

Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness



November 2007

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Boise’s 10 Year Plan to Reduce and Prevent Chronic Homelessness is designed to redistribute costs already associated with chronic homelessness to deliver services in a more cost effective, efficient and humane manner.

What is the 10 Year Plan to Reduce and Prevent Chronic Homelessness?

The City of Boise, through the Office of Mayor Dave Bieter, has served as the lead coordinating agency for the development of this plan. The actual process of creating the plan, however, has taken place utilizing a high degree of participatory public involvement.

The initial event to energize this effort took place on November 1, 2006. Homelessness was the focus of the Mayor's Summit on Livability: Series One-Helping Neighbors in Need. Following plenary sessions, with keynote speaker Phillip Mangano, U.S. Interagency Council on Homelessness (USICH), a facilitated work session attended by over 125 community members began to frame content for plan development.

Boise, in general, followed the USICH model of establishing both a Planning Team and a Policy Team to guide the process. The Planning Team, comprised of key service providers, government and agency representatives, who are all stakeholders in our community's homelessness issues, was responsible to research and analyze data and facilitate community focus group meetings for information gathering. This group provided the "on the ground" working knowledge of our homelessness situation. This expertise was the key source for developing facts, findings, and draft plan documents for recommendations to the Policy Team.

The Policy Team is comprised of community leaders from the business, education, government, health care, faith-based, law enforcement and non-profit sectors. Their mission has been to review and understand the plan development, help make policy decisions, and champion funding solutions.

Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness is a plan that focuses initially on meeting the needs of those experiencing chronic homelessness by providing housing first.

The focus on chronic homelessness comes from the understanding that these individuals are the most difficult to reach because of the recurring nature of their situations and barriers they face to accessing housing and services. The chronically homeless population represents only 10% of the overall homeless population, but consumes over 50% of the homeless resources. It is clearly more cost effective, efficient and humane to house those experiencing chronic homelessness and provide



supportive services to first stabilize and then train them to care for their basic needs. This approach is proven to reduce and prevent chronic homelessness in cities that have implemented 10 Year Plans over the past five years.

Plan strategies and objectives are specifically designed to first meet the needs of those experiencing chronic homelessness, however, tracking progress, analyzing results and implementing best practices from our own community over time will provide the opportunity to expand services to others who are experiencing homelessness.

Six working groups led by members of the Planning Team focused on:

- Population
- Housing
- Prevention
- Services
- Cost Benefit Analysis
- Community Awareness

Through research, community meetings and team collaboration, the plan strategies and objectives described in this document were developed. The next phase is development of the plan implementation strategy. It is through the implementation of this plan that we will see measurable progress toward addressing homelessness in our community.

This plan would not be possible without the dedication and commitment of Mayor Bieter and members of the Policy and Planning Teams to create an actionable strategy with results that will be evidenced in the lives of our neighbors for years to come.

Development of Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness is a new beginning and with continued support perhaps now an end is in sight.

What is the most cost effective, efficient and humane way to address chronic homelessness?

National best practices reported to the U.S. Interagency Council on Homelessness (USICH) from 32 cities across the country indicate a consistent reduction in the number of people who are experiencing chronic homelessness. Data provided by the Mayor's office of each city shows a decrease from 6%-65% over the past two years. We also know from USICH studies that 10% of the homeless population, those experiencing chronic homelessness, consume over 50% of the homeless resources.

Many are also aware of the more informal study conducted by two police officers, Johns and O'Bryan, in Reno, Nevada that tracked a man who has become known as "Million Dollar Murray". Malcolm Gladwell, who authored *The Tipping Point*, recounted the story in the February 2006 issue of *The New Yorker*.

"We came up with three names that were some of our chronic inebriates in the downtown area, that got arrested the most often," O'Bryan said. "We tracked those three individuals through just one of our two hospitals. One of the guys had been in jail previously, so he'd only been on the streets for six months. In those six months, he had accumulated a bill of a hundred thousand dollars-and that's at the smaller of the two hospitals near downtown Reno. It's pretty reasonable to assume that the other hospital had an even larger bill. Another individual came from Portland and had been in Reno for three months. In those three months, he had accumulated a bill for sixty-five thousand dollars. The third individual actually had some periods of being sober, and had accumulated a bill of fifty thousand." The first of those people was Murray Barr, and Johns and O'Bryan realized that if you totaled up all his hospital bills for the ten years that he had been on the streets-as well as substance-abuse-treatment costs, doctors' fees, and other expenses-Murray Barr probably ran up a medical bill as large as anyone in the state of Nevada.

