AGENDA

Housing, Neighborhood Services and Redevelopment Policy Committee

Thursday, January 20, 2022, 8:30 a.m.
VIRTUAL MEETING
City of Aurora, Colorado
15151 E Alameda Parkway

Public Participation Dialing Instructions

Dial Access Number: 1.408.418.9388 | Access code: 2494 841 0872

Council Member Crystal Murillo, Chair
Council Member Ruben Medina, Vice Chair
Council Member Juan Marcano

The Housing, Neighborhood Services and Redevelopment Policy Committee's goal is to:

• Maintain high quality neighborhoods with a balanced housing stock by enforcing standards, in relation to new residential development, and considering new tools to promote sustainable infill development;

• Plan for redevelopment of strategic areas, including working with developers and landowners, to leverage external resources and create public-private partnerships

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Pages

1. **Call to Order**

2. **Approval of Minutes**

   2.a. **October 28, 2021** 1

3. **Announcements**

4. **New Items**

5.b. Aurora Mobile Response Team Update

5.c. Youth Violence Prevention Program Update

5.d. Updates From Community Members

6. Adjournment

HOUSING, NEIGHBORHOOD SERVICES & REDEVELOPMENT POLICY COMMITTEE

October 28, 2021

Members Present: *Council Member, Vice-Chair Alison Coombs*
Council Member, Marsha Berzins

Others Present: Jacquelyn Bayard, Mattye Sisk, Scott Campbell, Angela Garcia, Charise Canales, Christina Amparan, Courtney Tassin, Daniel Krzyzanowski, Emma King, Jeff Hancock, Jessica Prosser, Juan Marcano, Karen Hancock, Lana Dalton, Mindy Parnes, Omar Lyle, Roberto Venegas, Rodney Milton, Sandra Youngman, Tim Joyce, Brian Arnold, Daniel Brotzman, Bob Gaiser, Andrea Amonick, Kayla Salmon, Cristal Dukes, Luke Palmisano, Sharon Duwaik, Chance Horiuchi

WELCOME AND INTRODUCTIONS

Council Member Coombs welcomed everyone to the meeting.

MINUTES

CM Coombs asks CM Berzins for approval of the July 8, 2021 minutes. CM Berzins notes an error on the July minutes with Mayor Tauer's name being misspelled as "Tower." CM Coombs states that once that change is made, the July minutes can be approved. The August 5, 2021 meeting minutes are approved.

ANNOUNCEMENTS

No announcements were made.

NEW ITEMS

NEIGHBORHOOD ENGAGEMENT UPDATE

Summary of Issue and Discussion

Scott Campbell the Community Engagement Coordinator presents this item.

Scott explains that the Community Engagement Coordinators gathered input from residents, neighborhood groups, and HOA's to determine what incentives would encourage participation in the Neighborhood Registration Program. Staff used this information to create a plan which includes some of the most-requested programming and also encourages more offerings to more groups.

Scott presents an update on the various neighborhood and community mini grants including the Know Your Neighbor Grant, the Neighborhood Printing Assistance Grant, and the Neighborhood Small Activity Grant. He notes how many applicants were received, how many grants were approved, and how many applications did or did not complete the process.

Scott provides an update on the Neighborhood Leader Network, the Block Parties, the Block Party Trailer, the Free Item Curbside Pick Up Program, the Neighborhood Engagement Survey, and the Beautification Grant. The update includes information on when each program occurs or when the program is expected to occur.

Questions/Comments
CM Berzins comments that records related to neighborhood groups and leaders, like HOA's, aren't always updated so notices are sent to the wrong person. CM Berzins asks if Scott can confirm that they are updating their records and getting the materials to the correct person. Scott replies that all contacts within a group are asked to update their materials each year. This requires a level of responsiveness from the group which can be difficult, but staff attempt to outreach and research as much as possible to ensure the records are correct. Unfortunately, people tend to register the primary contact as the property maintenance group which can change several times within a year in some neighborhoods.

CM Berzins asks if printing is $25. Scott confirms that is the correct price. CM Berzins asks whether the city does the printing since political materials are not allowed. Scott confirms that only neighborhood items are printed.

CM Berzins asks how people are notified of the curbside pick-up program. Scott explains that it was a limited time offer because there was not a large budget. Staff created an online form and pointed interested individuals to the form. A queue was created from that form and then the department worked through the list as the budget allowed to pick up as many items as possible. It was a one-time application and the department had an overwhelming number of requests.

CM Berzins asks what happens if nobody picks up the items on the curb. She also notes the difficulty many people had with filling out the Beautification Grant applications. CM Coombs shares that when she was at the International Making Cities Livable conference last summer, she saw a presentation from a group called Patronage City that helps communities crowdfund and find matching grants. CM Coombs suggests it may be good information to provide alongside the beautification grants and that it could help the grant money go further. CM Berzins states that $60,000 for the Beautification Grant will not do much, especially given the price of materials. She hopes Council will raise the amount to $75,000 or maybe even $80,000 or $100,000. CM Coombs agrees they should increase the amount given the cost of materials and growth in the city.

