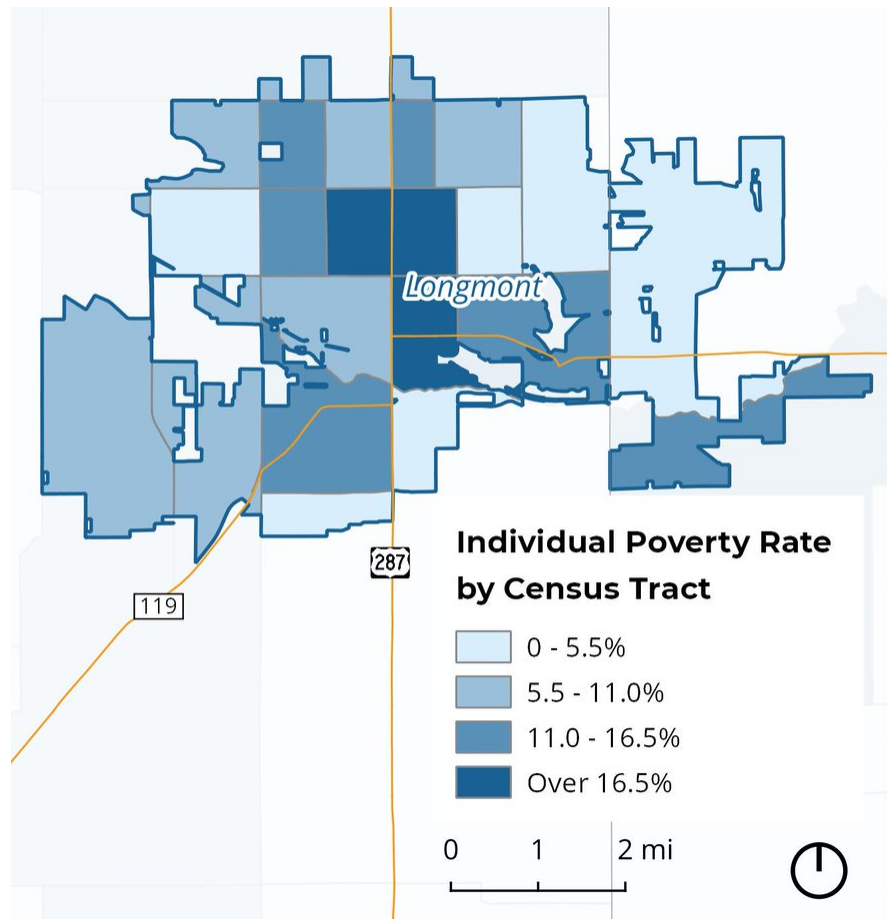
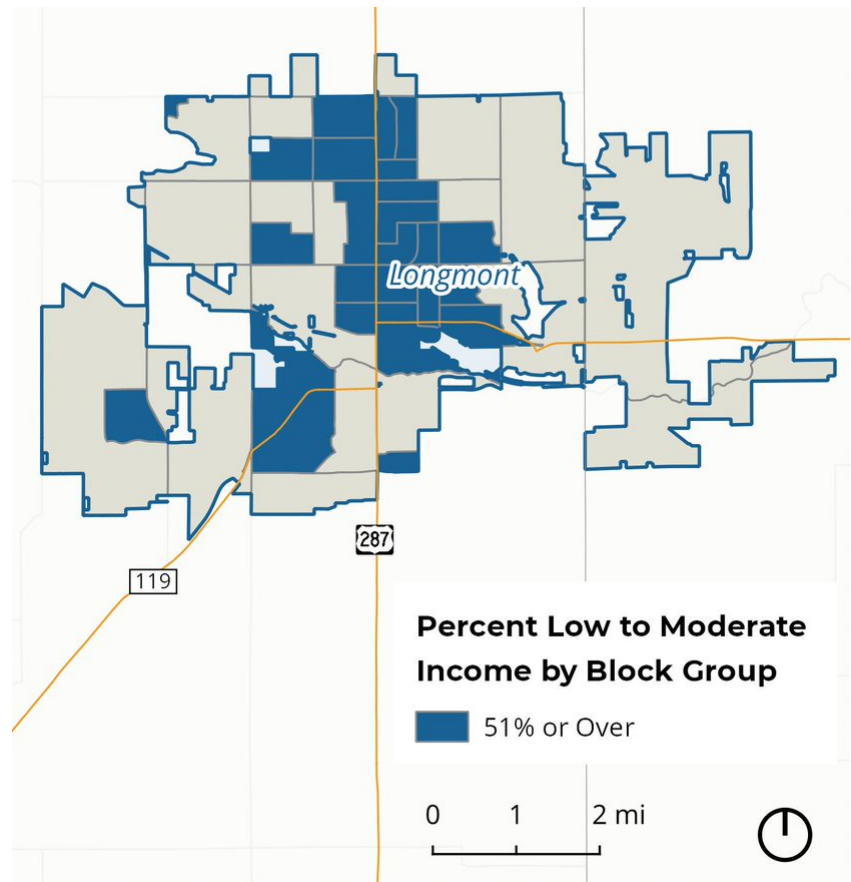


Figure A-18 shows neighborhoods where at least 50 percent of the households are low to moderate income—a broader threshold than poverty. Again, these neighborhoods are clustered in the central part of the city, with a few exceptions in the southern and western side of the city.

Figure A-18.
Low to Moderate
Income Population,
by Block Group,
2015

Source:
2018 5-year ACS.



Employment. The largest share of Longmont's workforce consists of out commuters, according to Census data. Almost 30 percent of out-commuters are employed in the City of Boulder, and another 11 percent are employed in Denver (Figure A-19). The largest share of in-commuters come from Loveland (6%), Boulder (5%), and Denver (5%).

Figure A-19.
Commuting
Distribution, 2017

Note:
All jobs included.

Source:
2017 LEHD.

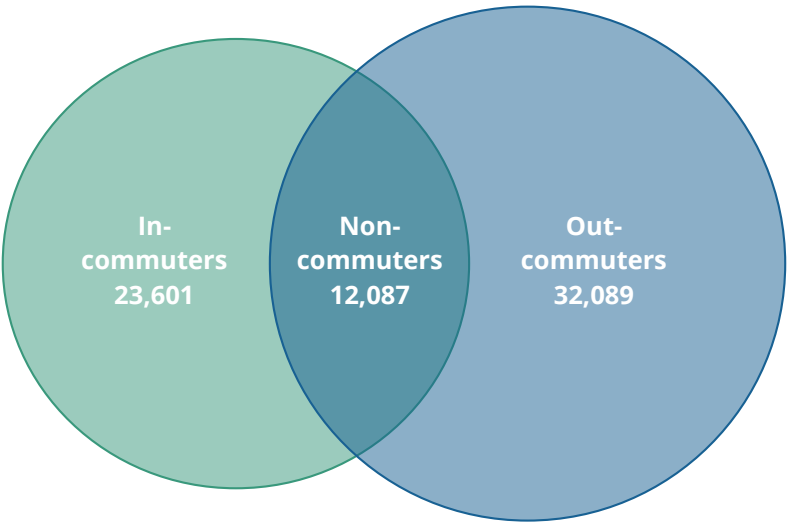
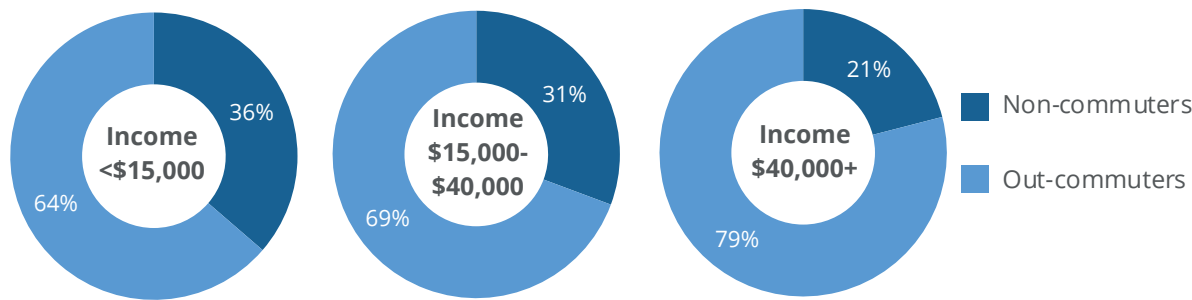


Figure A-20 shows that commuting patterns among workers who live in Longmont vary by earnings level. Workers with annual earnings below \$15,000 who live in Longmont are more likely to work in Longmont, and workers earning more than \$40,000 are most likely to commute out of the city for work.

Figure A-20.
Commuting Distribution for Workers who Live in Longmont, by Income, 2017



Note: All jobs included.
Source: 2017 LEHD.

Income differences are driven by occupational and education differences. Figure A-21 below shows management, business, science, and arts occupations account for the largest share of employment in Longmont. The share of employment for those occupations increased from 37 percent in 2010 to 45 percent in 2018. For service occupations, the share of employment decreased from 20 to 14 percent over the same period.