"It cost us one million dollars not to do something about Murray," O'Bryan said.

The Boise Story

The Planning Team's Cost Benefit Analysis working group began to gather the costs of providing services to those experiencing chronic homelessness in February 2007 as part of the planning process. The twelve service providers who compiled the information to estimate costs found the same challenges as other cities conducting similar studies. There is no consistent tracking process across agencies and the costs are difficult to quantify because they are associated with individuals who are homeless and in most cases do not have formal identification or an address.

This challenge led to a request by the Policy Team in May 2007 to track a similar study as the "Million Dollar Murray" story. Two individuals experiencing chronic homelessness were identified by the Boise Police Department and tracked for a two year period. Data already gathered by service providers, specific costs for these two individuals and additional anecdotal information enabled the group to estimate costs for providing homeless resources to one person for one year. Not surprisingly these costs are very similar to the Reno story.

It is estimated that homeless services for one person who is experiencing chronic homelessness in Boise for one year ranges from \$40,000-\$85,000 depending on individual needs. This includes case management, police, incarceration, paramedics, fire department, emergency room, hospital care and shelter services. Over a ten year period this range is \$400,000-\$850,000. With additional research Boise could very easily provide its own version of the "Million Dollar Murray" story.

The cost of providing housing first or housing with supportive services is estimated to be \$25,000-\$35,000 per year. The initial study clearly indicates a significant cost savings over ten years as well as a more humane and effective way to manage the needs of those who are experiencing chronic homelessness.

Who is experiencing chronic homelessness in our community?

Chronic homelessness is long-term or repeated homelessness accompanied by a disability. Many who are experiencing chronic homelessness have a serious mental illness like schizophrenia and/or alcohol or drug addiction. Most chronically homeless individuals have been in treatment programs, sometimes on dozens of occasions. The federal government's definition of chronic homelessness includes homeless individuals with a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been experiencing homelessness either 1) continuously for one whole year, or 2) four or more times in the past three years.

While each methodology used to count those who are experiencing homelessness has limitations, estimates provided reflect judgments based upon service providers' experience with local homeless subpopulations and interpretation of the best available data. It should also be noted that those who are experiencing homelessness are actually an aggregate of several discreet subpopulations with unique characteristics that need to be fully appreciated for effective enumeration, program planning, and targeted services.

There are elements of the homeless population that are highly visible in Boise or any other metropolitan community, most that are experiencing homelessness are not highly visible or served by shelters. There are generally many more "invisible" individuals and families without a permanent home staying with others ("doubling-up") than the number of more visible people experiencing homelessness on the streets or in shelters. It is estimated that approximately 50% of the homeless population is doubling up.

In general, those already living in poverty have fewer economic resources to buffer against job loss, rent hikes, medical bills, domestic violence, etc., and are over-represented among those who lose their housing and need temporary shelter with family, friends, or sometimes even a community resource. While there are intact two-parent families that are included in this homeless subpopulation, it is largely comprised of women and dependent children because those living in poverty in this country are disproportionately women and children.

Given that most experiencing homelessness come from those living in poverty, one way to estimate the total number of those who are

experiencing homelessness in our community is to use the methodology applied in the 1996 National Survey of Homeless Assistance Providers and Clients conducted by the U.S. Census Bureau. This methodology takes into account the dynamic nature of homelessness: while there are very visible long term people who are experiencing chronic homelessness, most of those who are experiencing homelessness are actually people with very low income that cycle in and out of homelessness over time (about five years). This methodology uses evidence that the number of people experiencing homelessness changes throughout the year (due to availability of seasonal jobs, weather, etc.), and represents a range of 6.3% (in October) to 9.6% (in February) of those in poverty experiencing homelessness in a year.

Thus, in Ada County, with a population of 344,727 (U.S. Census Bureau, 2005 estimate) and a poverty rate of 9.3% (U.S. Census Bureau, 2003), there are 32,060 people living in poverty. Using this methodology (based upon the 6.3% of those in poverty in October and 9.6% in February), the number of people experiencing homelessness in Ada County ranges from 2,020 to 3,078 throughout the year.

