

EXECUTIVE SUMMARY

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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.