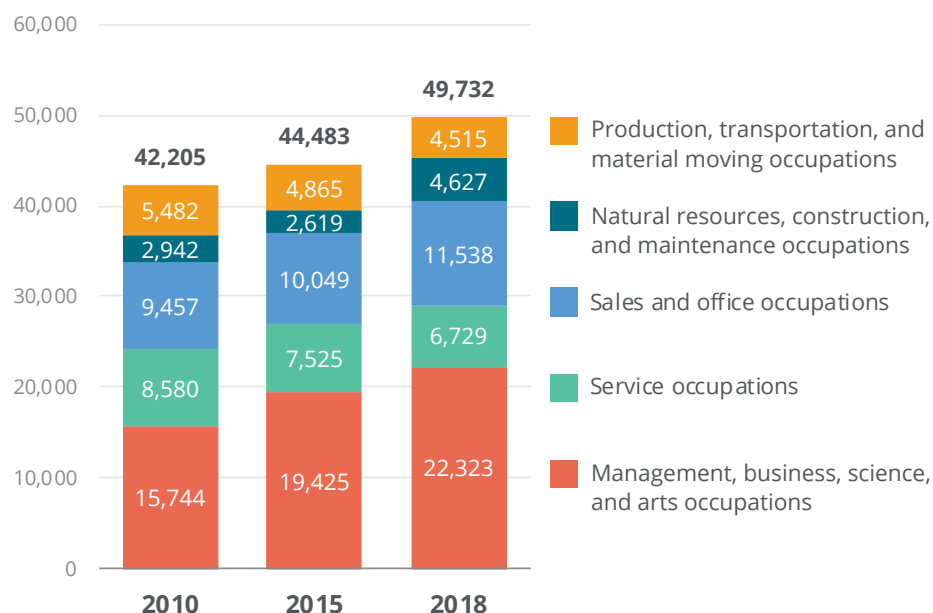
**Figure A-21.
Occupation
Distribution,
2010-2018**

Note:

Civilian employed
population 16 years
and over.

Source:

2010, 2015, and 2018 1-
year ACS.



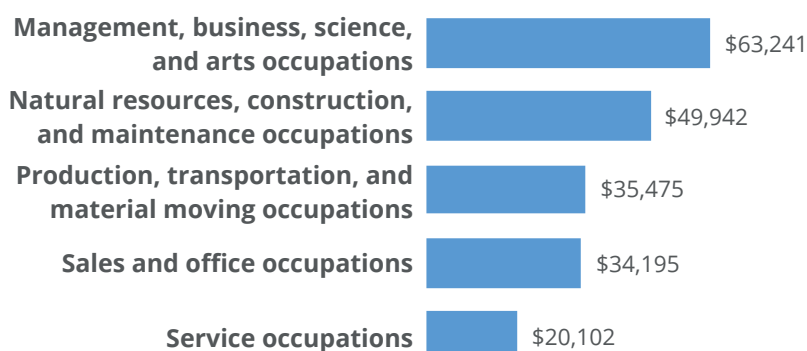
Wide discrepancies in median earnings exist by occupation, as shown in Figure A-22 below:

- Management, business, science, and arts occupations—the occupations that require the highest levels of education—command the highest median earnings.
- Service workers have the lowest earnings, earning around a third of what workers in management, business, science, and arts occupations earn. According to national research, they are also more likely to be female (54%) and be unable to work from home¹.

**Figure A-22.
Median Earnings
by Occupation,
2018**

Source:

2018 1-year ACS.



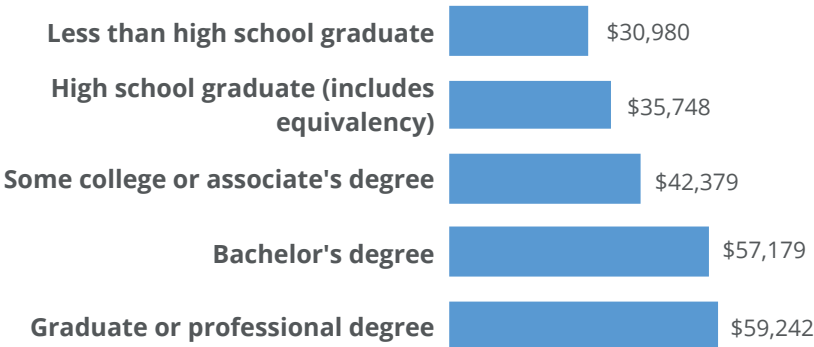
¹ Mongey, S., Pilossoph, L., & Weinberg, A. (2020). Which workers bear the burden of social distancing policies? (No. w27085). National Bureau of Economic Research.

A comparison of median earnings for Longmont workers shows that Longmont residents without a high school degree earn around 55 percent of what residents with a bachelor's degree earn (\$30,980 v. \$57,179), as shown in Figure A-23. The outcomes are not much different for Longmont residents who have graduated from high school yet do not have a college degree. A resident with a college degree earns 60 percent more than a high school graduate.

Figure A-23.
Median Earnings, by
Education, 2018

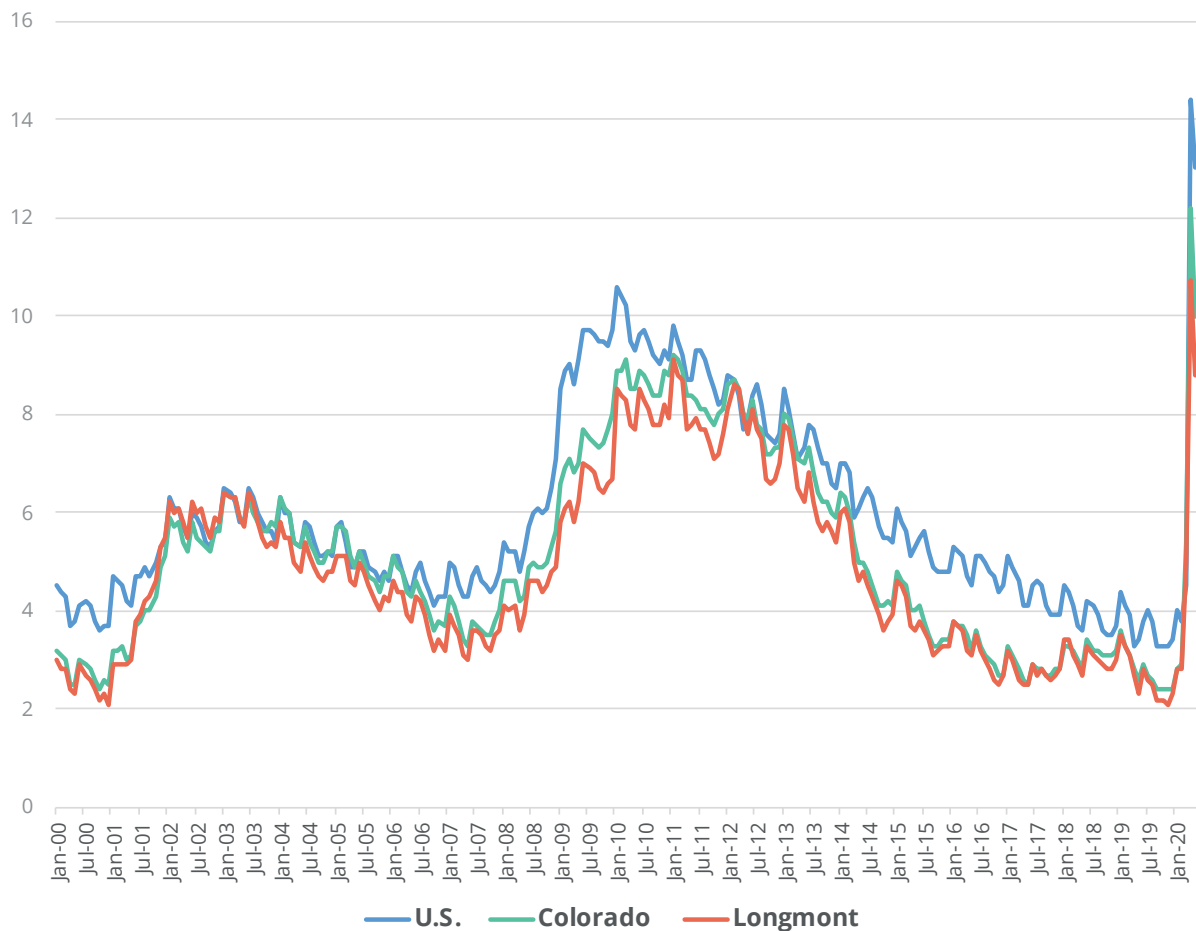
Note:
Civilian employed population 25
years and over.

Source:
2018 5-year ACS.



The recent spike in unemployment rate is likely to deepen the occupational and educational income disparities discussed above. As of May 2020, the unemployment rate was 13 percent at the national level, 10 percent in Colorado, and 9 percent in Longmont (Figure A-24). According to the Bureau of Labor Statistics the number of unemployed persons in Longmont went from around 1,500 in January 2020 to 4,800 in May of 2020.

Figure A-24.
Unemployment Rate, for Longmont, Colorado, and U.S., January 2000-May 2020



Note: Not seasonally adjusted.

Source: BLS.

Unemployment and poverty are highly correlated. According to 2018 ACS data, the unemployment rate for residents in Longmont living below the poverty line was around 10 times higher than the unemployment rate for persons above the poverty line (29 compared to 3%). Poverty is also correlated with part- and full-time status: In Longmont, 11 percent of part-time workers were under the federal poverty line, compared to 2 percent of full-time workers in 2018.