Local service provider data lends support to this estimate of 2,000 to 3,000 people who are experiencing homelessness. The Boise Clinic provides medical and related services to those who are experiencing homelessness, and has consistently served 1,100 to 1,200 unduplicated homeless patients per year for many years (with the number of homeless patients capped by funding constraints rather than the size of the homeless population).

Annual “point in time surveys” seek to determine the number of people who are experiencing chronic homelessness in the city. Volunteers count the number of people who are experiencing homelessness in shelters, on the street, and in frequented locations. The largest number of people who are experiencing homelessness, those “doubling-up” with friends and family, are excluded from this count. Despite the best efforts of volunteers, some of the largest shelters and agencies are not included in the count, so the 224 people who are experiencing homelessness reported in the most recent survey represent a serious undercount of the chronically homeless subpopulation in Boise.

Military veterans are overrepresented among the chronic homeless population, and the Boise Veterans Affairs (V.A.) has a long history of

working with this subpopulation. In 2004, the Boise V.A. served 218 unduplicated homeless veterans; in 2005, the Boise V.A. served 204 homeless veterans. Boise Veterans Affairs is a key partner in providing solutions for those experiencing chronic homelessness.

While there is likely significant overlap between the number of veterans who are experiencing homelessness and the number of people experiencing chronic homelessness counted in the “point in time” survey, it is estimated that the number of people experiencing chronic homelessness in Boise is in the 300 to 350 person range.

Most cities, states, and communities struggle with limited data on homeless populations within their jurisdictions. Understanding homelessness in these jurisdictions as well as in Boise would be enhanced by more vigorous research. It is unlikely, however, that additional research will yield information that differs significantly from what we already know about the homeless population of our community:

- ***Ada County has 32,000 people living in poverty.***
- ***Between 2,000 and 3,000 of those in poverty from Ada County will be homeless in the course of a year and, in general, they are disproportionately women and children.***
- ***Most of the homeless are “invisible” to the community as they cycle in and out of homelessness staying with families, friends, and occasionally, shelters.***
- ***An estimated 300 to 350 people (mostly men) are “chronically homeless”, and are generally the more “visible” homeless, those that are literally on the street, frequent shelters and soup kitchens, and have higher rates of substance abuse and mental illness.***

Population data is provided for Ada County because services to more than 95% of the homeless population are provided in Boise.

The estimate, therefore, is not city specific because those experiencing chronic homelessness come to Boise for assistance.

This methodology for estimating the chronically homeless population is supported with research through the National Alliance to End Homelessness: “Research reveals that between 10 to 20 percent of homeless single adults are chronically homeless.”

How can we address chronic homelessness in our community?

The Boise 10 Year Plan to Reduce and Prevent Chronic Homelessness has already established the following principles through plan development:

- Engaging community members
- Enhancing relationships with existing providers
- Employing a collaborative approach to problem solving
- Involving business, community, government and non-profit leaders and service providers

As the plan is implemented these principles will lay the foundation for developing solutions by:

- ***Redirecting existing funding for homeless resources into housing first***
- ***Utilizing resources, best practices and innovations from the more than 300 cities across the country who are measuring results from their plans***
- ***Creating innovative public/private partnerships***
- ***Identifying alternative funding sources***

The implementation plan will provide the structure for an Implementation Team responsible to identify solutions for each of the strategies to ensure objectives are achieved.

Successful housing first programs already exist across our community and the city's Project Charitable Assistance to Community's Homeless (CATCH) Program is entering its second year of assisting homeless families through collaborative public, private and faith-based partnerships.

As community awareness and engagement increases Boise will have the opportunity to demonstrate leadership in addressing homelessness in Idaho.

What is the goal of Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness?

The goal is first to provide housing first or permanent supportive housing to those who are experiencing chronic homelessness and then to expand services to others who are experiencing homelessness.

This approach is not only cost effective, efficient and humane, providing services in this way is proven to address root causes that reduce and prevent homelessness when fully implemented.

What are the plan strategies to achieve this goal?

1. Expand access to and resources for housing first.
2. Focus on permanent solutions for housing and services.
3. Increase level and continuity of support services.
4. Ensure adequate availability of appropriate permanent housing stock.
5. Align discharge and release practices with plan solutions for housing first.
6. Improve information systems to assist those experiencing homelessness.
7. Raise awareness and maintain community engagement.
8. Maintain an ongoing management support function for plan implementation and innovative partnerships.