CM Berzins asks if Ward I still has the same problems with large items in the alleys and shares that she has worked for years to figure out how to get the items picked up rather than code enforcement writing tickets. Sandra confirms it is still an issue and large items are still being dumped in alleys. CM Coombs states she would like to have more conversations about these issues. She cites this as another reason the city should figure out how to provide better service around large item pick-up, especially since it is not usually offered by trash providers. CM Coombs comments that discussions related to streamlining services and increasing equity and access to services will continue next year.

Outcome - This item was informational only and no action was taken.

MISCELLANEOUS MATTERS FOR CONSIDERATION

Housing Strategy Update

Rodney Milton, the Manager of Community Development discusses the Housing Strategy Policies, which are:

- Foster a balanced and sustainable housing portfolio in Aurora.
- Strengthen the City's capacity for addressing housing issues.
- Strengthen the local economy and expand employment opportunities in Aurora.
- Preserve the long-time affordability of existing housing stock.
- Expand the inventory of housing options throughout Aurora.
- Support protections for homeowners and renters.

Rodney explains how a holistic housing strategy applies tools and actions to the entire income spectrum. As part of the housing strategy, the city is seeking a homelessness services campus and alternative sheltering options. Rodney emphasizes the importance of not isolating programs because the housing strategy is interconnected. Community Development utilizes HOME and CDBG funds, and intends to use ARPA funds for gap assistance, predevelopment, site and acquisition of properties to redevelop, and direct rental assistance.

CM Berzins asks why the city doesn't use the Aurora Housing Authority more often. Rodney explains that the Housing Authority is a very important partner. Gateway, Liberty View, and Peoria Crossing are all projects the city has funded through the Housing Authority. The city has also cleared a lot of their projects in terms of their pipeline. Staff meet with the Housing Authority frequently and encourage them to use their other tools to partner with developers that may not need them as the lead developer. Jessica, the Director of Housing and Community Services adds that the Housing Authority is limited by how much land they own and they can only develop maybe 2 or 3 projects per year. The city is looking for partnerships with other private developers to help layer what the Housing Authority can offer for incentives.

CM Coombs notes that the Gateway project occurred when the developer sold their land to the Housing Authority. CM Coombs asks if it would be helpful for the city to make a policy that clarifies what the city is asking for in an effort to promote partnerships. Rodney says yes and explains that the approach is a program for the developers to understand what the criteria is, what they are expected to do, and what the entire program of an inclusionary zoning or a set aside program could be.

Rodney discusses the process for redeveloping city owned inventory for affordable housing and mentions HB21-1271 DOLA Innovative Affordable Housing Strategy. This bill provides state assistance to local governments to promote the development of innovative affordable housing strategies in a manner that is compatible with best local land use practices.

CM Berzins asks if Rodney can clarify what type of city owned property he means (i.e. buildings the city already owns, property near recreation center or library, etc.) Rodney explains there is an inventory of vacant land that is feasible and suitable for redevelopment for housing. A park or a recreation center won't qualify for the program even if they are in the inventory as they are not feasible or suitable. The city owned properties are the ones that are site ready.

CM Berzins asks who decides which city owned property will be used. Rodney says it is a collective process and internal departments identify projects. Jessica adds that the city works with Real Property Group. These are properties the city can dispose of and that are not being used for anything else. All projects go through the full development process and Council makes the final decision. Since many of the properties are complicated, they also often go to Council for different approvals such as when it is a community investment process or overlaid with urban renewal. CM Berzins states she is concerned about city owned property because in the past, Council has had to consider selling city property or bonding against it. CM Berzins adds that when neighbors are not in favor of a development, neighborhood meetings tend to not matter and states she would like additional clarification on the process of deciding which property will be used.

CM Coombs mentions that when council approved the housing plan about land acquisitions that most of the city land is not suitable for development. Parks and easements are not going to be able to be used for housing. CM Coombs asks where the city is in the process of acquiring suitable land for developments. For parcels that aren't suitable for development but could be sources of revenue, such as the land that is on the Anschutz campus, what are the long-term investment plans. CM Coombs asks if the city is considering selling parcels like the one near the Anschutz campus or leasing it for a long-term revenue stream.

CM Berzins refers to the map in the presentation related to cost of living and expressed the view that individuals should use 'common sense" when it comes to living arrangements, such as finding a roommate or a more affordable situation.

CM Coombs comments that increasing density can lower the cost of building housing, so the costs don't keep increasing since it costs too much to develop because the cost of land is higher. When it comes to communal living opportunities, such as finding a roommate, policies made by Council can have serious impacts on the likelihood of that being a feasible option. Likewise, how long an individual's commute is impacts where people live. As the city attracts more workers to fill jobs, sufficient housing must be available, or those jobs will not be able to be filled. CM Coombs notes that the Chambers of Commerce share this concern about getting workers in the city due to the cost of housing.

CM Berzins comments that working on a comprehensive plan is a good idea since it will create more high paying jobs which will in turn create housing needs for those individuals. The goal is to have people live and shop in Aurora, so this plan is good for individuals of all income levels.

Rodney will defer questions about land to the real estate division so they can identify what parcels may be beneficial for market ability.