Broadband access. Access to broadband networks has increasingly become a necessity rather than a luxury. People who lack access are increasingly unable to take advantage of economic and educational opportunities, find information about needed resources, and, as of late, access health care. According to 2018 ACS data, in Longmont:

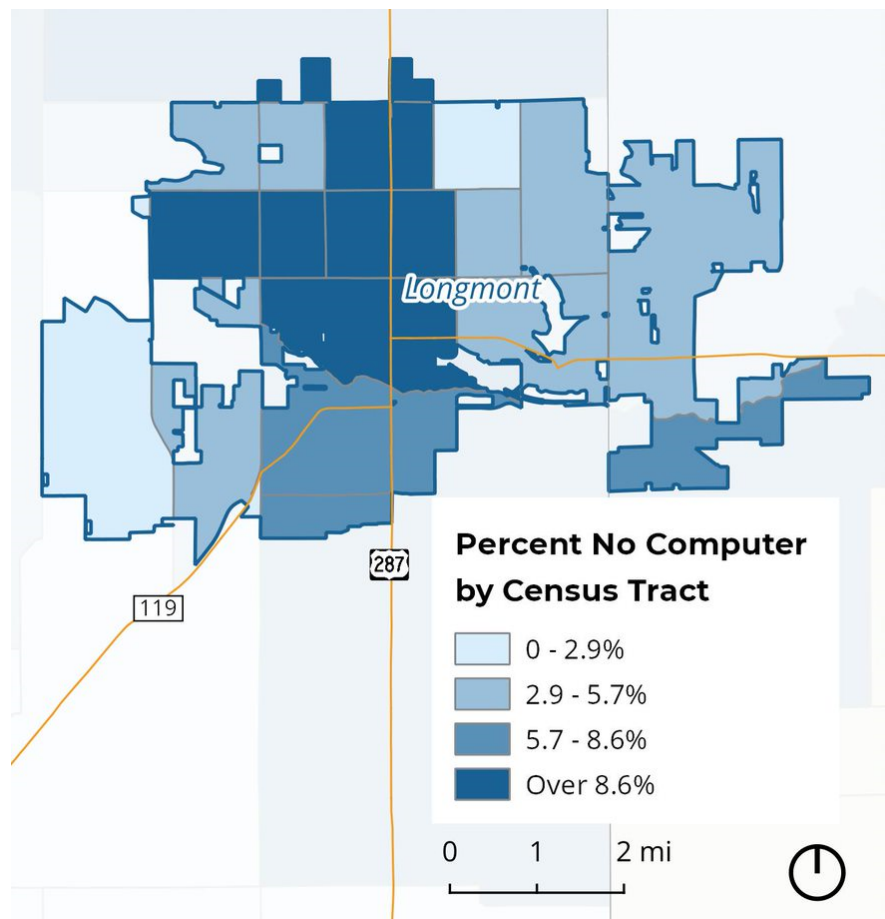
- More than 2,000 (5.7%) households do not own a computer, over 4,000 (11%) households do not have an Internet subscription, and another 3,000 (8%) rely on a cellular data plan to access the Internet.
- While 95 percent of households with income above \$75,000 have an internet subscription, only 64 percent of households with income below \$20,000 have an internet subscription.²
- Older residents are less likely to have computer and internet access: around 1,200 (8%) residents 65 and older do not have an internet subscription, and another 2,000 (13%) residents 65 and older do not have a computer in their household.

Figures A-25 and A-26 show the geographic distribution of households with no computer and with no internet subscription. As expected neighborhoods with higher shares of households without computer and without internet subscription overlap with neighborhoods with higher share of low to moderate income households.

Figure A-25.
Percent of
Households
Without
Computer, 2018

Note:
Civilian employed population 25
years and over.

Source:
2018 5-year ACS.



² 87 percent of households with income between \$20,000 and \$75,000 have an internet subscription.

**Figure A-26.
Percent of
Households
Without Internet
Subscription, 2018**

Note:

Civilian employed population 25
years and over.

Source:

2018 5-year ACS.

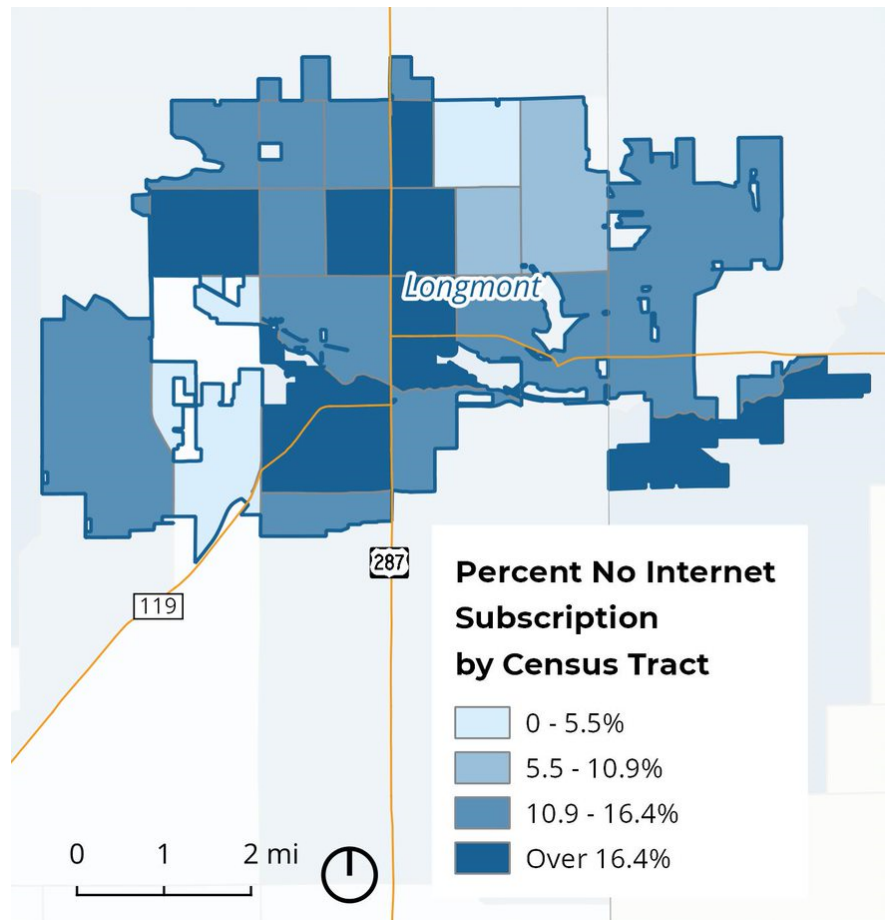
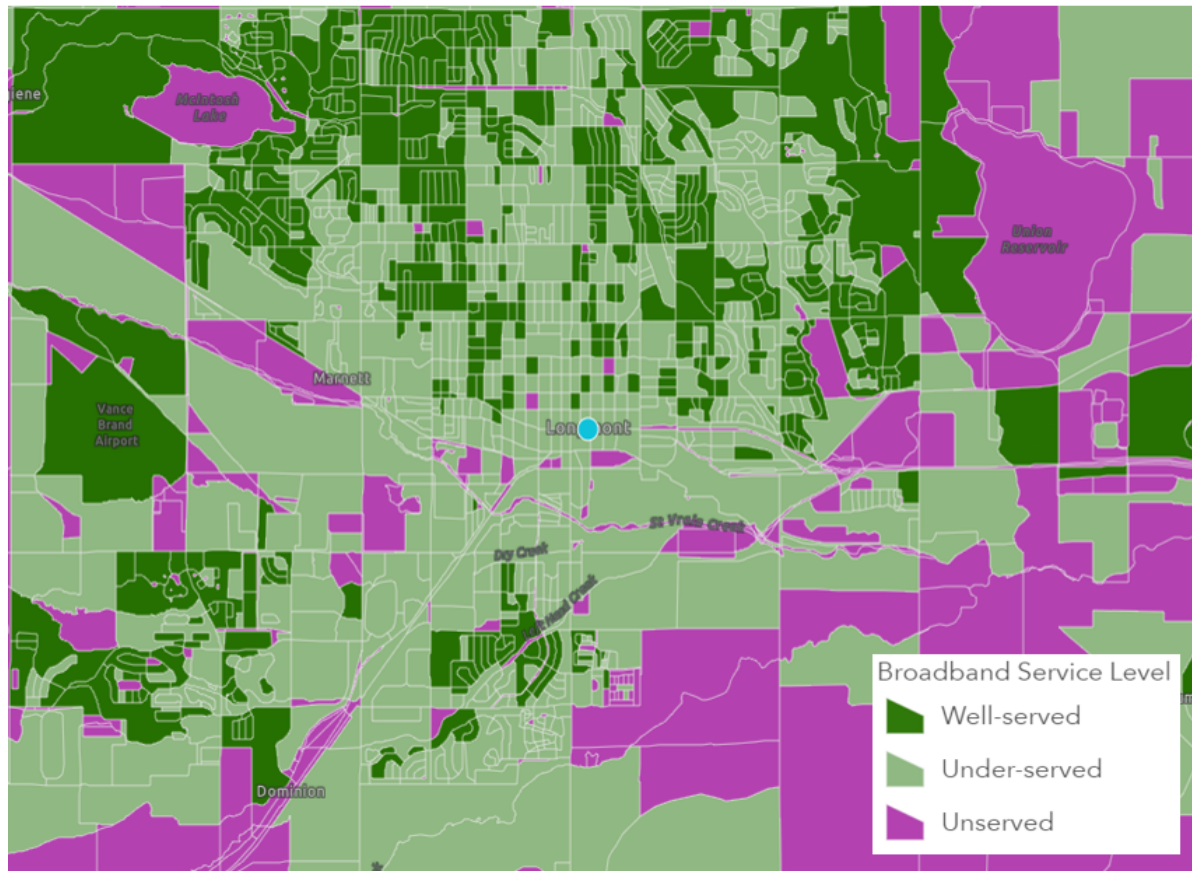


Figure A-27 below shows measures of internet service levels by Census Block group in Longmont. An area is considered well-served if it has at least 3 providers (excluding satellite) and each provider at least 25/3(Mbps)³; an area is considered underserved if it has at least one provider at 25/3(Mbps); and an area is considered un-served if it has no service at 25/3(Mbps)⁴. Most of the City of Longmont is underserved under this definition.

³ Refers to service that has a download speed of 25 Mbps and an upload speed of 3 Mbps, which is the FCC benchmark for high speed internet. <https://docs.fcc.gov/public/attachments/FCC-20-50A1.pdf>

⁴ <https://storymaps.arcgis.com/stories/b4bcb36c1e7e4ce69160e8487a2bd6f0>

Figure A-27.
Internet Service Level, 2018



Source: NTIA, FCC, U.S. Census, ArcGIS Living Atlas of the World:
<https://storymaps.arcgis.com/stories/b4bcb36c1e7e4ce69160e8487a2bd6f0>.

