

2060 Comprehensive Plan

Health, Housing and Human Services

The greatness of a community can be measured by the attention and effort devoted to meeting its human service needs. It is not possible for a community to reach its full potential without also helping each of its residents to realize their own best.

A compassionate community carries a level of awareness and responsibility for its members. Beyond meeting the very basic needs of its residents, the development of progressive health, housing and human services offer the opportunity for the community to achieve an exceptional reputation as a "complete community".

To be fully successful, a community must continually consider how each of its residents are served by housing choices, access to needed health services, and the manner in which other human services are provided. Transportation, housing, recreation, health care, accessibility to services, employment and school success are examples of areas where those with special needs may particularly struggle. If new development is not inclusive of a wide range of community residents, there will be a tendency for the lower income, transportation-dependent, and special needs groups to be concentrated in older areas of the community where aging or missing infrastructure, shopping, medical, or employment opportunities and other support services, such as child care, are limited. For those residents in newer, more homogeneous and "self-contained" areas, the awareness of other community needs may seem remote and, as a result, less likely to be addressed.

While local non-profit organizations provide essential, caring, and professional support in tackling the issues associated with a host of social concerns, a comprehensive, integrated and committed level of community leadership is needed to successfully address these issues. A coordinated and collective approach to community development which includes consideration of human service elements assures a higher quality of life for its residents and a reputation which encourages a greater level of attraction for new industry and community investment.



I.
HEALTH, HOUSING & HUMAN SERVICES CHAPTER
INTRODUCTION & PERSPECTIVE
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CARING COMMUNITY

Self –sufficiency a value

Introduction & Perspective

Past

Health & Human Services

The early settlers of Greeley were people concerned about the health and well-being of its residents. Greeley's first hospital opened in 1902 at Island Grove Park. It cared for the county's indigent and isolated those with contagious diseases and was known as a "poor house." In 1903, construction started on a "for pay" hospital at the corner of 11th Avenue and 16th Street. This new hospital had 30 beds and the most up-to-date equipment available at the time. While it was initially known as the Greeley Hospital, a name change in 1906 to the Weld County Hospital allowed it to care for indigent patients. Greeley had its first City Health office in 1905, led by Dr. Ella Mead, who focused on child welfare issues. The Mother's Congress was formed by 40 Greeley civic-minded women and by 1910, they had improved sanitary conditions and secured more parks and playgrounds for school children. By the 1920s, Dr. Mead was instrumental in introducing health screenings for children in the local public schools.

In 1947 ground was broken for a new hospital and in 1952 the new Weld County Public Hospital opened with 220 beds. This facility, now known as the North Colorado Medical Center (NCMC), is located at the corner of 16th Avenue and 16th Street. The 11th Avenue hospital became known as the Weld County Nursing Home and the original facility in Island Grove Park was used for office space and an alcohol treatment facility until it was razed in 1998, after being abandoned for a number of years. When NCMC became associated with Banner Health in 2002, a number of major expansions over subsequent years led to its current size of 398 beds. NCMC offers state-of-the art health care technology and its cardiac program was recently recognized as one of the top 100 such programs in the country.

Housing

When the Union Colonists first settled Greeley in 1870, they lived in tents and by June of that year, 150 houses were under construction. Interior lots sold for \$25, while corner lots were \$50 each. During the first decade of the 20th century, between 100 and 200 houses were built each year.

As noted in City Museum records, "By 1924, transportation costs accounted for 90 percent of the expenses incurred by the Great Western Sugar Company to provide seasonal labor. To reduce these costs, keep good laborers year round, and set an example for farmers to improve housing for migrant laborers, the manager of the Fort Morgan factory established the first "adobe Mexican beet workers' colony in the U.S." Field supervisors from the various growing districts recommended prospective colonists based on their "character and ability." The company purchased land near

Cherish your visions
and your dreams,
as they are the
children of our
soul; the blueprints
of your ultimate
achievements

– Napoleon Hill



its factories or beet dump stations and approved colonists could purchase 50-ft x 200-ft lots on which to build a two-room adobe house from plans provided by the company.

By September 1924, 24 adobe houses were being built in what would become known as the Spanish Colony at “O” Street and 25th Avenue (platted as Espanola Subdivision in 1929). In 1926, legal actions were taken to try and prevent the “Mexicans” from settling here. As usual, they were recruited and desperately needed as laborers, but not wanted as citizens. The “colonias” created not assimilation into the existing culture, but rather segregation from it.

Architectural styles of the early 20th century included Italianate, Queen Anne, and Victorian Vernacular and examples of all could be found in Greeley. Styles during the 1920s and early 30s included Craftsman and Bungalow designs, followed by the Colonial and English Revival styles. Housing construction in Greeley slowed during the Depression, but picked up again after 1937 until WWII. After WWII, lots in Alles Acres, a large lot, **rural** subdivision close to the community on 17th Avenue and Reservoir Road, sold for \$600 and allowed livestock to be kept on the lots

Residential subdivisions sprang up throughout the community from the 1950s through the 1970s, as the westward expansion of the community continued. Architectural styles tended toward more modern and utilitarian approaches to design and as a result, houses built during this time had little of the character seen in earlier home construction. The first three-story apartment building, Royal Gardens, was built in the 1960s on 22nd Avenue, near 21st Street. Residence halls on the UNC campus were built during the 60s to house students and included the first high-rise dormitories on campus.