Jessica, the Director of Housing and Community Services mentions the issue of acquisition and notes that the State does have funding as part of their RPO. The city, along with the Housing Authority, are working with real property to look at hotels, motels, and multifamily properties that are on the market. They are also considering options where the city could be a partner in acquiring a property. With regards to funding, the city is working to understand what funding sources can be used for acquisition. Rodney adds that in terms of funding, using federal dollars takes too long.

Outcome – The Committee agreed to move this item forward to study session.

Aurora Mobile Response Team Update

Courtney Tassin, the Aurora Mobile Response Program Manager provides an update on how the Aurora Mobile Response Team ("AMRT") is progressing, what types of calls are being received, and how the program is being evaluated. The Aurora Research Institute is completing the evaluation plan and have identified the following performance indicators:

- Number of calls taken
- Number of positive outcomes (diversion pieces of emergency department and jail diversion and positive encounters where the client felt safe and supported)
- Perception of community partners, community members, public safety partners, and important stakeholders

Outcome – The Committee agreed to move this item forward to study session.

Youth Violence Prevention Program Update

Christina Amparan the Youth Violence Prevention Program Manager provides an update on the Youth Violence Prevention Program ("YVPP") including a timeline of the program and next steps. As the strategic framework for the program is developed, the city continues to use the Center for Diseases Control: A Comprehensive Technical Package as the guiding model.

There are currently six staff members on the team. Their focus is on developing relationships and collaborations with a network of parents, youth, community leaders, system-based and community-based organizations. The network is critical to developing processes, criteria, and screening tools to help identify at-risk youth. These individuals meet monthly in different work groups where they work to identify areas of opportunity, how to collaborate gaps, current streams, and learn from each other. These meetings focus on increasing understanding of the impacts of youth violence, implementing a comprehensive response, and building the program's infrastructure as it moves forward for the strategic framework. The network is also involved in the committee assessment.

Christina explains the network in more detail. The Policy Steering Committee is made up of internal and external key leaders. The three co-chairs represent the Tri-County area, the 17th Judicial District, and the 18th Judicial District. The regional compact focuses on developing regional responses. The intervention team works to develop the processes to provide direct services to at-risk and high-risk youth. The community mobilization team is made up of outreach workers providing some level of interruption or outreach support services for the community.

The city has implemented several primary preventions to focus the community and hosted over fifty different pop-up events between May and October. These events included over 2,000 community residences. The primary events included sporting activities, mental health, skill building classes, and safe spaces for individuals to convene and connect.

The city has also implemented various secondary preventions to focus on the at-risk population. The Youth Advisory Council has met monthly since May and focus on developing regional

responses, intervention, work groups, and the process to provide direct services to high risk youth. They also partner with stakeholders to implement community service projects to address the specific risk factors which have been identified. In November, the Youth Advisory Council will work with a church and a local high school to host an event where over 140 families will be served.

Through the outreach specialist, the program has started providing direct services to at-risk youth, including mentorship, system navigation, and connecting them to resources. These types of services help youth develop skill sets and coping mechanisms which reduce the likelihood of risk factors compounding.

Christina identifies some of the top risk factors: lack of involvement in social activities, lack of connectedness (family or adults), low levels of commitment to school, gang association/affiliation, access to guns, running away, substance use, mental health, bullying, racial tension. These risk factors either lead to direct victimization or perpetration of violent behavior or other criminal behavior. Many youth experience more than one risk factor so responses must be individualized, comprehensive, and multifaceted. The program will prioritize these top risk factors as the strategic framework is developed.

The program approach is as follows:

- Program Infrastructure
- Organizational Change
- Intervention & Re-Entry Services
- Secondary Prevention
- Primary Prevention

CM Coombs asks what interventions are currently being implemented for at-risk youth and how the program hopes to expand. The program currently serves youth not under any level of supervision (i.e. a probation officer, diversion officer, social worker, or case worker) and do not have access to resources. Staff meets with the individual and their family through the outreach worker which provides insights into what risk factors exist, what challenges they are facing, and what barriers they've encountered. The outreach staff then meet with the coordinator and Christina to develop a case plan. These conversations will eventually lead to a Multi-Disciplinary Team ("MDT"): one for at-risk youth and one for high at-risk youth since the response and services are different. The program investigates if the youth needs mental health services and if there is a history of mental health issues or trauma. Once these factors are identified, the youth is connected to programs to begin accessing services and resources. Many of the outreach workers are doing system navigation for these youth and help explain the process to the individual and their families.

CM Marcano comments that there seems to be a constant theme of social alienation and asks what access to pro-social programing looks like for these families. Christina confirms that social alienation is one of the top risk factors and explains that there is a need for access to social connection and connection to positive adult figures. She notes that some youth do have access to social activities, but there are transportation and cost barriers. The program aims to connect youth to social activities as well as individuals who can be a support system and can help them in the long run.

Christina provides a few examples of circumstances within the program. She provided the example of a lack of connection to school, which is a risk factor. It isn't because they are uninterested in going to school and learning, but rather it is the reaction they receive from the teachers and the labeling that occurs to them at school. The program also aims to help youth learn to develop coping mechanisms and to ask for help when needed. Some program participants are interested in employment and skill building classes so the program aims to provide individualized support.