Childcare. Lack of access to childcare can prevent many to fully participate in the labor force. Childcare with early education components has also been shown to increase Kindergarten readiness and lead to better economic outcomes as adults among low income children.

A common measure of the need for childcare is the number of children under six years of age (i.e., not yet in Kindergarten) living in households in which all parents are in the labor force.⁵ According to the 2018 ACS, there are 6,312 children under six in Longmont. The majority—58 percent (3,660)—live in households with all parents in the labor force and are likely to need some type of non-parent childcare during the week. There are 15,342 children between ages 6 to 17 in Longmont, with 75 percent (11,498) in households with all parents in the labor force.

⁵ 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.

According to data from the Colorado Department of Human Services, Longmont has 80 licensed childcare providers with a total capacity for 3,283 children—slightly lower than the number of young children who may need care.

Food and Nutrition

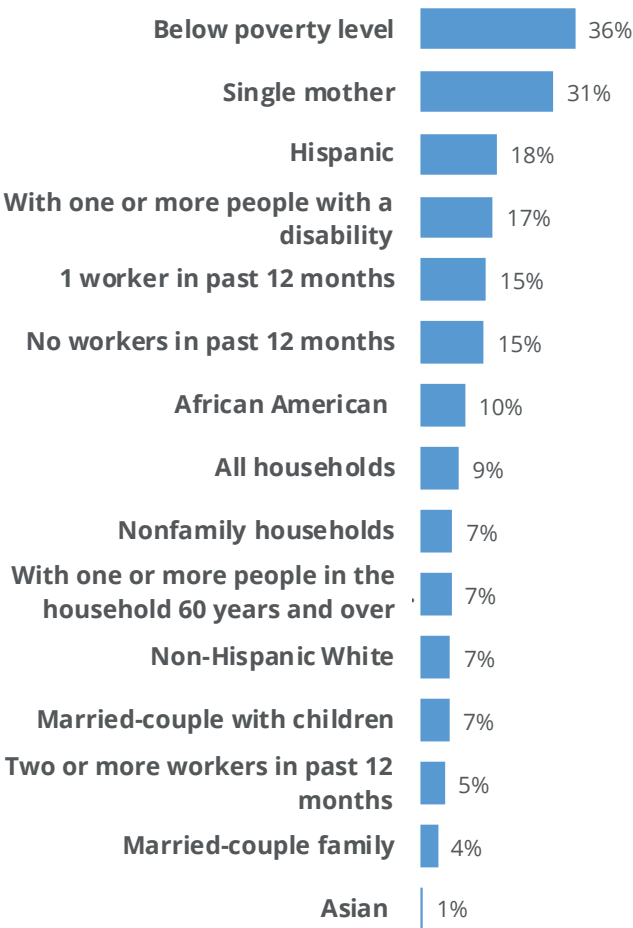
This section discusses access to healthy food, a major factor that contributes to overall health and wellness of a population.

According to 2018 5-year ACS estimates, 9 percent of households in Longmont receive SNAP benefits, and this share has remained stable since 2013 (8%).

Residents below the poverty rate the most likely to receive SNAP benefits, followed by single mothers, Hispanic residents, and households with one or more people with a disability (Figure A-28).

Figure A-28.
SNAP Beneficiaries
Share, 2018

Source:
2018 5-year ACS.



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.⁶ 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 are closely related: 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.⁷ Feeding America estimated that 9 percent of the total Boulder County population and 9.5 percent of children were food insecure in 2018.

Health and Well-being

This section analyses access to healthcare as well as indicators of physical well-being in Longmont with focus on the most recent health assessments conducted for the community.

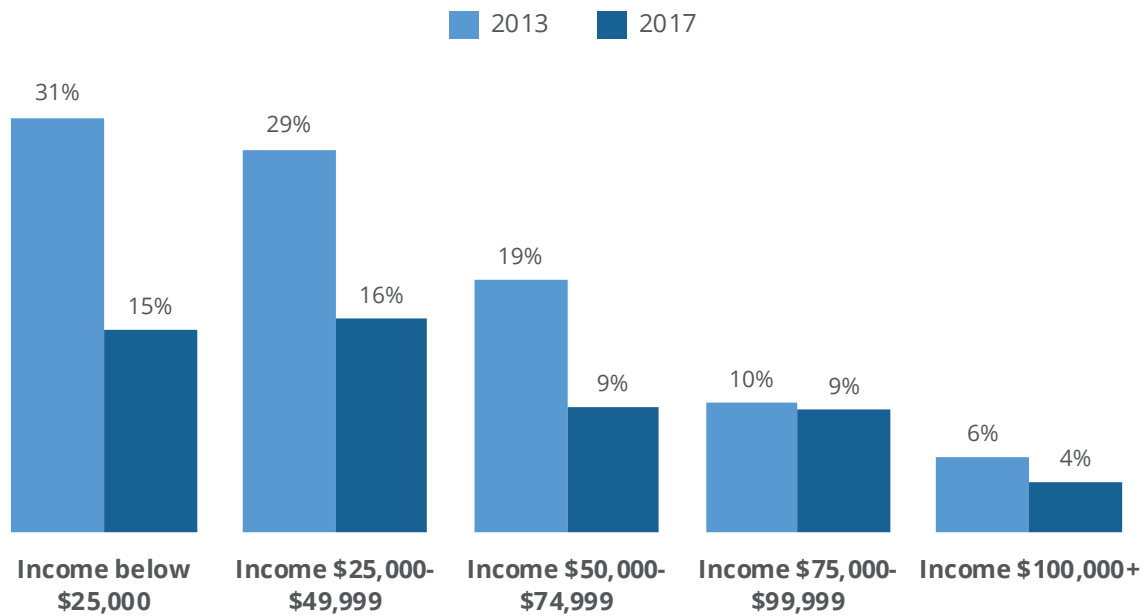
The share of the population with public health care coverage has decreased since 2015, declining 40 to 30 percent, but the share of the population that is uninsured has remained stable since 2015 at around 7 percent.

Figure A-29 below shows there have been wide gains in the reduction of the share uninsured in Longmont. Moreover, these gains have been largely realized by households with income less than \$50,000.

⁶ <https://www.ers.usda.gov/webdocs/publications/90023/err-256.pdf?v=0>

⁷ <https://www.hungerfreecolorado.org/hungerfacts/>

Figure A-29.
Share of Uninsured Population, by Income, 2013 and 2017



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

The segment of the population with the highest uninsured rate are foreign born residents who have not become naturalized U.S. citizens. According to ACS data, there are over 7,000 foreign born residents who are not citizens in Longmont and 46 percent of them are uninsured.

Estimates based on prevalence rates provided by the Substance Abuse and Mental Health Services Administration (2018) and the Colorado Health Access Survey indicates there are 3,763 Longmont residents with a mental illness. The National Institute on Mental Health reports that 67 percent of adults with serious mental illness seek treatment. Applying that statistic to Longmont adults with serious mental illness suggests that approximately 1,200 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.

According to the 2019 Community Health Needs Assessment conducted by Longmont United Hospital, behavioral health, as defined by both mental health and substance abuse, is the number one priority within the community⁸. The community health data that led to identification of Behavioral Health as a priority included that:

⁸ Longmont United Hospital's main service area encompasses Boulder and Weld Counties, which were the data used for this process.

- There are 2,683 mental health hospitalizations per 100,000 population; however, there are only 3.83 providers per 1000 population (CO is at 2.74).
- The community's suicide rate is 17.5 per 100,000 population, and Colorado ranks as a state highest for suicide. The community's rate of suicide hospitalizations is 48 per 100,000 (CO at 52.0).
- The quantitative population health data available for substance abuse is for alcohol use and tobacco use. Excessive drinking weighted by population is 18.6% (CO at 19.1%), and adult smoking is at 14.1 percent (CO 15.6%).

The 2019 OMNI report which BCPH commissioned in 2019, is a county-wide assessment to document needs and identify opportunities for developing a comprehensive and integrated behavioral health system. According to the report, stakeholders who emphasized gaps in services and quality issues reported:

- Lack of service options for participants with:
 - Co-occurring mental health and substance use issues;
 - Long-term involvement in services and/or the criminal justice system;
 - Addictions to substances other than opioids;
 - Medicaid or no insurance.
- Lack of service options in additional key areas, such as:
 - Emergency services for homeless participants;
 - Emergency/temporary services for participants with substance use disorder still using and awaiting more intensive treatment;
 - Culturally and linguistically responsive services;
 - Options for participants who may have had negative prior experiences with specific providers;
 - Accessible treatment locations, transportation and hours of program operation;
 - Robust peer support and recovery specialist options which are critical for relational elements of the program.
- Limited availability of emergency hospitalization options, as hospitals are often at full capacity (e.g., "psych divert") and mental health holds can be released quickly or immediately.
- Challenges with current mental health services providers, including organizational issues, staff training, referral processes, service availability and quality of services.

The Boulder County Public Health 2017 Community Health Assessment assessed the capacity of the Boulder County Public Health Improvement Process (PHIP) to address housing and mental health as part of the 2017. Boulder County Public Health staff facilitated conversation with 53 groups (over 600 people) throughout the county. The groups represented were populations that are facing barriers to health from various ages, races/ethnicities, income levels, and life experiences. The following key themes were identified as priorities:

- Active living and built environment (i.e. how well the environment makes it easier to live an active life, such as having bike paths to make it easier and safer for people to ride their bikes)
- Affordability
- Environmental quality (i.e. the quality of our water, air, etc.)
- Health care access and quality
- Healthy eating
- Housing
- Mental health
- Social and community context (e.g. how included residents feel in the community, how easy is it to access social programs, etc.)