The development trends of the 1990s and into 2000 were for larger houses to be built on smaller lots. These houses became known as “**McMansions**,” as their construction occurred in rapid fashion similar to the assembly line approach of the fast food industry. Their lack of distinctive architecture and similarity to other houses in their development also contributed to their sense of blandness. With the recent wave of foreclosures leading to abandoned houses, a new phenomenon known as “**slumburbs**” or “slumburbia” is being predicted. “Slumburbs” are areas where large-lot development (development of lots of 7,300 square feet and larger) with equally large homes occurred in suburban areas and some of these homes are now being abandoned to foreclosure. Some national estimates suggest that up to 40.0% of these large-lot homes will be vacant by 2025. These homes were built for baby boomer families with children and many of these boomers are now interested in “down-sizing” and in urban living. These homes may become the apartments of the future, housing lower-income families who are fleeing the urban areas – a reverse migration pattern of the middle and upper income families’ flight from urban areas to the suburbs in past decades.

MCMANSION – a type of housing that appears to be constructed in assembly-line fashion reminiscent of food production at a fast food restaurant and which is typically a large home on a smaller lot of an indistinct architectural style.

RURAL - a sparsely populated area, where the land is primarily used for agricultural purposes.

SLUMBURBS – suburban areas losing residents to urban areas or to rural areas as a result of such things as foreclosure or high transportation costs.

Present

Health & Human Services

Human services are those services needed in order to maintain and sustain a person's basic quality of life. These services include medical and mental health care, food, housing and shelter, and access to these services. While such services are basic to human survival, they are also indicative of the nature of a community's health and quality of life, as well as how it is perceived outside the community.

There are over 70 human service agencies in the Greeley-Weld County area, many of which receive funding from the United Way of Weld County. These agencies provide services for children, youth and families; "safety net" services, such as crisis counseling and shelter; early childhood programs; programs and services to strengthen families and adults; and programs to encourage positive youth success. Most have seen an increased demand for their services in recent years, yet funding has become even more difficult to obtain, as charitable giving has been dropping across the country. In 2000, giving to the United Way of Weld County was at \$14.45 per person and by 2005, had dropped to \$12.53 per person. A slight increase, to \$13.00 per person, returned in 2006. With the increasing costs of food and transportation, as well as the current economic downturn, charitable giving may again be decreasing, yet these agencies are often the first line of defense in maintaining and improving the quality of life of residents.

Greeley has a long tradition and culture of volunteerism, caring and problem-solving. Whether for prevention or intervention, there are a multitude of collaborative efforts to improve and coordinate delivery of human services to the community. Examples include:

- Monfort Children's Clinic
- Promises for Children
- Juvenile Assessment Center
- Housing Emergency Services Network
- North Colorado Health Alliance
- United Way of Weld County

Many of the area human service agencies serve special populations such as children and youth, seniors, persons with disabilities, low-income persons and families, the homeless, and migrant workers. Children and youth under the age of 19 account for 30.0% of the total population in Greeley. A number of human service agencies offer services and programs for children and youth, including A Kid's Place, the Boys and Girls Club of Weld County, and the Early Childhood University. The City's **Youth Initiative** was created to "encourage positive youth development and create preventative efforts through innovative community partnerships." This program sponsors Youth Net, a coalition of over 70 youth service providers in the area, who work to coordinate area youth services and address youth-related issues. The City has a Youth Commission of members aged 11 – 18, which is staffed by the Leisure Services

YOUTH INITIATIVE – a program within City government intended to encourage positive youth development and create preventative efforts through innovative community partnerships.

**Ease of access
Community of Excellence**

Department to provide input on children and youth in the community and encourage greater participation on community matters. Juvenile arrests have been increasing in the past several years, since hitting a low in 2005 of 921. By 2007, juvenile arrests totaled 1,142 and accounted for 16.0% of all arrests in Greeley. While the overall number of juvenile arrests has increased, they make up a smaller percentage proportionately of the total number of arrests in Greeley.

A lack of health care insurance, or being underinsured, is a serious issue for many individuals and families in Greeley. In 1995, the North Colorado Medical Center Foundation responded to the overwhelming need for primary health care among children from Weld County's low-income families and opened a medical clinic. The clinic was designed to provide complete medical care for children who are Medicaid eligible or uninsured.

Named the Monfort Children's Clinic in honor of the Monfort Family Foundation's lead gift, the Clinic occupies a modern, 15,000-square-foot building on north 11th Avenue in Greeley built specifically to house a pediatric clinic. In addition to the Monfort Family Foundation's generous contribution of \$1 million, donors in the community contributed nearly \$4.5 million to support this important community program. The clinic is owned and supported by the NCMC Foundation and operated by Sunrise Community Health.