CM Marcano asks for clarification about what kind of reactions youth are getting from teachers. Christina elaborates that the program recognizes youth behave in certain ways because of some level of triggering, but most schools have a more punitive response than a trauma-informed one. One of the program strategies is focusing on a professional training series. The program is going to partner with Courtney and Hannah to offer quarterly trainings to enhance insights into trauma-informed response, youth violence, and gang involvement. The goal is to provide the overall network, including teachers, with the skills and understanding to best interact with youth and parents. CM Marcano comments that his interpretation is that authoritarian and punitive response seems to be driving youth or at-risk youth into further alienation and reinforcing some of the negative influences they have already experienced. CM Marcano states that the trauma informed responses are going to critical for intervention.

CM Marcano asks about the socioeconomic circumstances of the youth and families the program interacts with. Christina states they are mostly low-income families and there are financial challenges with stable housing as well as paying for services and resources. Families also bear the cost burden of paying court fees, supervision fees, and fees for court-ordered mental health classes.

Christina notes that the data suggests youth are moving away from selling drugs and starting to sell 3D guns to earn money. CM Marcano asks if these guns are functional. Christina explains they are not functional, but they are being taken to school for protection and because they are cool to have. Given this reality, the program needs to understand how to address the threat and fear factor in the community around neighborhood crime. CM Marcano thanks Christina for clarifying that youth are not getting into the ghost gun trade and although it is more of an aesthetic type of thing, it still sends a bad message.

Outcome – The Committee agreed to move this item forward to study session.

Updates from Community Members
There are no updates from community members.

Next meeting: Thursday, December 2, 2021 at 8:30 a.m.
Meeting adjourned: 10:04 a.m.

APPROVED: _____
Committee Vice Chair, Allison Coombs

CITY OF AURORA
Council Agenda Commentary

Item Title: Chapter 114 Code Enforcement Ordinance Amendment
Item Initiator: Sandra Youngman, Manager, Code Enforcement Division
Staff Source/Legal Source: Sandra Youngman, Manager, Code Enforcement Division / Angela Garcia, Senior Assistant City Attorney
Outside Speaker: N/A
Council Goal: 2012: 4.5--Maintain high-quality, livable neighborhoods

COUNCIL MEETING DATES:

Study Session: 1/24/2022

Regular Meeting: 1/31/2022

ITEM DETAILS:

Amendment to Chapter 114 Solid Waste, Article II – Garbage and Refuse, specifically Section 114-27(a) Accumulation; Storage, to clarify the enforcement of trash container placement and to update the Department name change.

ACTIONS(S) PROPOSED ***(Check all appropriate actions)***

☒ Approve Item and Move Forward to Study Session

☐ Approve Item as proposed at Study Session

☐ Approve Item and Move Forward to Regular Meeting

☐ Approve Item as proposed at Regular Meeting

☐ Information Only

☐ Approve Item with Waiver of Reconsideration
Reason for waiver is described in the Item Details field.

PREVIOUS ACTIONS OR REVIEWS:

Policy Committee Name: Housing, Neighborhood Services & Redevelopment

Policy Committee Date: 01/06/2022

Action Taken/Follow-up: ***(Check all that apply)***

☐ Recommends Approval

☐ Does Not Recommend Approval

☐ Forwarded Without Recommendation

☐ Recommendation Report Attached

☐ Minutes Attached ☐ Minutes Not Available

HISTORY ***(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)***

Based on data and number of complaints received, Code Enforcement Staff expressed concerns with enforcing the current City Code section 114-27(a) pertaining to the placement of trash containers. The current code requires all trash containers to be screened from view from all public streets and placed behind the front line of the principal building of the house facing the street.

ITEM SUMMARY ***(Brief description of item, discussion, key points, recommendations, etc.)***

1. Staff is requesting a change to the ordinance to state that all trash containers shall be kept behind the front line of the principal building and within 12 inches of the principal building. The 12-inch distance from the principal building ensures the trash containers are placed in an orderly fashion, and not placed haphazardaly on the property. If the property owner decides to screen their trash containers, the screening shall also be placed behind the front line of the principal building. Requiring trash containers to be placed in one consistent place and in an orderly placement on a homeowner's property will allow for consistent enforcement, and help with neighborhood esthetics.

2. The second change is to update the Department name change, which occurred in June 2020, from Neighborhood Services to Housing and Community Services.

QUESTIONS FOR COUNCIL

Does the HoRNS policy committee approve of moving the amendment to City Code, Section 114-27(a) forward to Study Session?