The AgeWell report offers a synthesis of the experiences and demographic trends of older adults in Boulder County. Challenges pointed out in the report include:

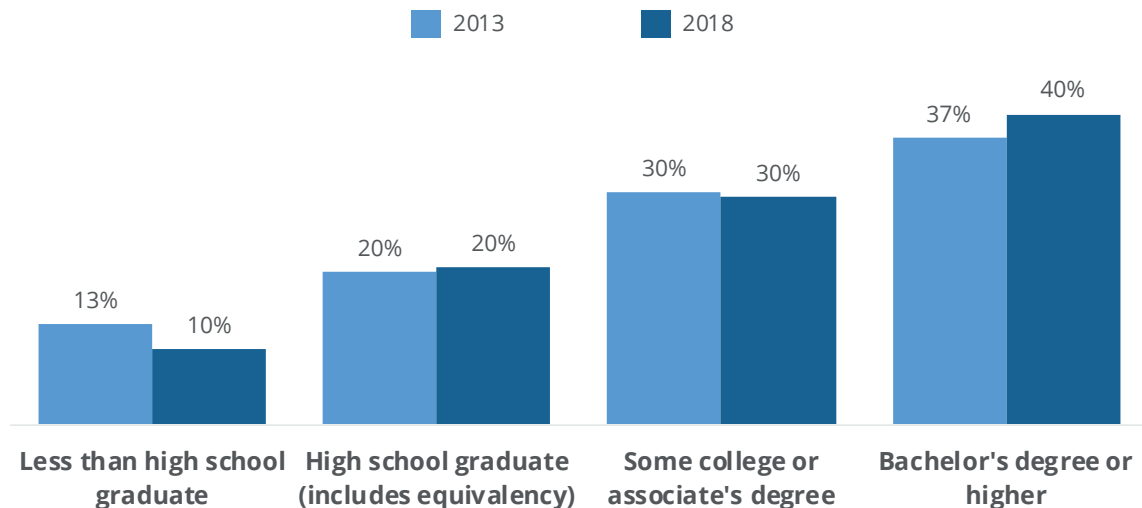
- **Housing:** The positive rating of availability and affordability of housing within Boulder County dropped 18 percentage points since the first administration of the CASOA eight years ago, from 27 percent in 2010 to only 9 percent in 2018.
- **Transportation:** Having safe and affordable transportation is at least a minor problem for one in five (18%) Boulder County older adults. Just over one-third (35%) of our community's older adults rate the ease of travel by public transportation in their community as "excellent or good".
- **Services:** Half of Boulder County's older adults say not knowing what services are available to adults age 60 and older in their community is at least a minor problem. Participants in the 2018 Community Conversations were asked "What keeps you or someone you know from accessing services or participating in classes/events?" The top responses included transportation (26%), information (19%), disability (14%), and cost (11%).

- **Social Isolation:** Isolation is a cross-cutting concern across domains and geographies within Boulder County. One-third (31%) of local older adults report feeling lonely or isolated as at least a minor problem.⁹ In the Community Conversations, the issue of social connection came through as loss of a spouse, living alone, lack of friendship, and shrinking social networks.

Education and Skill Building

Longmont's population has become slightly more educated, consistent with growth of higher income households. Figure A-30 presents the educational distribution in Longmont for the years 2013 and 2018. The share of residents with less than a high school degree dropped from 13 to 10 percent and the share with a college increased from 37 to 40 percent.

Figure A-30.
Education Distribution, 2013 and 2018



Note: For population 25 years and over.

Source: 2013 and 2018 ACS 5-year estimates.

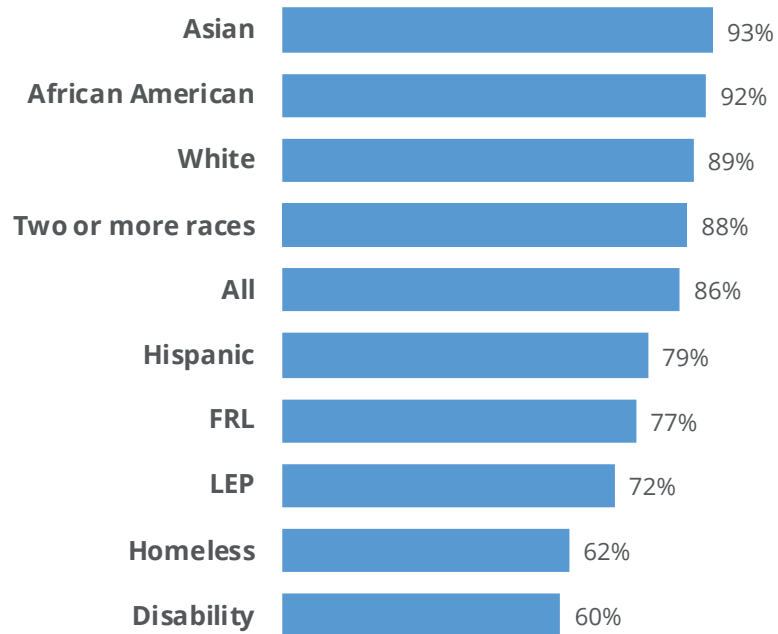
Figure A-31 shows high school graduation rates for students in St. Vrain Valley school district:

- Graduation rates vary slightly by race and ethnicity, with Hispanic students having lower graduation rates. Although African American students account for a small share of enrolled students, their high graduation rate is notably high, on par with Asian students and higher than White students.
- High school graduation rates show homeless students and students with a disability at a clear disadvantage in the classroom; these groups have graduation rates over 20 percentage points lower than the overall graduation rate in the district.

Figure A-31.
High School
Graduation Rates,
St. Vrain Valley,
2019

Note:
 4-yr graduation rate.

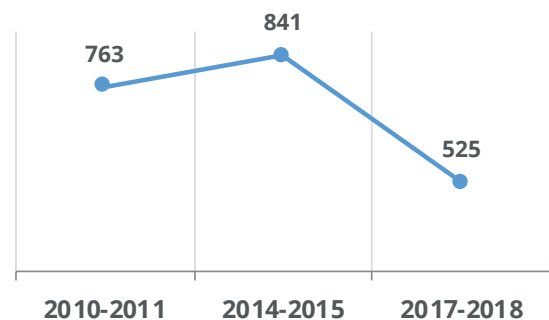
Source:
 Colorado Department of
 Education.



School districts are required by the McKinney-Vento Act to enumerate students who are homeless or who are doubled-up, or staying in temporary housing (e.g. motels, emergency shelters). McKinney-Vento data show the number of homeless students in the St. Vrain district has significantly decreased (Figure A-32). The McKinney-Vento population in the St. Vrain Valley School District was 525 children for the 2017-2018 school year, compared to 841 in the 2014 school year and 763 in the 2010 school year.

Figure A-32.
St. Vrain Valley McKinney-Vento
Students Enrolled, 2010-2017

Source:
 Colorado Department of Education.



Free and reduced lunch (FRL) eligibility is an economic indicator of risk that is used by educational departments to identify at-risk youth and target educational reform programs. Similar to the federal poverty threshold, the FRL threshold is fixed and does not vary by state or jurisdiction. Currently, children are eligible to receive free lunches if their families earn less than 130 percent of the federal poverty threshold and reduced lunch prices if earning between 130 and 185 of the poverty threshold. This translates into income levels of roughly \$33,500 for free lunch eligibility and \$33,500 to \$47,600 for reduced lunch eligibility, both for a family of four.⁹

As shown in Figure A-33, Longmont's highest poverty neighborhoods also have schools with the highest rates of FRL children. However, high FRL schools are also found in moderate to low poverty areas.

⁹ 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 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.

**Figure A-33.
Percent of FRL
Students by
Census Tract
Poverty Rate,
2019**

Source:
Colorado Department of
Education, 2018 ACS 5-year,
Root Policy Research.