The Sunrise Family Clinic recently moved into a larger facility in Evans and has seen the number of new patients and patient visits increase significantly. Between July of 2007 and July of 2008, there were 1,500 new patients seen and 10,500 total patient visits. These numbers are expected to continue to grow, as more families and individuals either do not have health insurance or are underinsured. Clinic staff tracks where patients live and recently explained in a newspaper interview that the clinic's patients live in all areas of the community. Patients pay for services at the clinic on an income-based sliding scale. The clinic is operated by Sunrise Community Health, Inc. who operates six other clinics in the region.

Greeley's population is aging, with the median age estimated to be 30.1 years of age in the 2007 American Community Survey. By 2011, the median age is expected to rise to 31.5 years. Seniors age 65 years and older account for 9.0% of the population. As baby boomers continue to age, they will affect the need for housing and services geared for them in their senior years. As people grow older, they naturally tend to develop more disabilities and those who had disabilities at an earlier age may need even greater levels of assistance and accommodation. The estimate in the 2007 American Community Survey showed that persons over the age of five with disabilities accounted for 12.5% of the total population in Greeley, or about 10,185 persons. The 2000 Census had persons with disabilities over the age of five accounting for 18.7% (or 13,075 persons). It is unclear why there is such a significant

drop in reported disabilities, although the community 's effort to improve health care through prevention, reduction in accidents and better health care could conceivably have had such a positive impact. This percentage is lower than the U.S. average, but is still considered fairly high and may be attributed to the overall aging of the population, changes made in the Census definition of what constitutes a disability, and returning war veterans. Many Iraqi war veterans are returning home with disabling injuries and represent a growing younger population with disabilities. Of persons 65 years and older, 45.7% had a disability in 2000. The 2007 estimate was that 38.3% of the population over the age of 65 had a disability. The age group with the smallest percentage of disabilities was the 5-20 year old group, of which 9.0% had some type of disability.

The results of the Weld County Community Health Survey were released in August of 2008. This survey measured resident's opinions on such things as quality of life, access to health care and insurance, children's health and health care coverage, environmental issues, and community concerns. The survey results were tabulated by region within Weld County and the Greeley/Evans area was one such region. Greeley/Evans residents generally think Weld County is a very good place to live and raise a family, but not as good a place to work or go to school. Residents of the Greeley/Evans area rated neighborhood safety as their top community health concern and noted more concerns about bike and pedestrian safety than did other regions within the county. They also rated quality of life in Weld County lower than did residents of other regions in the county.

Prevention of health care problems offers important physical and economic benefits to the community. One dramatic example is found in the Smoke Free Greeley ordinance that was put in place by the Greeley City Council in late 2004. This initiative was groundbreaking in limiting the impacts of second-hand smoke in public places. A 3- year follow-up study after Greeley's enactment of smoke-free legislation and prior to the adoption of the Colorado Clean Indoor Air Act (adopted July 2006) reported preliminary findings of a 17% reduction of heart disease in the community. The Colorado Center for Disease Control noted that as much as a 30% reduction in heart disease has occurred in Greeley during this period.

Many of the local human service agencies are located in and around Downtown and North Greeley. These areas are generally accessible by GET (Greely Evans Transit) and para-transit service, but as the community continues to grow, the access to and location of agencies are critical to being able to serve their client base.

Housing

Greeley has 35,987 housing units as of early 2008. About 60.0% of these housing units are owner-occupied, while the remaining 40% are rental units. Since 1990, there has been a steady increase



Leaders establish the vision for the future and set the strategy for getting there; they cause change. They motivate and inspire others to go in the right direction and they, along with everyone else, sacrifice to get there

– John Kotter

in the number of owner-occupied homes, as the push for home ownership was fairly successful locally, as well as nationally. This increase may be part of the reason for the foreclosure phenomenon now being experienced throughout the United States, as many first time home buyers were enticed into homeownership by lenders offering mortgages with little or very low down payments, many of which, also included adjustable interest rates. Table HS1 below shows housing unit growth rates and ownership patterns in Greeley over the past nine years. An important point to note is that about 56.0% of all housing units in Greeley were built prior to 1980, which means that much of the housing stock may be in need of routine repair and rehabilitation that accompanies an aging residence.

Housing Units Year	Total Housing Units (yr end estimate)	Growth Rate (%)	Owner Occupied (% of total)	Renter Occupied (% of total)
2000	30,250	3.96	58.4	41.6
2001	31,418	3.86		
2002	32,718	4.14		
2003	33,549	2.53		
2004	34,587	3.19		
2005	35,399	2.35		
2006	35,743	.097	59.6*	40.4*
2007	35,987	0.68		
2008	36,074	0.24		

Source: Greeley Demographic Profile, 2008 * Estimates from American Community Survey

As home ownership rates have increased, foreclosures have also increased. Table HS2 shows foreclosures processed in Weld County in recent years. By the end of 2007, there were 2,869 foreclosures that had been processed in Weld County - an all-time high compared to 1978, when only 48 foreclosures were processed. This does not mean that all of these homes were foreclosed; some homes may have been redeemed by their owners, while others may have been sold by their owners prior to foreclosure occurring. Nonetheless, this represents a high number of properties that are or may be at risk of being foreclosed upon. Particularly hard hit have been the neighborhoods east of US Hwy 85. Here, block after block of homes show the signs of abandonment. Other areas throughout the community have also been hit and homes in foreclosure are at all price ranges – from homes under \$100,000 to those over \$500,000.