LEGAL COMMENTS

Council has the power to make and publish ordinances consistent with the laws of the state for carrying into effect or discharging the powers and duties conferred by the State Constitution, State Statute, or City Charter and such as it shall deem necessary and proper to provide for the safety; preserve the health; promote the prosperity; and improve the morals, order, comfort and convenience of the city and the inhabitants thereof. (City Code § 2-32 and C.R.S. § 31-15-103) (TJoyce)

PUBLIC FINANCIAL IMPACT

☐ YES ☒ NO

If yes, explain: N/A

PRIVATE FISCAL IMPACT

☒ Not Applicable ☐ Significant ☐ Nominal

If Significant or Nominal, explain: N/A

HORNS
Housing and Community Services
Chapter 114 Solid Waste
January 2022

Chapter 114 – Garbage and Refuse

- Code Enforcement Staff receive a high percentage of trash container placement complaints, and staff have expressed concerns with enforcing Chapter 114 – Solid Waste Ordinance.
- Current code requires all trash containers to be screened from view from all public streets and placed behind the front line of the principal building of the house facing the street.

Complaints Received 2020 & 2021

2020

Month	Total Trash Complaints	Total Code Enforcement Complaints	% of Trash Complaints
Jan	73	507	14%
Feb	69	730	9%
March	85	412	21%
April	92	423	22%
May	79	741	11%
June	76	1081	7%
July	86	942	9%
August	108	977	11%
September	92	829	11%
October	125	670	19%
November	69	454	15%
December	71	634	11%
Total	1025	8400	12%

January through November 2021

Month	Total Trash Complaints	Total Code Enforcement Complaints	% of Trash Complaints
Jan	83	474	18%
Feb	54	454	12%
March	86	723	12%
April	79	610	13%
May	57	803	7%
June	78	1223	6%
July	101	1236	8%
August	86	1088	8%
September	80	827	9%
October	39	620	6%
November	50	597	8%
December			
Total	793	8655	9%