1. Expand access to and resources for housing first.

The most critical issues facing Boise's chronically homeless population revolve around the barriers to achieving permanent housing.

As a fundamental "guiding principle" this plan acknowledges the need to focus on removing those hurdles. Inherent in this position is recognition of the need to first provide housing for those experiencing chronic homelessness and then ensure that they receive appropriate supportive services.

The goal of a Housing First approach is to minimize the time people are homeless, including time spent in emergency shelters and/or transitional housing. To accomplish this, the primary focus of services is to help the individual or family overcome housing barriers and find appropriate permanent housing. Once the individual or family is in their new home, services focus on promoting housing stability, including working out any issues that might arise between the landlord and his/her new tenant. It is only after the individual or family is settled into their new housing that long-term service goals become the primary focus.

Reducing and preventing chronic homeless will be possible when housing first is the priority and these objectives are achieved:

- Remove barriers to entry such as identification, credit history, background checks, rental history, application fees, etc.
- Increase access to benefits for social security.
- Support landlords through awareness and education.
- Ensure adequate annual funding to provide rental assistance, landlord incentives, services, etc. based on the annual plan for providing housing first units.

2. Focus on permanent solutions for housing and services.

For the last ten to twelve years, our community has relied heavily upon traditional shelter facilities to provide the “backbone” of our efforts to address homelessness. This practice continues today and in fact, our community has been experiencing a shortage of shelter beds. This is only recently being addressed adequately with a new year-round facility that will add to the shelter bed inventory. These efforts will serve those who are experiencing chronic homelessness as well as others who are experiencing homelessness.

Shelters are designed to provide temporary (90 days) of safety and shelter for those experiencing homelessness. Due to the shortage of permanent supportive housing our shelters are providing support for increasingly longer periods of time. We can expect individuals to experience stays in excess of ninety days or longer. In rare cases we have even seen stays that extend over a year.

This plan provides a phased approach for shelters to return to their original purpose of providing short term safety and protection for those who find themselves homeless. ***By systematically growing our housing first capabilities relief will be created for our shelters. This will allow them to function more effectively thereby extending their capacity to serve.***

By providing permanent solutions for housing and services chronic homelessness can be reduced and prevented. This will be achieved through these objectives:

- Collaborate with temporary shelter and transitional housing providers to coordinate outreach to those experiencing homelessness and support housing first solutions.
- Track and evaluate current solutions to identify best practices and expand housing first options.

3. Increase level and continuity of support services.

One of the most critical deficiencies in our planned approach to reducing and preventing chronic homelessness is the lack of adequate supportive services. This is not at all due to the quality of services provided. The research required by this planning effort has in fact concluded that the level of professionalism and experience of our service providers is supporting the needs of this community to the best of their ability.

The gap exists in the funding available to increase the capacity of services for outreach, intensive case management, mental health services, substance abuse and medical management. These are the services needed in most cases to stabilize those who are experiencing chronic homelessness.

Our problem is simply one of scale and demand. As a community, we simply do not have adequate capacity and financial support for these services to appropriately meet the needs of our chronically homeless population.

Addressing this need is fundamental to providing housing first which is permanent supportive housing or housing with services.

The implementation of this plan will provide the solutions for this critical resource gap by accomplishing the following steps:

- Develop and implement a consistent outreach program with temporary shelters and transitional housing service providers.
- Provide appropriate levels of intensive case management.
- Ensure funding and resources first for mental health, substance abuse and medical management.
- Address other services such as life and job skills training, education, employment services, and legal aid after basic needs are met and individuals are stabilized.

4. Ensure adequate availability of appropriate permanent housing stock.

An essential building block for reducing and preventing chronic homelessness in Boise is the provision and adequate supply of permanent housing stock.

This will be accomplished by coordinating the current inventory of permanent housing with the need identified in the plan implementation. Recommendations for solutions will be developed if this step indicates a gap between availability and demand.

Permanent supportive housing units will be provided through a variety of sources including new construction, re-development and/or renovation of existing properties, and leasing units from the private sector. All units will also include the availability of supportive services.

The objectives of this strategy are:

- Regularly assess the demand and funding for permanent housing units accessible to those experiencing chronic homelessness.
- Develop recommendations for additional new units based on gaps.
- Ensure community integration and easy access to services.
- Expand access to privately held market rate housing by providing rental subsidies and landlord incentives.