Year	Number of Foreclosures Processed
2008	2,824
2007	2,869
2006	2,073
2005	1,500
2004	1,155
2003	822
2002	628
2001	476
2000	345

Source: Weld County Public Trustee's Office

The average sales price of housing units for the Greeley/Evans area has started to decline somewhat, after a number of years of increasing. Table HS3 shows average sales prices for all types of housing units in the Greeley/Evans area. The data indicate a sharp decline in average sales prices over the past two years. This decline is expected to continue for some time, particularly as foreclosed homes sold at reduced prices will have the effect of lowering the area average home sales prices.

Year	Average Sales Price	Percent of Change
2000	\$143,109	+7.0%
2001	\$154,820	+8.0%
2002	\$164,229	+6.0%
2003	\$172,137	+5.0%
2004	\$177,132	+3.0%
2005	\$183,058	+3.0%
2006	\$174,859	-5.0%
2007	\$165,223	-6.0%

Source: The GROUP, Inc.

From 2000 through 2007, the City of Greeley issued 4,341 building permits for single-family dwellings and permits for 1,941 multi-family units, for a total of 6,282 new housing units. This is an average of 785 new housing units per year. Residential construction slowed significantly in 2007 with 152 permits for single-family dwellings and permits for 16 multi-family units, for a total of

168 new housing units. Through the end of December 2008, permits were issued for only 61 single-family units and 25 new multi-family units.

Although there is a larger supply of more affordable housing units in Greeley than in other areas of Northern Colorado, households with limited incomes still have difficulty acquiring housing in Greeley due to low-income and wage levels. Table HS4 illustrates the incidence of cost burden for renters and home owners. Housing costs over 30.0% of household income is considered to be an excessive cost burden, while costs above 50.0% are considered to be a severe cost burden. This table shows that those that are at or below 50.0% of median family income are especially having a difficult time finding and maintaining affordable housing and that the majority of these individuals and/or families are renters.

Percent of Median Family Income (MFI)	Renter	Owner
0-30% MFI cost burden > 30% cost burden > 50%	71.1% 55.7%	73.5% 55.2%
31-50% MFI cost burden > 30% cost burden > 50%	70.1% 24.4%	59.4% 35.3%
51-80% MFI cost burden > 30% cost burden > 50%	29.7% 3.5%	44.1% 11.6%
81-95% cost burden > 30% cost burden > 50%	2.5% .1%	13.0% .7%

Source: Census 2000

The poverty guidelines for 2008, released by the U. S. Department of Health & Human Services, show a household income of \$10,400 for a single person family or household living in the 48 contiguous states or in Washington, D.C., and \$21,200 for a four-person family or household in these areas is living below the poverty level. Poverty guidelines are provided for families or households of all sizes and those living in Alaska and Hawaii have higher levels, due to the higher costs of living in these two states. Estimates in the 2007 American Community Survey showed 14.3% of all families living in Greeley were living below the poverty level, while 39.7% of families headed by a single female were living below poverty levels.

The distinction
between past,
present, and future
is only a stubbornly
persistent illusion

– Albert Einstein



Many of the low- and moderate-income households in Greeley are located in neighborhoods in North Greeley, East Greeley (east of U.S. Hwy 85) and in proximity to Downtown. This has occurred primarily due to the historical growth and development of the community. Much of the newer residential development occurring west of 59th Avenue tends to be higher priced housing, while the newer areas east of the US Hwy 85 Bypass tend to be more affordable. These areas east of the bypass have also been some of the hardest hit in terms of the number of foreclosures. Habitat for Humanity is building affordable housing units in its subdivision, Habitat North, and averages about ten new homes each year. The Greeley Urban Renewal Authority (GURA) has acquired homes that otherwise would be demolished and moved them to sites in small local subdivisions for rehabilitation and sale to low- and moderate-income households. GURA also operates a housing rehabilitation program that has provided repairs and energy conservation improvements on nearly 800 housing units since the program's inception in 1976. A new program undertaken by GURA is to acquire homes in foreclosure, rehabilitate them, and then sell them to low- and moderate-income households. The first home has been acquired under this program and others are expected to be acquired in the future. Programs such as these can help stabilize neighborhoods that are undergoing stress from a high number of foreclosures, as well as from residents that are in transition.

