



**AGENDA**  
**City of Glenwood Springs**  
**Housing Commission**  
**Meeting Minutes**  
**January 8, 2020**  
**Community Development Conference Room, 2nd Floor, City Hall**  
**101 W. 8<sup>th</sup> Street**  
**4:00PM**

1. Roll Call
  - a. Present: Erin Morelli, Steve Beckley, Sean Nesbit, Kathryn Grosscup (on the phone), Councilor Shelly Kaup.
  - b. Others Present: Ellen Dole (interested citizen)
2. Current state of local and regional efforts on homelessness  
Presentation by Debbie Wilde
  - a. Presentation materials attached below.
3. Adjournment

# Homelessness and Related Issues

In the City of Glenwood Springs and Surrounding Area

Update by Debbie Wilde

January 6, 2020

*(A suggestion - Read this with a pencil in hand or use the highlighter on your computer. Each time you come across a piece of information that is new to you, mark it. Learning and being informed is an important way you can make a difference in this issue right now.)*

This is an update to those of you who have expressed interest in the status of homelessness in the Glenwood Springs area. This update is **far from inclusive** of all the people interested in sharing their thoughts, all the reading/research that is available and all the efforts made by many over the years. In fact, waiting to report on one more “thing” has kept me from penning this update; but now I have some substantial news to share. I will skip the process and get right to the bottom line of the current status of several issues of note.

This report contains a combination of information and opinions gleaned from listening to many individuals as well as research and factual data. Consider this a beginning.

## My Observations and Comments

- I have spent several months listening to many individuals from diverse backgrounds – including homeless individuals. I found a wide diversity in opinions and “wishes” around homelessness. Although there are differing opinions on *how* we get there, what everyone does align on is that it is no one’s wish to have anyone live without a roof over their heads, in the elements (especially the cold) or to not know where their next meal will come from.
- I also learned that even though there are some who say they would rather “live on the hillside in a tent,” that is in relation to the limited possibility of options they imagine are available to them.
- Chronic homelessness is a multifaceted issue. No “roof” over one’s head is a consequence of many and varied issues and those are different for everyone.

The two issues that rise to the forefront from experience as well as research are mental health and addiction.

- That being said, it is also important to note that homelessness has many faces. Many people who do not have a permanent home, do have a job, are law-abiding citizens, are not using substances and on the list goes.
- We must address *systems* change in order to achieve long-term, sustainable success in homelessness and surrounding challenges.

A system is perfectly designed to get the result it is getting. If we want different results, we must adjust our systems accordingly.

We have been using crisis methods to address chronic problems. We are not using the right tools for the problem we are trying to impact.

- The Housing First model follows the learning that until someone has stability in their living situation, all the other “interventions” and challenges remain near impossible to address with success. This also means that people with challenges and issues will be housed despite these challenges.
- Law enforcement, emergency medical personnel and hospital emergency rooms agree that an interruption of as little as 10 individuals accessing services who have chronic issues would make a huge difference. The overwhelm comes more from the consistency of repeat clients than it does from many separate individuals.
- No one wants our community to become like the scenes of homelessness and addiction we observe in “other places” especially many large cities. In that case, doing nothing is not an option. Efforts that do not produce results are not an option. I found great support around the issue of intervening in homelessness. People aren’t quite sure what to do to truly help. (That will soon change. Keep reading!)
- Zero homelessness is possible.

## Homelessness

**Regional Efforts.** Networking efforts for the Roaring Fork Valley and West Garfield County have been organized under the local *Continuum of Care* led by Catholic Charities that meets quarterly in Glenwood Springs. A year ago, Pitkin County began working on homeless/housing issues and meets quarterly under the title of *Pitkin County Housing Stability Stakeholders*. There is recognition that we are best if we work collaboratively as a region. It was our good fortune to be selected as a regional community (Roaring Fork Valley through West Garfield County) to receive training and support from a national model program called *Built for Zero*. Not only does this give us a template for how to work toward zero homelessness in our community, it gives a template to align our efforts in a regional way. *Built for Zero* will be an initiative used collectively by the *Continuum of Care* and the *Pitkin County Housing Stability Stakeholders*. **Built for Zero** is a methodology, a movement, and proof of what is possible. Built for Zero is a national effort that has been successful in many communities, with 3 achieving function zero, 8 ending veteran homelessness and 42 achieved a measurable reduction. Anchored in a commitment to driving to zero, cities and counties have changed how local homeless response systems work and the impact they can achieve. We joined three other Colorado locations that began the *Built for Zero* training in October bringing *Built for Zero* Colorado communities to six. The Roaring Fork team is working with a *Built for Zero* coach to organize our team roles and create the foundational pieces of this work.