5. Align discharge and release practices with plan solutions for housing first.

Like many other communities, institutions in and around Boise such as jails, hospitals, and shelters face a daunting task when people without homes are ready to be discharged from their facilities. It is very difficult to avoid sending many individuals back into homelessness given the current lack of permanent supportive housing.

This plan will support these institutions by providing adequate housing first solutions to meet this need. The effectiveness of this coordinated approach will be monitored in order to provide input as changes occur. Adjustments to these policies and practices will be recommended as the need arises.

Reduction and prevention will be possible as plan strategies for housing first are implemented and communicated.

Aligning discharge and release practices will be achieved through these objectives:

- Review and update protocols for plan solutions with temporary shelters, hospitals, department of corrections, health and welfare, and other agencies who routinely work with people experiencing chronic homelessness.
- Track and assess effectiveness of discharge practices.

6. Improve information systems to assist those experiencing homelessness.

Accessing information to assess progress against plan goals is critical to successful plan implementation. New data points will be established and existing procedures for collecting data enhanced to ensure consistency, efficiency and accuracy.

A significant funding gap exists to provide adequate human and technical resources necessary to capture data for analysis and funding. Existing service providers are required to track certain critical individual information on those experiencing homelessness for case management and to receive funding.

The process, methodology and level of information vary depending on the requirements and availability of administrative support to enter data.

A Planning Team working group has analyzed the existing data management system and assessed alternatives. Adequate information systems will be implemented when these objectives are achieved:

- Identify the data points that are relevant for effective plan implementation.
- Ensure requirements to receive funding are addressed in the information system solution.
- Address the additional cost of setting up a data collection and tracking system.
- Determine the funding and responsibility for data input.

7. Raise awareness and maintain community engagement.

Effective communication is identified as a critical success factor in addressing homelessness in our community. It is acknowledged that multiple forms and methods of communication are necessary to reach intended audiences.

A monthly E-Newsletter will continue to be distributed for public plan updates. The Implementation Team will develop opportunities for continued public input into plan solutions.

Providing a central point of information for those experiencing homelessness, service providers and the public is an identified gap.

The following objectives will ensure a comprehensive approach to communication:

- Develop appropriate communication to engage specific audiences.
- Ensure those least likely to be informed have the necessary information.
- Incorporate ongoing public input on the effectiveness of plan implementation.

8. Maintain an ongoing management support function for plan implementation and innovative partnerships.

A benefit identified throughout the process of plan development has been the collaborative approach and community wide engagement of business, community, government and non-profit leaders along with service providers addressing homelessness with a single vision to provide “Housing First”. Development of the plan and implementation strategy is being coordinated through the city.

It is recognized that a management function currently does not exist and needs to be developed to continue this collaborative approach and provide accountability and focus for the 10 Year Plan implementation. This function will also provide support for new innovative partnerships to solve resource and funding needs.

The following objectives will help to realize this strategy:

- Establish an administrative office that performs the following functions:
 - Coordinate outreach
 - Coordinate with service providers
 - Manage funding
 - Provide reporting
 - Serve as the liaison to the Implementation Team
 - Serve as the community liaison
 - Manage public relations
 - Provide resource development & coordination
 - Facilitate
- Determine administrative office location, responsibility and funding.
- Identify innovation public/private partnerships to develop solutions for plan strategies and objectives.

How will the plan be implemented?

The development of the plan with the strategies and objectives is the completion of **phase one**. Now that this is finalized an implementation strategy which will outline the tasks, measurements, timeline and responsibilities necessary to achieve the goals of the plan will be developed in **phase two**. In this phase the annual goals will be set to identify the number of housing first units available to house those who are experiencing chronic homelessness. This will complete the planning process and provide the foundation for plan implementation.

The implementation of the plan and will take place in **phase three** over the next ten years. Goals will be updated annually and reviewed monthly. Communication will be provided monthly through the E-Newsletter and progress will be tracked and reported in an annual report.

Phase One

November 2006-October 2007

- Develop plan strategies and objectives
- Finalize Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness

Phase Two

November 2007-December 2007

- Conduct community forums to gather input on the plan
- Develop the Plan Implementation Strategy
- Identify the Implementation Team

Phase Three

January 2008 –December 2017

- Begin plan implementation
- Track progress against goals
- Develop and distribute the annual report
- Update the annual goals
- Plan the implementation strategy for the following year

Milestones

November 1, 2006

Launched Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness at Mayor's Summit on Livability: Helping Neighbors in Need. Policy and Planning Teams formed.