The Colorado Blue Ribbon Panel on Housing worked in 2004 and 2005 to identify tools and strategies to provide long-term housing affordability for Colorado citizens of all income levels. The panel held roundtable discussions around the state and a key point from these discussions was the concept of "drive till you qualify" (a willingness to live where homes are affordable, in exchange for a longer commute to work) as the solution that led many working families to become home owners. With the recent volatile gas prices, households that purchased homes in locations that required a longer commute to work may now be regretting their purchase. Another significant point stressed in the panel's final report, issued in 2006, was the relationship of workforce housing to Colorado's long-term economic stability. Housing the state's workforce in safe, decent, and affordable housing is vital to its economic health and stability. A discussion about the importance of the balance and location of jobs in the community and region, relative to housing, is included in the Economy Chapter of this document.

While there are no detailed counts on the number of persons homeless in Greeley, estimates are that about one percent (or about 900) of the population is homeless in Greeley in any given night. The Guadalupe Center, operated by Catholic Charities Northern, is a shelter for homeless families and individuals and provides shelter for many of the area's transient homeless. A new site for a larger shelter was selected near 11th Avenue and "O" Street in North Greeley for its new Guadalupe Homeless Shelter, but construction has stalled due to a lack of project funding. In

addition to the shelter, 56-units of transitional housing was planned by Catholic Charities, also now on hold. The shelter's current site is located on 25th Avenue Court, near 15th Street. Other shelters in the Greeley area include Room at the Inn (families and individuals stay at a rotation of local churches), A Woman's Place (for domestic violence victims), and the Disabled American Veteran's shelter (veterans and their families). Catholic Charities Northern also operates migrant or farm worker housing at Plaza del Sol and Plaza del Milagro. Transitional housing, for those who are moving from homelessness toward housing self-sufficiency, is provided by the Greeley Transitional House.

Patterns

The following key trends that relate to Health, Housing & Human Services have been identified:

- In step with regional and national economic trends, foreclosures processed continue to increase in Greeley and Weld County
- Vacancy rates of multi-family rental units have reached a plateau at 9.0% in 2007 and 2008, after hitting a 15-year high of 12.0% in 2004; a vacancy rate of 4-5.0% is generally considered reasonable. Rents have stabilized somewhat over recent years, but are expected to increase as vacancy rates continue to decrease
- Average home sales prices have dropped in 2006 and 2007 and are expected to continue to drop. Home values have also dropped and are expected to continue to do so. These market adjustments are also expected to be reflected in a lowered general reappraisal of real property by 2010
- The aging housing stock in established areas of Greeley is, in many cases, in need of rehabilitation and repairs in order to provide safe and decent housing
- As the population ages, and with returning war veterans, there is expected to be an increasing demand for homes that provide accessibility to persons with various disabilities
- An increasing demand is expected for the use of sustainable or "green" residential construction and for housing products that reflect the needs of a changing population, including such things as "live/work" units; housing that is close to employment, services, and recreation; and housing in neighborhoods that are "walkable"

Progress

Since the adoption of the 2020 Comprehensive Plan, many of the action steps of the plan have been accomplished, or are in process. The following "Report Card" summarizes this progress. The full report card can be found in the Appendix to this document:

- ✓ The Realizing Our Community (ROC) group was created as a collaborative community initiative to focus on community issues of communication, respect, and understanding diversity. Members of ROC include the City of Greeley, UNC, Chamber of Commerce, and the Downtown Development Authority, among others

We are made
wise not by the
recollection of our
past, but by the
responsibility for our
future

– George
Bernard
Shaw



- ✓ The City established the Commission on Disabilities to address the special needs of persons with disabilities in the community
- ✓ An Affordable Housing Study was done to analyze housing in the community, as well as whether incentives were needed to encourage housing production
- ✓ The Greeley Urban Renewal Authority created the Greeley Rental Housing Guide for landlords and tenants and a major update to the guide was done in 2005
- ✓ The Development Code was amended to include appearance standards for all types of housing units

Potential

The following themes were identified to project Housing, Health, and Human Services for a 2060 Greeley:

- Caring community
- Self-sufficiency a value
- Ease of access
- Community of excellence
- Advocacy
- Safe places to live
- Continuum of care
- Progressive, state of the art approach
- Healthy living a priority
- Community-based
- Comprehensive
- Housing choices
- Inclusive
- Personal progress & responsibility rewarded
- Affordable
- Higher education link
- Remove barriers
- Collaborative
- Volunteerism
- Active lifestyle
- Professional
- Pro-active
- Fully integrated health care system
- Regional center for health care professionals
- “Mayo clinic” of Colorado
- Complete community
- Resist victim mentality

Promise

Support self-sufficiency, collaborative community problem-solving and compassionate service delivery

II.
HEALTH, HOUSING & HUMAN SERVICES CHAPTER
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Affordable Rewarded Higher Education

◆ HEALTH, HOUSING & HUMAN SERVICES ◆

GOAL: Reinforce Greeley’s image as a caring community by promoting access to health, housing, and human services as an integral element of the community’s growth and development