This approach is built from the learning of many years. The key to success is both as simple and as complex as clearly identifying homeless individuals, understanding the challenges of each and collaborating as a community of professionals and others to address each individual’s barriers to housing. Inherent in this effort is the keeping of good data to understand what is and isn’t working and be able to identify if and how much we are moving the needle on homelessness. The Roaring Fork group found that the *Built for Zero* mission aligned with our own: To achieve a lasting end to homelessness that leaves no one behind.

The aim of *Built for Zero* and our local group is: To end chronic and veteran homelessness and then all homelessness. We have chosen to first focus on Service-qualified veteran homelessness.

When we speak of zero homelessness, we speak of functional zero. That is, there will always be people in and out of homelessness, but homelessness is rare and overall brief when it occurs. Through the process of BFZ, we help bolster our system/continuum of care for homelessness capacity to ensure it's a brief experience.

Explore the *Built for Zero* website [www.builtforzero.org](http://www.builtforzero.org) to learn more. It is very informative. Recognize that *Built for Zero* focuses on those people who make our local region their home. We do not yet have a clear number count, but that is part of this process. This effort does not open any floodgates to people coming here to get housing. The process is slow and methodical and long-term.

There are people and organizations that have worked long and hard to help people attain housing. *Built for Zero* brings more resources and a larger community focus to join those already in the trenches. Again, it helps align everyone so that all are working together and in the same direction and brings in a unique data-driven approach to ending homelessness.

**Current efforts** are still in place as we all work toward permanent housing. *Catholic Charities* has been using basic components of *Built for Zero*. *Feed My Sheep* and the *Aspen Homeless Shelter* are running their winter overnight programs. *Feed My Sheep*, *Aspen Homeless Shelter*, *Catholic Charities*, *Salvation Army*, *The Garfield County Housing Authority* (I'm sure I am leaving out someone) are all looped in to the *Built for Zero* strategy as our other nonprofit and governmental organizations.

**West Mountain Regional Health Alliance (WMRHA)** [www.westmountainhealthalliance.org](http://www.westmountainhealthalliance.org) is a relatively new resource to our area focusing on housing and health. WMRHA are a community alliance of members and partners committed to creating an integrated physical, behavioral, oral and social healthcare system focused on equity in our region (Eagle, Garfield, and Pitkin counties.)

This group has been going gangbusters in their work toward health system improvement. Regarding the issue of homelessness, WMRHA has taken the role of lead organization in the *Built for Zero* initiative. WMRHA contracted a housing instability study sponsored by Pitkin County, Rocky Mountain Health Plans, Aspen Valley Hospital and Garfield County for vulnerable populations as an addendum to the larger housing regional study supported by Garfield County and reported on earlier this year. In partnership with WMRHA area clinics are screening patients, particularly those with Medicaid and Medicare about their social needs (to address social determinants of health) through the Accountable Health Communities model, which Rocky Mountain Health Plans received from the Center for Medicaid and Medicare Innovation. WMRHA was chosen as the community lead organization for Eagle, Garfield, Pitkin, and Summit counties.

The understanding that health is more than “medical conditions” has opened up a new perspective and brings resources to social factors that were once only directed to the physical aspect of wellness.

Briefly – from the World Health Organization <https://www.who.int/hia/evidence/doh/en/>

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

The determinants of health include:

The social and economic environment,

The physical environment, and  
The person's individual characteristics and behaviours.

Because of the learning from Social Determinants of Health screenings, the WMRHA has taken on Permanent Supportive Housing as one of their initiatives. **Permanent Supportive Housing** is a missing but important resource in addressing the homeless issues in our valley.

Supportive housing combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

Study after study has shown that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.

<https://www.usich.gov/solutions/housing/supportive-housing/>

## **Mental Health and Homelessness**

When first responders are called there is sometimes a criminal offense; but most often, they are dealing with mental health issues and substance abuse that have manifested in deviant behaviors. The State of Colorado has created the opportunity for mental health workers to respond to a wider range of issues than in years past. *The Hope Center* is now doing crisis response with law enforcement in Glenwood Springs, the Roaring Fork Valley and Garfield County. This means that mental health professionals are on call to law enforcement and emergency medical services. This effort is often called co-response. *The Hope Center* is awaiting word on a grant that would place two more professionals on call. One of these workers would be based at the *Glenwood Springs Police Department*.

The co-responder collaboration would allow initial mental health and substance abuse assessments on the scene and put the client in a position for follow-up case management and peer support. A successful outcome for both the individual and for first responders is highly improved. *Mind Springs Health* is staying very connected to any mental health and substance abuse efforts.