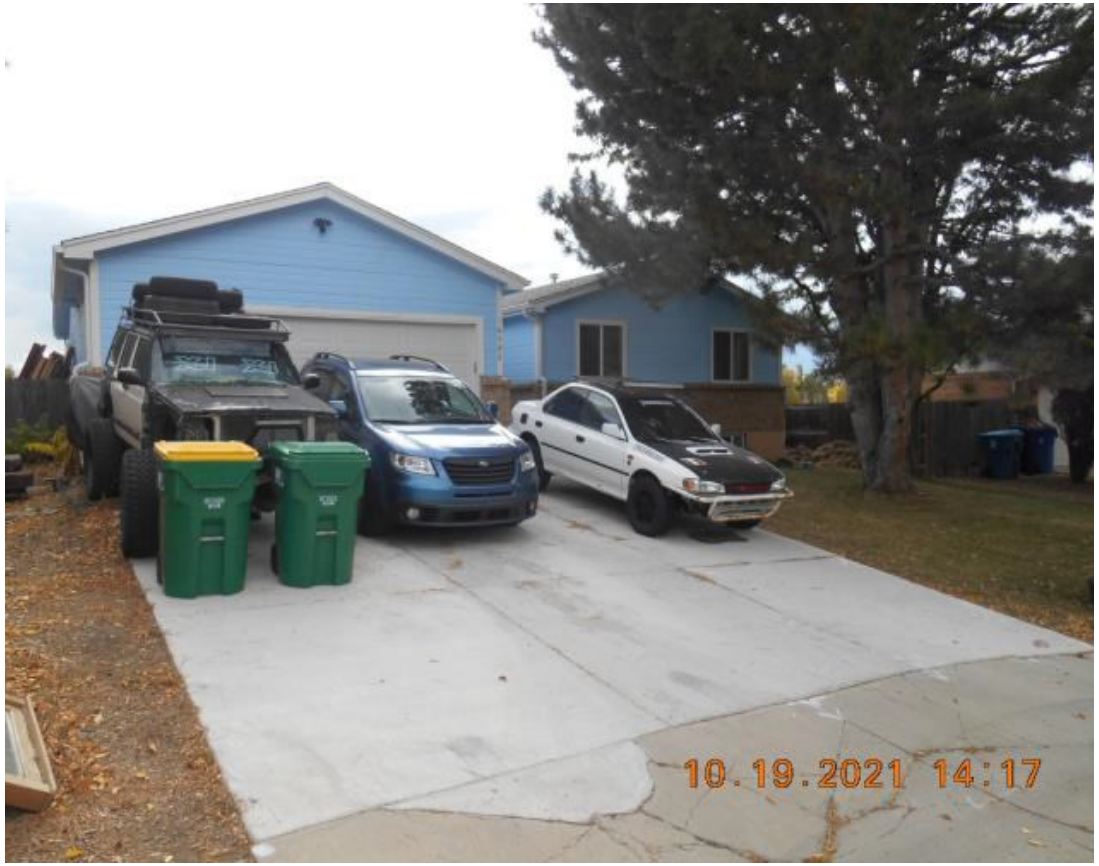
Sec. 114-27 Current Ordinance

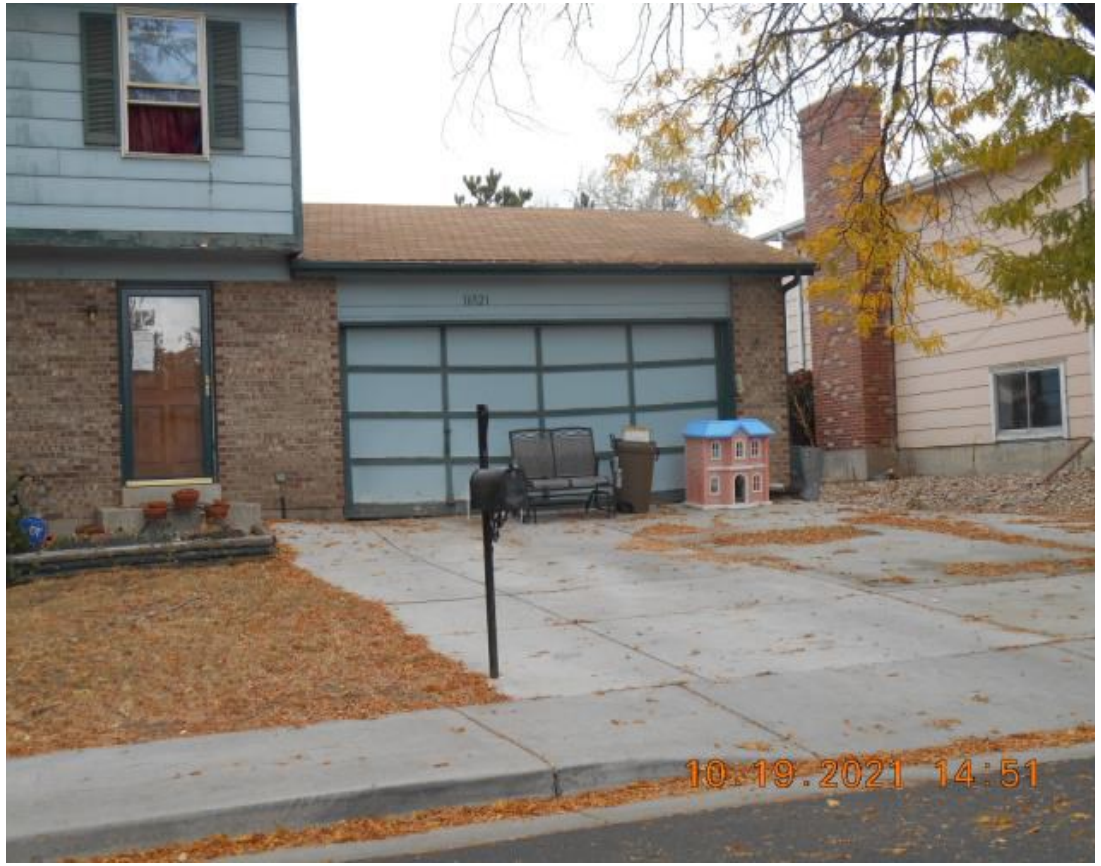
All garbage, rubbish and debris shall be stored by the owner or occupant of all premises in an approved sealed garbage, rubbish or debris container. Garbage, rubbish or debris containers shall be maintained in a clean and sanitary condition at all times by the owner or occupant using the same. Outdoor storage of plastic bags is prohibited except for the deposit of the plastic bags on the right-of-way abutting any public street, alley or within any front yard or within any side yard on a corner lot abutting any public street on the day of scheduled collection. Paper bags, unless baled from a mechanical compactor, are expressly prohibited except on the day of scheduled collection all trash containers shall be screened from view from all public streets and placed behind the front line of the principal building of the house facing the street. The storage area shall be kept free of loose garbage, rubbish or debris. Trash containers in residential districts shall be placed behind a privacy fence, in a garage, or screened with approved materials as described in the landscape and/or fence code. Trash containers/dumpsters in commercial districts shall be screened by a dumpster enclosure or as stipulated on a site plan. Waivers may be granted by the director of neighborhood services when placement behind the front line of the principal building of the house or a dumpster enclosure at a commercial property would create an unreasonable hardship.

Sec. 114-27 Recommended Changes

(a) All garbage, rubbish and debris shall be stored by the owner or occupant of all premises in an approved sealed garbage, rubbish or debris container. Garbage, rubbish or debris containers shall be maintained in a clean and sanitary condition at all times by the owner or occupant using the same. Outdoor storage of plastic bags is prohibited except for the deposit of the plastic bags on the right-of-way abutting any public street, alley or within any front yard or within any side yard on a corner lot abutting any public street on the day of scheduled collection. Paper bags, unless baled from a mechanical compactor, are expressly prohibited except on the day of scheduled collection. All trash containers shall be kept behind the front line of the principal building and within 12 inches of the principal building. If trash containers are screened, the screening shall be placed behind the front line of the principal building. The storage area shall be kept free of loose garbage, rubbish or debris. Trash containers/dumpsters in commercial districts shall be screened by a dumpster enclosure or as stipulated on a site plan. Waivers may be granted by the director of housing and community services when placement behind the front line of the principal building of the house or a dumpster enclosure at a commercial property would create an unreasonable hardship.