OBJECTIVES

HS1 BASIC COMMUNITY SERVICES

A Integrate human services into overall community planning and development

- 1 Work with community partners to maintain an inventory of human service programs which are available to area residents
- 2 Work in cooperation with local service providers to offer a coordinated information system which describes the availability of services in the community, making use of available and new technologies to improve access to services and information
 - a Support opportunities to combine resource information and referral opportunities concerning services to enable one–stop service for those in need of assistance, to the degree possible
 - b Regularly update the City’s contact and program information on directory resources, such as the United Way 211 Information and Referral Line, to facilitate the effective referral of service request questions to appropriate City departments
 - c Explore the feasibility of establishing a 311 line to provide ready access to residents needing to access government services

B Assure that each resident has ample awareness of and access to those services and facilities which are intended to respond to the basic needs of the city’s residents

- 1 Collaborate with community organizations and other governmental entities to advocate for effective health and human service system including those for which the City does not carry a primary responsibility
- 2 Promote effective ways to measure human service program performance and results, balancing accountability and efficiency with innovation in service delivery

- 3 Participate fully in the decennial census population count to assure the City gets a representational sample of the population from which to assess a variety of local characteristics and to assure the City receives its fair share of funding that is calculated and provided on the basis of population size

HS2 SPECIAL POPULATIONS AND SERVICES

A Provide opportunities to all residents to fully participate in their community

- 1 Prioritize and direct resources to those programs which help provide a seamless continuum of services to assist residents with basic survival support to early intervention and prevention that address human conditions or issues before they develop into significant individual, family and/or community issues (see also EC2A3)
- 2 Identify areas for potential improvement in efficiency and which fill service gaps, such as encouraging volunteerism, eliminating service duplication, and reducing administrative overhead (see also ED4B1b)
 - a Promote resident involvement in the City's "Neighbor Labor" program which works with United Way to match volunteers with special needs residents to address property care issues that may limit quality of life and impact neighborhood well-being
 - b Assess special population and service needs and opportunities to coordinate response through the City's Neighborhood Building Blocks program
- 3 Foster a customer-focused approach to service delivery with feedback and involvement from consumers in identifying opportunities to strengthen and improve such service
 - a Employ a variety of customer satisfaction assessment tools to evaluate the adequacy of the service provided and avenues to improve response
 - b Use City and community boards and commissions to provide regular feedback and advice on the adequacy of service delivery
- 4 Support programs which build the strengths and abilities of an individual or family to reach self-reliance and minimize dependence on the human

- service delivery systems (see also ED3C2)
 - a Encourage and participate in cooperative planning, decision-making and appropriate funding partnerships for health and human service delivery throughout the city, county and region in order to establish and maintain a stable and adequate funding base for services that support safe and healthy communities
 - b Promote effective, efficient, and integrated community-based services using a combination of public, private, community and personal resources
 - c Continue to regularly convene meetings of the **Urgent Responders Coalition** of area emergency, human service and related service providers to share information, service challenges and strategies to optimize service response and encourage self-sufficiency of community members
 - d Structure assistance and services in a manner that expects and rewards self-sufficiency and responsibility

- 5 Work with community partners to provide services and programs which are accessible to residents and which reflect respect and dignity to the diversity of people served
 - a Provide bi-lingual materials and interpretation whenever possible to communicate with those who have limited English language skills (see also EC2A7 and ED2B1)
 - b Provide City and community resource and referral information in as many outlets and forms as reasonably possible to offer multiple avenues to share such material with its intended audience. Cooperate with the community partners and organizations to share access to and outlets for such information

B Participate in the assessment of the needs of special populations within the general community and employ strategies that enable independence and productive lifestyles

- 1 Cooperate with local agencies and organizations to regularly assess the adequacy of resources and delivery of basic services to meet the needs of special needs populations, with particular attention to the elderly, disabled, children and youth, low-income and those with language barriers

URGENT RESPONDERS COOPERATIVE – an informal consortium of urgent responder professionals, such as enforcement, emergency response, and health and human services, from a range of public agencies that meet monthly to coordinate their service delivery to the community.

HS3 INFRASTRUCTURE AND COMMUNITY RESOURCES

A Identify optimal locations and systems for land uses and access to human services that may have a bearing on the ability of residents to fully participate in their community

- 1 With each new development proposal, evaluate impacts such development may have on the community's ability to access City facilities and human services
 - a Consider access to transit and other transportation services and systems, such as pedestrian and bicycle access, as a part of the proposed development (see also LU1C4,TR8A1 and TR2B2)
 - b Evaluate the diversity of land uses serving an area to assure a full range of uses are or will be in place to serve area residents without traveling distances of over one mile, on average, to obtain basic goods or services
 - c Continue to explore the development of all City facilities with the needs of special populations in mind, such as sensory parks for disabled children, accessibility for wheelchairs and other physical limitations, and use of international symbols to communicate directions and permissions (see also PR1A2d)
- 2 When considering development proposals, work to ensure the distribution of facilities in ways that promote access and efficient use of community resources
 - a Distribute services, residential uses and related facilities throughout the community in order to offer varied consumer choices, maximize consumer access to services and neighborhood levels and avoid the concentration of special needs populations in limited geographic areas
 - b Encourage the use of existing facilities and co-location of services, including joint use of schools, City and community facilities, to make services more available at neighborhood levels
- 3 Provide access to dispersed human service programs through effective and efficient transportation service (see alsoTR8A1a)
- 4 Consider the special needs of service-dependent populations in planning and designing community facilities and programs and directly seek their input in the development of program to maximize effectiveness in addressing important community issues