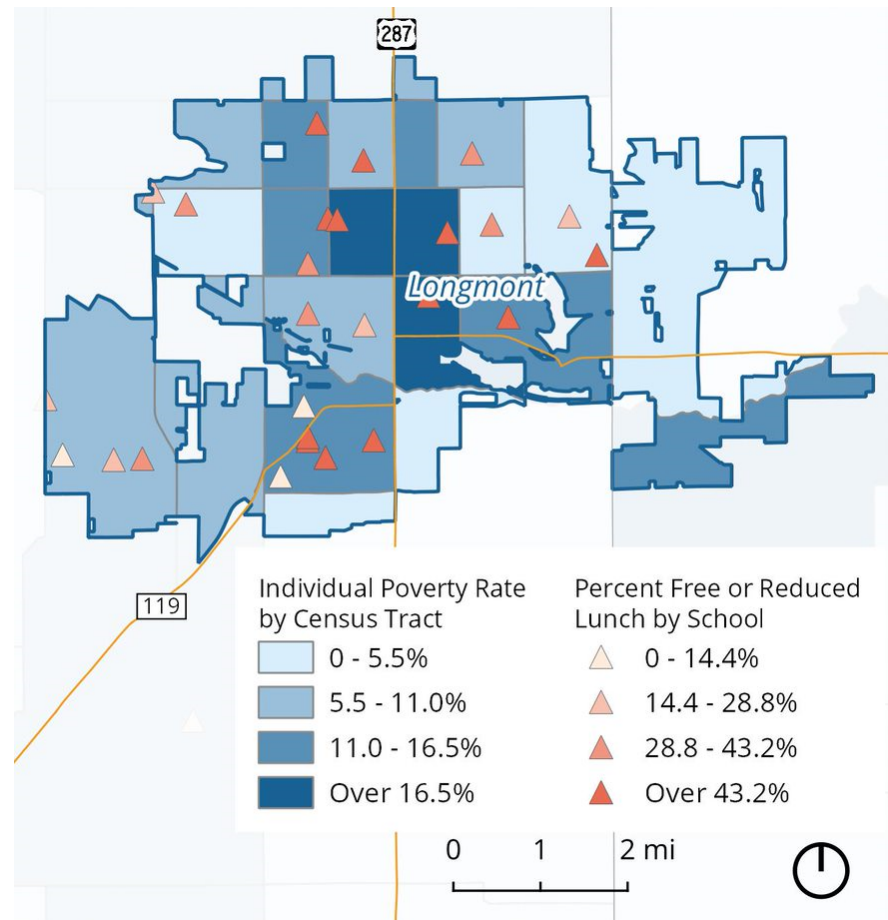


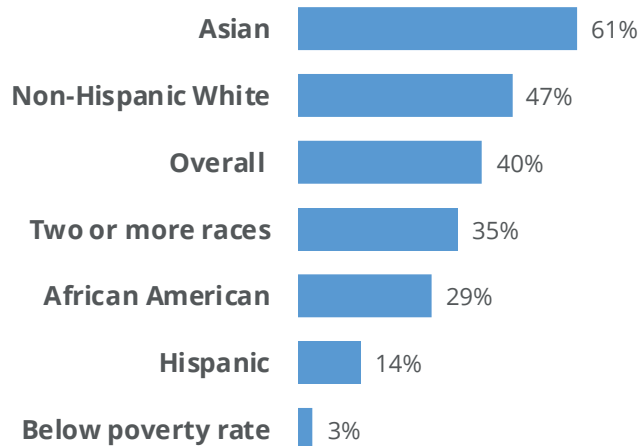
Figure A-34 shows the share of the population with a bachelor's degree or higher. Although high school graduation rates are more uniform, disparities in educational attainment are more pronounced at higher education levels, pointing to a potential lack of high school to college pipeline. Of note,

- Although 79 percent of Hispanic high schoolers in Longmont graduate from high school, just 14 percent of Hispanic residents have college degrees, indicating that few high schoolers continue on to graduate from college.
- The lowest level of college graduation is among the adults below the poverty line. According to 2018 ACS data almost 30 percent of residents below the poverty level have a high school degree, only 3 percent of residents below the poverty line have a bachelor's degree.

Figure A-34.
Share of Population
with Bachelor's
Degree or Higher, 2018

Note:
 For population 25 years and over.

Source:
 2018 5-year ACS.



Safety and Justice

There is a strong and circular relationship between public health and safety: poverty is highly correlated with crime rates, criminal offenders often have pre-existing medical conditions (especially mental health issues), and involvement in the criminal justice system itself can lead to or worsen health and cognitive problems. This section presents some indicators related to safety and justice in Longmont.

The rate of crimes (per 1,000 persons) reported to the Longmont Police Department has increased slightly from 25 in 2014 to 30 in 2018. The majority of crimes are larceny theft (67%), followed by burglary (12%).

As shown in Figure A-35 below, the number of domestic violence reports in Longmont has increased since 2015 with most of the increases resulting in a charge of child abuse. Specifically:

- The number of total cases where child abuse was charged increased from 67 in 2015 to 116 in 2018; the number of children who witnesses cases also increased from 172 in 2015 to 266 in 2018.
- Reporting of cases by victims has decreased since 2015. The share of cases reported by the victim was 62 percent in 2015 to 53 percent in 2018.

Figure A-35.
Domestic Violence Reports, 2015-2018

	2015	2016	2017	2018	2015-2018 Percent Change
Total Reports Taken	701	741	773	955	36%
Share of Cases Reported by Victim	62%	55%	56%	53%	-15%
Cases involving Children					
Kids Present Cases	93	137	110	125	34%
Number of Children Present	181	290	225	246	36%
Kids Witnessed Cases	105	109	111	161	53%
Number of Children Witnessed	172	186	190	266	55%
Total cases where child abuse charged	67	88	70	116	73%

Note: Reports filed with the City of Longmont Police Department.

Source: City of Longmont Domestic Violence Data Analysis and Report for 2018.

Many experts anticipate that the rate of domestic violence will spike with the COVID-19 pandemic¹⁰ yet the rate of child abuse reports will decrease¹¹. In Boulder County, according to the State of Colorado Department of Human Services, referrals of child abuse or neglect between January and March of 2020 had not dropped compared to the last quarter (1,719 in first quarter 2020, compared to 1,707 in fourth quarter 2019).

It is well documented that early educational experiences can affect adult criminal activity. Research examining the “school to prison pipeline” has found that stricter disciplinary policies can adversely affect student outcomes and that higher discipline rates are associated with higher likelihood of future involvement in the adult criminal justice system.¹²

Figure A-36 below shows discipline rates¹³ for Boulder Valley and St. Vrain school districts. St. Vrain has lower discipline rates than Boulder Valley schools for all races and for English Language Learners. Within the St. Vrain district, African American and Hispanic students have higher discipline rates than non-Hispanic White students, although the percentage

¹⁰ <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

¹¹ Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment. Available at SSRN 3601399.

¹² Bacher-Hicks, A., Billings, S. B., & Deming, D. J. (2019). The School to Prison Pipeline: Long-Run Impacts of School Suspensions on Adult Crime (No. w26257). National Bureau of Economic Research.

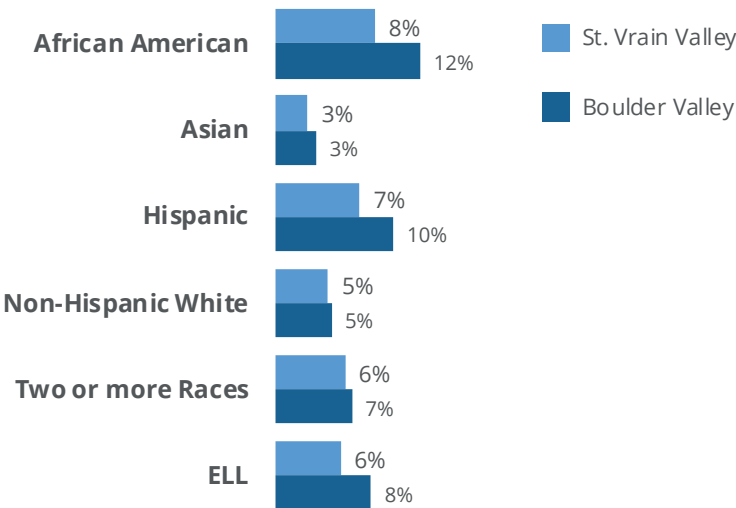
¹³ Discipline measures include classroom removals, suspensions, referral to law enforcement, school related arrests, and other actions.

differences are relatively modest. English Language Learners (ELL) have similar rates to non-Hispanic White students.

Figure A-36.
Discipline Rates, by
Race, Ethnicity and ELL
Status, 2019

Note:
Calculated using unduplicated count of
students disciplined.

Source:
Colorado Department of Education.



APPENDIX B.

HUMAN SERVICE GAPS BY POPULATION

Appendix B.

Human Service Gaps by Population

This appendix quantifies the top human service needs for populations of focus in the City of Longmont. This supplemental analysis builds on needs identified in Section II and Section III and resources identified in Section IV of this report.

The populations of focus discussed in this analysis were developed working with City of Longmont staff and are complementary to populations under examination in the Boulder Broomfield Regional HOME Consortium human services needs assessment. Populations of focus include:

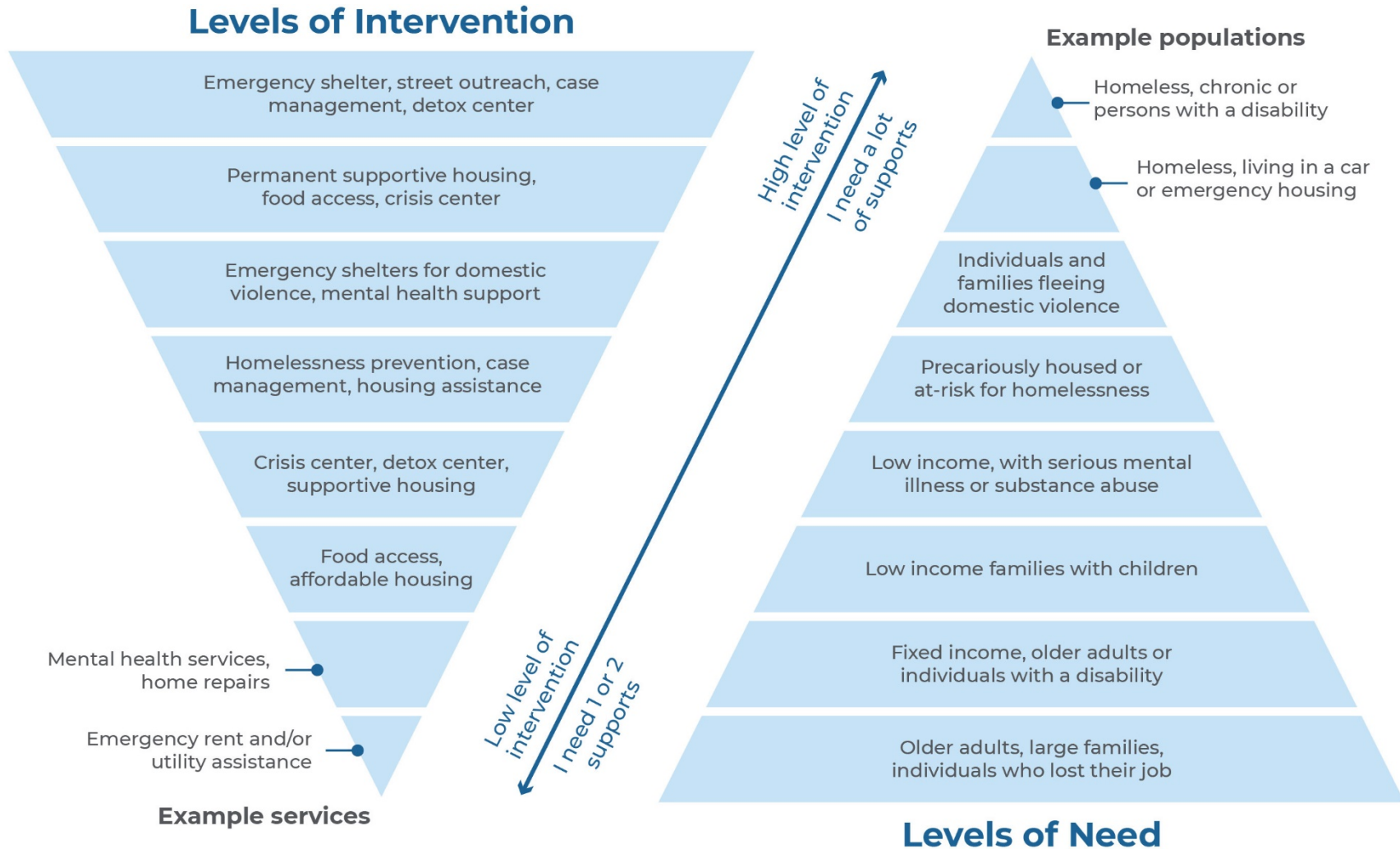
- Older adults,
- Persons with a disability,
- Precariously housed and at-risk for homelessness,
- Low income families and domestic violence survivors,
- At-risk youth, and
- Those suffering from substance abuse or serious mental illness.