December 2006

Initial Planning Team meeting held with seventeen team members from the service community and city staff responsible for plan development and recommendations.

January 2007

Initial Policy Team meeting held with twenty two elected officials, business and community leaders responsible for plan strategy and implementation.

February 2007-April 2007

Community focus groups facilitated to gather data in the six plan areas of population, housing, prevention, services, cost benefit analysis and community awareness.

May 2007

Portland representative visited and reviewed Portland Home Again Plan with the Policy and Planning Teams.

June 2007-August 2007

Plan research and development conducted through data gathering and best practices from 10 Year Plans established in other cities.

September 2007

Plan strategies developed for recommendation to the Policy Team.

October 2007

Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness approved.

November 2007

Plan Implementation Strategy will be developed.

Conclusion

Planning Team working groups researching the six areas of population, housing, services, prevention, cost benefit analysis and community awareness developed these strategies and objectives along with data to support solutions for the implementation phase. Each strategy summary in the plan reflects the results of the planning process. ***The plan has been approved by the Boise City Council and the Policy and Planning Teams who committed their ongoing support through implementation.***

The framework is now established to take the next steps toward reducing and preventing chronic homelessness in our community. The work ahead is to develop innovative and sustainable solutions that address this need. It will require continued dedication, commitment and focus to ensure this becomes a reality. Agreement and focus on key priorities will make this seemingly daunting task more manageable.

What are the initial key priorities for plan implementation?

1. Set goals for the first five years of plan implementation to provide permanent supportive housing for those who are experiencing chronic homelessness.
2. Identify immediate funding for rental assistance to implement housing first.
3. Increase capacity for intensive case management, substance abuse, mental health and medical management.
4. Provide outreach coordination.
5. Develop the information tracking system.
6. Determine the management function required for coordination.

Policy Team

- **Mayor David Bieter**, City of Boise
- **Bob Banks**, Civic Leader
- **Dan Fink**, Rabbi, Congregation Ahavath Beth Israel
- **Gerald Hunter**, Idaho Housing and Finance Association
- **Marc Johnson**, Gallatin Group
- **Patricia Johnson**, St. Luke's Regional Medical Center
- **Maryanne Jordan**, City of Boise Council Member
- **Larry Koomler**, Payne Financial
- **Dr. Robert Kustra**, President, Boise State University
- **Ross Borden**, Boise State University
- **Mike Masterson**, Chief of Police, Boise Police Department
- **Stan Olson**, Boise Independent School District Superintendent
- **Skip Oppenheimer**, Oppenheimer Companies, Inc.
- **Montie Ralstin**, Boise Valley Christian Communion
- **Gary Raney**, Ada County Sheriff
- **Scott Johnson**, Ada County Sheriff's Office
- **Tom Ryder**, J.R. Simplot Co.
- **John Roberts**, Washington Group International, Inc.
- **Cathy Silak**, Idaho Community Foundation
- **Corey Surber**, Saint Alphonsus Regional Medical Center
- **Nancy Vannorsdel**, Boise Metro Chamber of Commerce
- **Rick Yzaguirre**, Ada County Commissioner
- **Sally Zive**, United Way of Treasure Valley

Planning Team

- **Gaye Bennett**, United Way of Treasure Valley
- **Jim Birdsall**, City of Boise, Housing and Community Development
- **Bea Black**, Neighborhood Housing Services, Inc.
- **Mary Chant**, Community Action Partnership Association of Idaho
- **Melanie Curtis**, Supportive Housing and Innovative Partnerships, Inc.
- **Brian Dale**, U.S. Department of Housing and Urban Development, Boise Field Office
- **David Herring**, Boise Veterans Affairs Medical Center
- **Dalynn Kuster**, El-Ada Community Action Partnership
- **Theresa McLeod**, City of Boise, Mayor's office
- **Greg Morris**, City of Boise, Planning and Development Services
- **Jim Owens**, Terry Reilly Health Services
- **Sheryl Putnam**, Boise City/Ada County Housing Authority
- **Jill Van Heel**, El-Ada Community Action Partnership
- **Deanna Watson**, Boise City/Ada County Housing Authority
- **Julie Williams**, Idaho Housing and Finance Association
- **Amber Young**, Salvation Army Family Emergency Center

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