- 5 Encourage incentive programs for businesses that provide human services to their employees, such as child area and health care benefits as well as educational resources to foster greater self-sufficiency (see also EC2A10)
- 6 Promote access to educational resources for all age groups to promote life-long learning (see also ED4B1g)

B Incorporate human service delivery consideration into neighborhood and sub area plans

- 1 In the development of **neighborhood plans**, address a broad range of human service issues in the context of both strengths and needs in the area and identify solutions to address service shortcomings

C Maintain communication systems that allow independence and connectivity to resources

- 1 Increase awareness of programs and activities available to special needs populations through the broadest means possible

HS4 HEALTH SERVICES

A Promote community excellence related to a fully-integrated health care system

- 1 Capitalize upon the health sciences educational offerings at medical facilities and higher educational institutions to propel Greeley’s image as the nucleus of state of the art health education training in Colorado (see also ED3D and EC1A2)
- 2 Promote the exceptional medical services such as are provided by North Colorado Medical Center and its affiliate service providers as a magnet to attract top health care professionals to Greeley (see also EC2A12)
- 3 Support and promote the continuum of health care services, clinics, and facilities ranging from school-based and neighborhood clinics, emergency response and urgent care facilities to fully- equipped and staffed hospital care as a measure of the local quality of life and attractions of Greeley
- 4 Promote school-based programs which provide school-to-work internships, mentoring and career opportunities (see also EC2A2and ED2B1)

NEIGHBORHOOD PLAN – a plan for the future development or redevelopment of a land area which includes lots or areas which are adjacent to one another and have a community of shared interest.

- 5 Consider programs and promotions which provide basic safety and first-aid training to foster a well-informed community that minimizes risks and can support the efforts of emergency personnel to provide appropriate support until professional support is available, such as with basic first aid, life guard training and other related programs (see also PS1B and PS1B1c)
- 6 Pursue economic development opportunities related to the medical field to foster continued and progressive advances in such fields and excellence in local health services delivery (see also ED1A3)

B Integrate healthy living into community planning and development

- 1 Cooperate with community partners to create a healthy environment where residents are able to practice healthy living, are well-nourished, and have access to affordable health care
- 2 Reduce environmental threats and hazards to health through enforcement of City building and fire codes to minimize exposure to such dangers as lead-based paint, hazardous waste, carbon monoxide and radon (see also EN5F3, PS2A4a and RE1B2)
- 3 Work with community health agencies and partners to reduce health risks and behaviors leading to chronic and infectious diseases and infant mortality, with particular emphasis on populations most affected or vulnerable to these conditions
- 4 Encourage community efforts that support nutritional services to meet the needs of vulnerable populations
- 5 Encourage residents to adopt healthy lifestyles to improve their general health and well-being, and promote opportunities to participate in fitness and recreation activities (see also PR3A)
 - a Provide transportation systems and services which effectively link residents with community recreational outlets and essential health services
 - b Through Neighborhood Building Blocks and related City programs address neighborhood safety where it is perceived as a barrier to an active lifestyle
 - c Foster consumer choice in food options by encouraging the expansion of local health foodmarkets and organic foods store

- i Promote community access to locally grown produce and foods
 - ii Promote healthy diet through the continuation of the Greeley Farmers’ Market and use of debit cards and food vouchers to purchase food products
 - d Support and expand the availability of community garden plots throughout the City
 - e Lead by example in the food products and choices offered in public facilities through vendors and vending machines, with a priority and emphasis on healthy food and drink choices (see also PR3A2)
 - f Continue the City’s employee wellness program to support a healthy employee population
- 6 Promote land use decisions that provide a means for all neighborhoods to have access to basic neighborhood markets, such as grocery outlets as well as medical and personal services. Support access to goods and services that support health and wellness in all neighborhood sectors

LOW-INCOME – income levels at 0 – 50.0% of area median income.

MODERATE-INCOME – incomes at 50.0 – 80.0% of area median income.