Ordinance would prevent the following:





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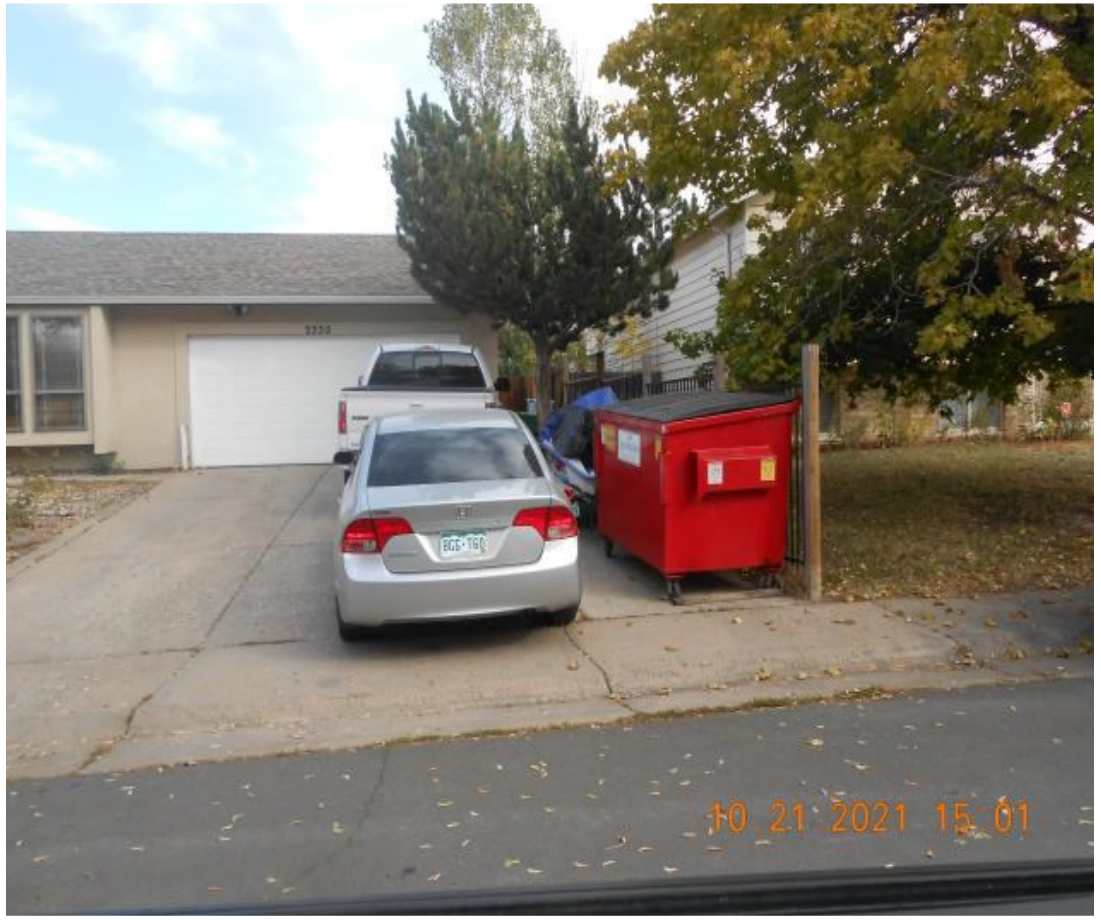

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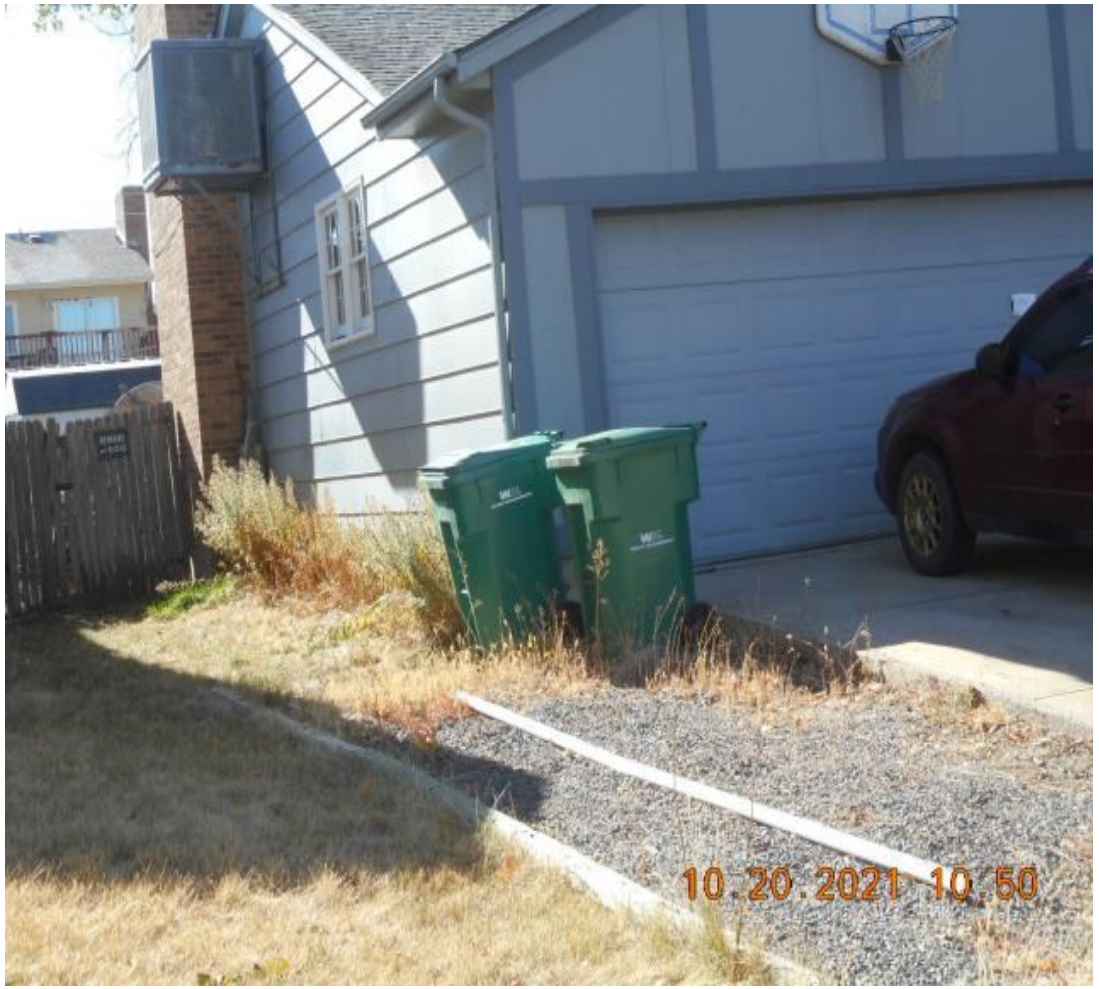