## **Substance Abuse and Homelessness**

We have been working with a system that is ill-equipped to engage individuals experiencing substance use disorder who come to the attention of first responders in intervention to interrupt this chronic cycle. At present, the only resource EMS staff have is the hospital emergency room. Law enforcement have the same option except when there is a jail worthy criminal offense. The hospital emergency rooms and the jail are both frustrated at acting as a detox. With some exceptions, the consensus is that people come to them to sober up and then are back on the street and the cycle repeats. We haven't had a detox in Garfield County for, I believe the estimation is twelve years.

The *City of Glenwood Springs* convened stakeholders in October to explore the possibility of detox services. In the past month and a half, this group has identified its aim as addressing the

recovery continuum. Detox is one piece of the long-term goal which is living in recovery. The Task Force and focused work groups are rapidly making progress. Grants have been written for a case manager and peer support staff with substance abuse and mental health expertise to be available to the Valley View and Grand River Hospital emergency departments.

Staff from the relatively new *Community Opioid Treatment Strategy* are bringing that information and learning to the table.

## **Food Security**

In the over 4,000 results from the social determinants of health (AHCM) screening being administered by clinics, food is the number one gap that patients identify. Housing is number two and transportation is number three. This supports national research that indicates that people spend their money on housing and medical expenses and leave food as the nonessential they address with whatever dollars they have left.

*LIFT-UP* continues to operate food pantries from Parachute to Aspen. *Extended Table* meals are still happening through *LIFT-UP* in both Rifle and Glenwood Springs. There is new news to report, however.

*LIFT-UP*, *Food Bank of the Rockies* and food assistance programs administered by the counties are moving toward the concept of “food as medicine” – in other words, it matters what we put into our bodies. They are taking steps to access healthier foods for clients and teach people about better nutrition and using fresh foods. Continuous efforts are made to get people who are eligible for federal food assistance get signed-up for that support. Many people who are eligible do not enroll.

Food might be the most controversial issue that I have run into while talking to people in the community. *Extended Table* seems to be the epicenter of differing opinions. There are those that feel everyone needs a meal no matter what and others that feel that providing this free meal in a single location is enabling homelessness, vagrancy and not only substance use but the selling of drugs.

I recently met with *LIFT-UP* leadership and a group of people involved in serving at the Glenwood *Extended Table*. We talked about these significant efforts taking shape to move toward housing stability, mental health and substance abuse recovery help and how *Extended Table* could align with those efforts. All are very receptive.

## **Closing Comments**

### **Vagrancy, camps on the hillside, trash etc.**

If you have read through the efforts to this point, you will recognize they are all directed at root causes that then lead to an interruption in behaviors like camping, creating trash, hanging out etc. that can be frustrating, worrisome and even frightening to the general public. The city brought hired security to create a presence under the bridge for some months at the end of the summer. The hope is that these short-term measures will not be needed if we can create an environment where enforcement of city ordinances is paired with intervention services.

The transient issues we experience, especially in the down-town area, are different than the chronic homelessness in our community. We need to tackle that separately. However, the co-responder intervention and particularly addiction intervention could be very appropriate in many of these situations as well.

Consider that all these are behaviors have been going on for years. If they were easy to interrupt, that would have happened long ago. We can't depend solely on our law enforcement or service organizations working alone. Punishment in the form of summons and arrests haven't solved this. Handouts have not helped people get to a better life. We have already tried all those for many years.

It will take an aligned community response with all of us pulling in the same direction to create a system of care that will address the issue of individuals without a home. We must set our sights on empowering individuals to be as productive and healthy as they are able. For some, this means getting "back on their feet," finding employment and regaining their independence and potentially reconnect with family and friends. I have come across many who have done this very thing with the help of existing services. There are others who will need more support and again others who will need ongoing support to maintain a healthy life.

What you have read about to this point is multi-faceted, significant work to change the systems within which these behaviors have managed to exist. The end result is a better outcome for "the hillside," the community, the professionals and importantly for people themselves by opening a path where it is possible for them to have the dignity and safety of a home.

## **What can you do?**

Stay informed. If you have ideas or questions, please direct them my way. We need to all work in a same direction. I have already called on many of you individually where I have seen a match for your interest or expertise. Expect that to continue. There will be evolving opportunities to help.

## **What will I be doing?**

I continue to serve as a point-person for the *City of Glenwood Springs* on these topics. I am a member of the team who was trained in *Built for Zero* and currently serve on the leads group for that initiative. I will continue act as facilitator for the work of the *Recovery Continuum Task Force*. A next step is public education around these issues, the efforts being undertaken and aligning our community response.

"We did what we knew and when we knew better, we did better."