HS5 HOUSING

A Meet the basic human need of safe and decent shelter for those residents whose income or special needs may restrict their ability to locate and afford reasonable housing

- 1 Work with community service and housing agencies to identify the scope of the community’s need for housing for **low and moderate income** households
 - a Inventory existing housing available through the public and private sectors
 - b Index the affordability of housing as it relates to community labor and wage scales
 - c Establish goals for new housing development based on the expected needs for low- and moderate income households as a percentage of the total household inventory
- 2 Develop a comprehensive strategy to facilitate the availability of housing to meet the capabilities of low- to moderate income persons
 - a Work with areas employers to provide housing support packages to help area workers to have access to reasonable housing choices, thus helping to stabilize the local employment base (see also EC2A11)

- b Explore all governmental programs and resources to meet the needs of the community’s low income population
 - c Consider the use of incentives and regulations to encourage construction of **affordable housing**
 - d In supporting low-income housing, expect development to be well-designed, practical, sustainable and to complement the full range of community development objectives in this Plan
 - e Support programs which provide homebuyer education and support of successful, sustained homeownership which increases the value of the living unit as well as the neighborhood in which it is situated
- 3 Evaluate the proportion of permanently subsidized or affordable housing as a percentage of the total housing stock and establish a baseline goal to monitor and maintain to continue to meet the needs of this sector of the community
 - 4 In cooperation with community agencies, facilitate the dispersal of housing options throughout the community for low-income families (see also LU2A5a)
 - a When considering land use requests, support proposals which disperse housing opportunities for low-income households throughout the community
 - b When public resources support a low-income housing project, restrict funding where there are high concentrations of assisted low-income housing and promote funding for assisted rental housing in areas where such developments are in limited supply
 - 5 Take special measures to preserve, protect and improve the condition and appearance of existing low-income housing, especially in established areas of the community (see also CD2B2 and RE1B1)
 - a Encourage acquisition of housing by nonprofit organizations, land trusts or tenants, to protect housing from upward pressure on prices and rents
 - b Encourage the application for low interest rate loans to improve the condition of older, established housing

AFFORDABLE HOUSING
 – housing costs that do not exceed 30% of a household’s income.

“Mayo clinic” of Colorado Complete

- 6 Encourage development of housing for special needs populations including facilities for the elderly, the disabled and other populations requiring group homes as a result of age, physical or mental limitations
 - a When considering land use proposals for such housing, evidence should be provided demonstrating that the proposed facilities will be in close proximity to shopping, medical services, entertainment, and public transportation before approval is granted. Every effort should be made to avoid concentration of these homes in one area of the community (see also LU2A62)
- 7 In conjunction with other community organizations, pursue a comprehensive approach to foster a decrease in homelessness, stop recurring homelessness and promote long-term self-sufficiency
- 8 Coordinate housing support services with other community organizations which include such areas as:
 - a Emergency housing needs
 - b Educational services
 - c Landlord/tenant mediation

B Promote a comprehensive continuum of housing options and services in the community that supports the needs and desires of all residents

- 1 In conjunction with other community agencies and partners, develop a strategy to maintain and improve the city's home ownership rate to match statewide averages
 - a Encourage home ownership through such services as first-time home buyer's assistance programs
 - b Provide new and prospective home buyers with information concerning property maintenance, budgeting, community resources and related areas to support a successful transition from renting to ownership
 - c Focus incentive programs in established neighborhoods to achieve a balanced and even ratio of owner-occupied and rental units
- 2 Foster the development of attractive, safe and well-maintained rental properties for those who do not qualify for or desire to own property

- a Continue to conduct an annual **multi-family vacancy study** to evaluate the location, rental rates, vacancy levels and other related information about rental units to be aware of trends that may impact the viability of new apartment construction
 - b Encourage landlords to enroll in the City’s Operation Safe Stay program to foster safe, attractive and well-functioning multi-family units that contribute to the neighborhood quality of life
- 3 Address the impacts to neighborhoods from **foreclosures** by attending to the neglect that may accompany vacant structures or nuisance conditions through pro-active code enforcement (see also CD2A2, LU2A11, PS4B2 and RE1C3)
- a Continue to work with other community partners on the **Weld Foreclosure Coalition** to provide counseling and support to homeowners struggling to maintain their homes
 - b Explore options with banks and lenders holding title to foreclosed homes to provide property maintenance at a level that protects neighborhood investments and minimizes the problems associated with a vacant property (see also LU2A5cii)
- 4 Promote the stability of established neighborhoods through infill and redevelopment opportunities to maintain the viability of these areas and provide new housing options (see also RE1B1)
- a Pay particular attention to the housing in neighborhoods in proximity to UNC as to its viability, maintenance, appeal and impression it represents by association to the university and the City
 - i Continue to work with the university on education of students concerning how to be a tenant and make a good decision about a rental property and “good neighbor conduct”
 - ii Work with the university, **“Greek-life,”** and affiliated off-campus student organizations to be sure such residences are well-maintained and compatible with surrounding properties

FORECLOSURE – the process where a mortgagee or lien holder obtains a court order to terminate the mortgagor or homeowner’s interest in the property.

GREEK-LIFE – the activities, traditions, and rituals associated with fraternities and sororities on a college campus.

MULTIFAMILY HOUSING VACANCY STUDY – an annual study commissioned by the City of Greeley to determine vacancy and rent rates for existing multi-family housing units in the city.

WELD FORECLOSURE COALITION – a group of representatives from real estate, lending, City staff, Greeley Area Habitat for Humanity, Colorado Foreclosure Hotline, Consumer Credit Counseling, and United Way working on strategies to address foreclosures in Greeley and Weld County.