Estimates of service needs are derived using population estimates from the American Community Survey (ACS) to estimate the scale of need using proportions developed from the 2020 HOME Consortium of Boulder and Broomfield Counties Resident Survey and prevalence rates from outside research. Specific methods for developing service need estimates and definitions used for each focus population are provided in the following sections. Resources in Longmont are estimated based on information available on the City of Longmont website, resident and stakeholder community engagement, and agency descriptions.

Please note that estimates in this analysis are not additive because one individual or family may fit into more than one focus population. For example, an individual living with a disability who has children and a household income of less than \$50,000 annually would fall into both persons with a disability and low income family.

Human services spectrum. Figure B-1 below shows an illustration of the human services spectrum in the City of Longmont. Levels of intervention are presented adjacent to levels of need to show the range of needs and service intensity from “I need one or two services” to get back on my feet to “I need a lot of supports” to get back on my feet. This illustration is not intended to be representative of every population and service need in the city. Instead, it provides a high level perspective of the greatest needs in terms of 1) Size/number of people with needs; and 2) Needs in terms of depth of services and interventions.

Figure B-1.
Human Services Spectrum



Source: Root Policy Research.

Older Adults

Rental housing gaps. A rental gaps analysis compares the supply of rental housing to demand, based on household income. The rental gaps analysis in Figure B-2 presents the rental housing gaps for older adults, defined as a householder who is 65 years and over. Because older adults make up a subset of all households with needs, a traditional gaps analysis—which compares the number of households with the number of affordable units—will not identify gaps. Instead, a comparison of proportions is used. Negative percentages show where gaps exist.

In 2018, 32 percent of older adult headed households earned less than \$35,000 and 19 percent of rental units in the city were affordable to that population—leaving a difference of 14 percentage points. These renters need units that cost less than \$875 per month to avoid being cost burdened.

Gaps also exist for high income older adult renters, who are living in more affordable units. If these renters moved into higher rent units that cater to their lifestyle, they may free up middle market units for moderate and some low income households.

Figure B-2.
Rental Housing Gap,
Households with
Householder 65 years and
over, Longmont, 2018

Source:
2018 5-year American Community Survey
(ACS), Root Policy Research.

Income Range	Rental Units	Householders 65 Years and Over	Rental Gap
Less than \$10,000	2%	2%	0%
\$10,000 to \$14,999	2%	6%	-4%
\$15,000 to \$19,999	2%	4%	-2%
\$20,000 to \$24,999	2%	8%	-6%
\$25,000 to \$34,999	11%	12%	-2%
\$35,000 to \$49,999	33%	16%	17%
\$50,000 to \$74,999	35%	16%	19%
\$75,000 or more	13%	36%	-22%
< \$25,000	8%	20%	-12%
< \$35,000	19%	32%	-14%

Figure B-3 shows the top service needs for older adults identified in the resident survey and the estimated number of older adults in the City of Longmont who need each service. The number of older adults needing assistance are derived from the total population 65 years and over living in Longmont¹ and the proportion of the population 65 years and over who indicated they needed that service in the resident survey.

As shown below, the most prevalent service needs among older adults are assistance paying rent or mortgage, accessing food, paying medical bills, paying for home repairs, and accessing affordable in home care. Food access through organizations like Community Food Share and Meal on Wheels are readily available in the city. The City of Longmont also offers housing rehabilitation programs to help with general and accessibility related home repairs.

Although there are resources in Longmont for emergency rental assistance and affordable, accessible senior housing, the need for these services outpaces the supply and barriers exist that make these resources inaccessible. Finally, there are no local resources available to support older adults in paying medical bills and accessing affordable in home care.

Figure B-3.
Top Service Needs and Availability, Older Adults

Need assistance paying for or accessing...	Rent or mortgage	Food	Medical bills	Home repairs	In home care
Older adults needing assistance	2,069	2,048	1,866	1,755	1,631
Resources in Longmont					
Emergency rental assistance	●◐				
Affordable, accessible senior housing	●◐				
Food bank/meal delivery service		●			
Medical financial assistance			○		
Home repair assistance				●	
Affordable in home care providers					○

- Available and accessible in Longmont
- ◐ Available in Longmont but not accessible
- Not available in Longmont

Source: Root Policy Research.

¹ 2018 1-year American Community Survey (ACS) estimates.

Service Agencies in Longmont

- Area Agency on Aging
- Longmont Senior Center
- Senior Reach
- Meals on Wheels
- VIA Paratransit
- Circle of Care
- Katherine and Charles Hoover Houses
- Dental Aid
- AARP
- PACE inclusive health for Medicaid clients
- Community Food Share
- Mental Health Boulder County
- OUR Center
- Boulder County Care Connect

Gaps and Barriers to Access Services

- Transportation for home bound
- Volunteer care takers
- Same issues with transportation for seniors who don't drive in small communities
- Lack of digital access and literacy challenges increase social isolation

Persons with a Disability

Figure B-4 shows the top service needs for persons with a disability identified in the resident survey and the estimated number of persons with a disability in the City of Longmont who need each service. The number of persons with a disability needing assistance are derived from the total population living with a disability in Longmont² and the proportion of that population who indicated they needed assistance in the resident survey.

The most pressing service needs identified by people living with a disability in Longmont include assistance paying rent or mortgage, access to mental healthcare, paying for home repairs, accessing food, and paying utilities. All these needs are addressed by services available in Longmont. However, some of these services are inaccessible or inadequate including emergency rental assistance, affordable housing, mental health providers, and utility assistance. The resources available to address these needs either have limited capacity, do not provide supports long term, or are not considered due to societal stigma.

Figure B-4.
Top Service Needs and Availability, Persons with Disabilities

Need assistance paying for or accessing...	Rent or mortgage	Mental healthcare	Home repairs	Food	Utility assistance
Persons with a disability needing assistance	2,648	2,509	2,004	2,952	1,707
Resources in Longmont					
Emergency rental assistance	◐				
Affordable housing	◐				
Mental health providers		◐			
Home repair assistance			●		
Food bank/meal delivery service				●	
Utility Assistance					◐

- Available and accessible in Longmont
- ◐ Available in Longmont but not accessible
- Not available in Longmont

Source: Root Policy Research.

² 2018 1-year American Community Survey (ACS) estimates.

Service Agencies in Longmont

- Association for Community Living (local area chapter)
- Imagine!
- Home healthcare agencies
- Area Agency on Aging
- Medicaid Transportation
- Meals on Wheels
- VIA Paratransit
- Center for People with Disabilities
- Mental Health Partnership
- Boulder County Care Connect
- Medicine Horse
- Community Food Share

Gaps and Barriers to Access Services

- Accessible and adequate transportation
- Section 8 won't let unrelated adults share apartment and expenses. Would cost less!
- Sidewalk shoveled
- Direct support professional crisis - we will need 1 million more over the next decade
- Direct care professionals - wages low - no services, high turnover and low quality care
- Supplemental Security Income (SSI) income and asset level are way below poverty and are inhumane
- Imagine makes money and can't show where they do with it!
- Social Security Disability Insurance (SSDI) and SSI earnings do not equate to the livable income. No increase in substantial gainful activity to offset income

Precariously Housed and At-Risk for Homelessness

Figure B-5 shows the top service needs for people at-risk for homelessness³ identified in the resident survey and the estimated population in the City of Longmont who need each service. The number of persons precariously housed and at-risk for homelessness needing assistance are derived from the total at-risk population in Longmont⁴ and the proportion of that population who indicated they needed assistance in the resident survey.

Shelter is the top need for those who are precariously housed and at-risk for homelessness including emergency rental assistance to stay housed and emergency shelter beds if they become homeless. Other service needs identified by this population include food access, transportation access, access to mental healthcare, and assistance paying medical bills. All of these services are available in some capacity in Longmont except for assistance paying medical bills which is not available. Emergency rental assistance, emergency shelter, transportation, and mental health care resources are available but are not accessible to all who need them.

Figure B-5.
Top Service Needs and Availability, Precariously Housed and At-Risk for Homelessness

Need assistance paying for or accessing...	Precariously housed	Food	Transportation	Mental healthcare	Medical bills
Precariously housed and at risk for homelessness needing assistance	1,913	1,020	765	680	638
Resources in Longmont					
Emergency rental assistance	●◐				
Emergency shelter	●◐				
Food bank		●			
Affordable, efficient transportation			●◐		
Mental health providers				●◐	
Medical financial assistance					○

●

 Available and accessible in Longmont

●◐

 Available in Longmont but not accessible

○

 Not available in Longmont

Source: Root Policy Research.

³ Includes survey respondents who are living with others but not paying rent, are “doubled up” with friends or family, living in transitional housing or emergency shelter, or are unsheltered, camping, or sleeping in a vehicle.

⁴ 2018 1-year American Community Survey (ACS) estimates.

Service Agencies in Longmont

- Safe shelter for victims of relationship abuse
- Homeless Outreach Providing Encouragement (H.O.P.E.)
- Churches and other spiritual entities
- The Inn Between
- Woman's Work
- Willing family members with places for them to stay
- Walmart allows homeless to hang out
- AGAPE across from Front Range Church
- Lyle Bridge Church
- Second Boulder Baptist Church helps Longmont homeless
- Individual homes and people
- Dental Aid
- Emergency Family Assistance Association, Atwood Housing for Homeless Families
- Community Food Share
- Mental Health Boulder County
- Recovery Café
- C.O.R.E Crisis Outreach response (Longmont PD)

Gaps and Barriers to Access Services

- No permanent homeless shelter
- Financial resources
- Negative attitudes towards the homeless
- O.U.R. Center no longer provides coordinated entry
- People who don't want homeless in their neighborhoods
- Have to be employed within 2 weeks
- Required to be in coordinated entry for emergency shelter
- No support and usually turned away if disabled, especially DDJ (?)
- Are there enough emergency shelters for the homeless?
- Getting Medicaid processed faster for those who are incarcerated and homeless
- Single dad family shelter
- Permanent homeless facility
- Homeless are not aware of resources available to them.
- Community huts for emergency services serving those experiencing homelessness

Low Income Families and Domestic Violence Survivors

Low income families. Figure B-6 shows the top service needs for low income families identified in the resident survey and the estimated number of that population in the City of Longmont who need that service. Low income families are defined as households with children earning less than \$50,000 per year. The number of low income families needing assistance are derived from the total population with children earning less than \$50,000 annually who live in Longmont⁵ and the proportion of that population who indicated they needed that service in the resident survey.

The top service needs identified by low income families in Longmont include assistance paying rent or mortgage, accessing mental healthcare, paying utilities, accessing food, and affording needed home repairs. Resources for all of these needs are available in Longmont, but resources for rent and mortgage assistance, mental healthcare, and utility assistance are inadequate to meet the need.

A note about childcare. While the need for childcare did not emerge as a top quantitative need identified in the community survey, the outbreak of COVID-19 has placed childcare front of mind for stakeholders in the community. There is growing concern in the industry that formal childcare providers will not survive the pandemic and reopening because of small margins and the inefficiencies of reopening under smaller capacities to maintain social distancing. Additionally, informal and family childcare providers expressed concern that social distancing and sanitization is not feasible in their home. The long term impacts of constraints on childcare as the state reopens from the outbreak of COVID-19 will likely disproportionately impact low income families.

Domestic violence survivors. Domestic violence survivors in any given year are estimated based on State of Colorado incidence rates from the Center for Disease Control (CDC) applied to the Longmont population of women and men 18 years and older. This upper bound number is higher than the number of domestic violence cases reported in 2018, as discussed in Section II, because it estimates the prevalence of a broader range of assault and includes cases that are not reported.

Resources to provide emergency shelter and mental health supports to domestic violence survivors exist in some capacity in Longmont but are insufficient to meet the need. Additionally, increased domestic violence during the COVID-19 pandemic will further constrain these limited resources.

⁵ 2018 1-year American Community Survey (ACS) estimates

Figure B-6.
Top Service Needs and Availability, Low Income Families and Domestic Violence Survivors

Need assistance paying for or accessing...	Rent or mortgage	Mental healthcare	Utility assistance	Food	Home repairs
Low income families needing assistance	2,152	1,208	1,794	2,554	1,300
Resources in Longmont					
Emergency rental assistance	●				
Affordable housing	●				
Utility Assistance			●		
Food bank				●	
Home repair assistance					●
Mental health providers		●			
Domestic violence survivors needing assistance	4,000	4,000			
Emergency shelter	●				
Mental health providers		●			

- Available and accessible in Longmont
- ◐ Available in Longmont but not accessible
- Not available in Longmont

Source: Root Policy Research.

Service Agencies in Longmont

- Free buses in Longmont
- WorkForce Boulder
- Division for vocational and rehabilitation (DVR)
- Community Food Share
- Harvest of Hope
- Churches
- Individuals and foundations
- AGAPE (across from Front Range church)

Gaps and Barriers to Access Services

- Need an organization who will help people get jobs and follow up with employer if they don't get a job
- Longmont NAACP Branch needed
- Money
- Trump cuts!
- Extended hours at food pantries for people who work during the day (The Round Pantry)
- Limited room and funding

- Round Pantry (and others)
 - Mama's Meda Pizzeria (occasionally)
 - Emergency Family Assistance (EFAA)
 - BOCO Farmer's Market double coupons
 - Safe House Police Restorative Justice
 - H.O.P.E.
 - Churches and other spiritual entities
 - Moving to End Sexual Assault (MESA)
 - Safe shelter of St. Vrain Valley
- Need exceeds ability to meet the need; 400 turned away in 2018 at the domestic violence shelter

At-Risk Youth

Figure B-7 shows the estimated number of at-risk youth in the City of Longmont and resources available for intervention. At-risk youth are defined as youth living in poverty,⁶ diagnosed with serious mental illness,⁷ experiencing homelessness,⁸ dropping out of school,⁹ and youth neglected or abused.¹⁰

There is no emergency shelter for youth and families experiencing homelessness in Longmont. All of the other resources identified in the needs assessment below are available in Longmont. However, mental health services for youth with serious mental illness and educational supports to prevent drop-out are not adequate or difficult to access.

Figure B-7.
Top Service Needs and Availability, At-Risk Youth

Indicator for intervention...	Living in poverty	Serious mental illness	Experiencing homelessness	Annual drop-out rate	Neglected or abused
At-risk youth needing intervention	1,076	1,967	525	163	129
Resources in Longmont					
Early childhood interventions	●				
Food bank	●				
Mental health providers		◐			
Emergency shelter for youth and families			○		
Education interventions				◐	
Child advocates					●

- Available and accessible in Longmont
- ◐ Available in Longmont but not accessible
- Not available in Longmont

Source: Root Policy Research.

⁶ 2018 1-year American Community Survey (ACS) estimates

⁷ National Comorbidity Survey Replication--Adolescent Supplement (NCS-A) and 2018 1-year ACS

⁸ St. Vrain School District

⁹ St. Vrain School District

¹⁰ Boulder County Status of Children Report (2018)

Service Agencies in Longmont

- Facebook groups exists where SAHM advertise in home day care options that are more affordable and flexible.
- Alternative for Youth iTHRIVE Program
- I Have a Dream Foundation
- Attention Homes
- Blue Sky Bridge – child advocacy
- GENEISTER – pregnancy prevention program
- Mountain States Children’s Home
- Court Appointed Special Advocates
- Mental Health Partners
- Community Food Share

Gaps and Barriers to Access Services

- Cost of childcare
- Additional CCAP slots/providers
- Equity for all races, ethnicities, etc.
- Subsidized childcare for those that don’t meet CCAP

Substance Abuse and Mental Health

Figure B-8 shows the resources in Longmont for individuals who need but are not receiving intervention for alcohol abuse, substance abuse, mental health services, and serious mental illness. Estimates are based on prevalence rates provided by the Substance Abuse and Mental Health Services Administration (2018) and the Colorado Health Access Survey.

There is no inpatient treatment program, walk-in crisis center, or detox center in the City of Longmont. Other services for those suffering from mental health crisis or substance abuse are available, but do not meet the full scale of need. Group and sober living facilities, mental health providers, and education and outreach to the community services could be further expanded to meet the needs of these populations.

Figure B-8.
Top Service Needs and Availability, Substance Abuse and Mental Health

Individuals who need but are not receiving intervention for...	Alcohol abuse	Substance abuse	Mental health services	Serious mental illness
Population needing intervention	6,573	3,537	5,185	3,763
Resources in Longmont				
Inpatient treatment programs	○	○		
Outpatient treatment programs	●	●		
Community meeting spaces	●	●		
Group and sober living	◐	◐		◐
Walk-in crisis center and/or detox center	○	○		○
Mental health providers			◐	◐
Education and outreach	◐	◐	●	◐

- Available and accessible in Longmont
- ◐ Available in Longmont but not accessible
- Not available in Longmont

Source: Root Policy Research.

Service Agencies in Longmont

- Mental Health Partners
- Substance Abuse & Recovery
- Recovery Café
- ARC
- C.O.R.E Crisis Outreach response (Longmont PD)
- Mental Health Partners' Community Health Worker Programs - CHWs can act as liaisons to connection underserved populations (Latino, Veterans, those experiencing homelessness) to available resources and services
- Second Wind Fund Boulder County
- Catholic Health ED-MAT Program
- Medicine Horse Program

Gaps and Barriers to Access Services

- Affordable and accessible treatment options
- Sober living facilities
- Lack of health education in school system
- Essentially, no mental health in school & very reactionary (not proactive)
- Lack of Medicaid providers for behavioral health
- No Walk-in mental health crisis center
- Lots of problems with mental health partners who dominate
- Hours for many services inaccessible for people who literally cannot afford to take time off work to get to much-needed service appointments