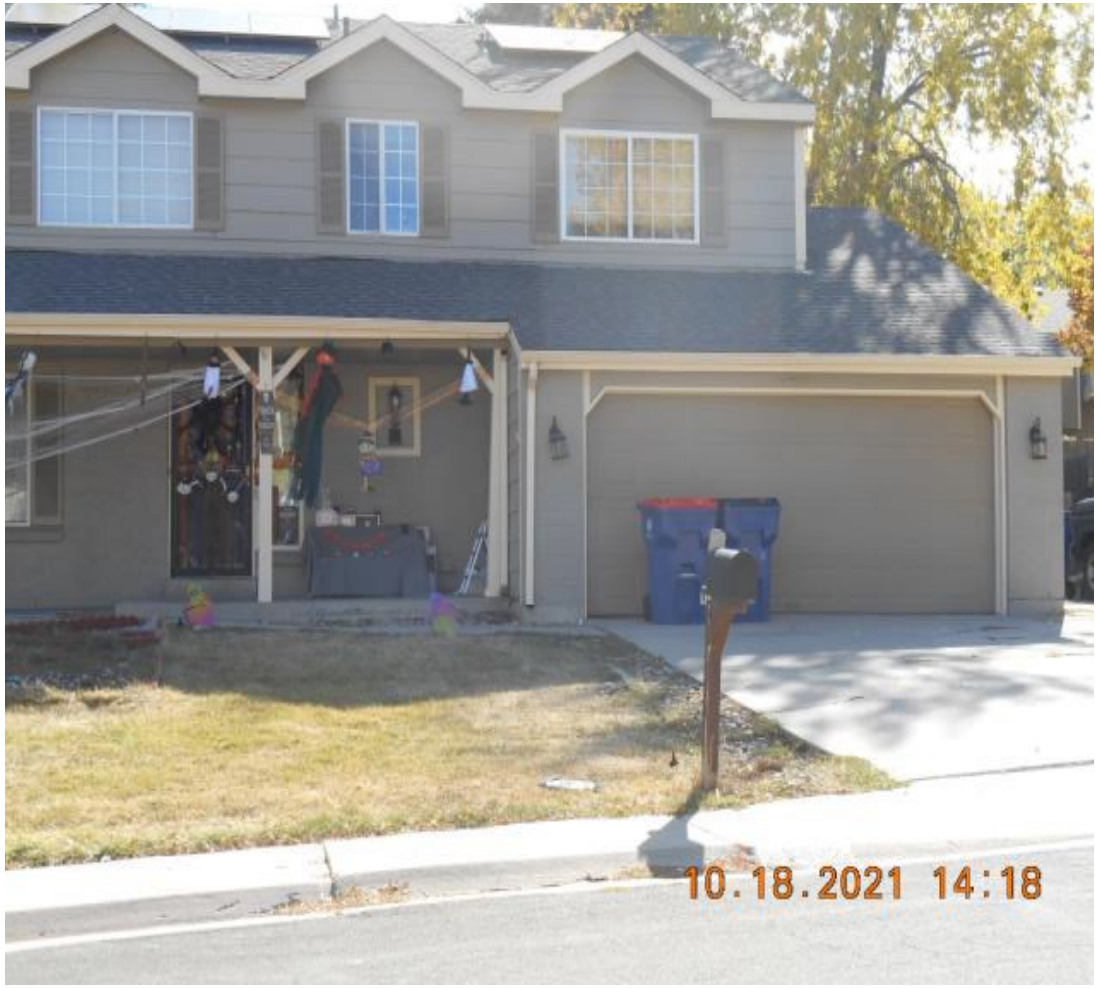

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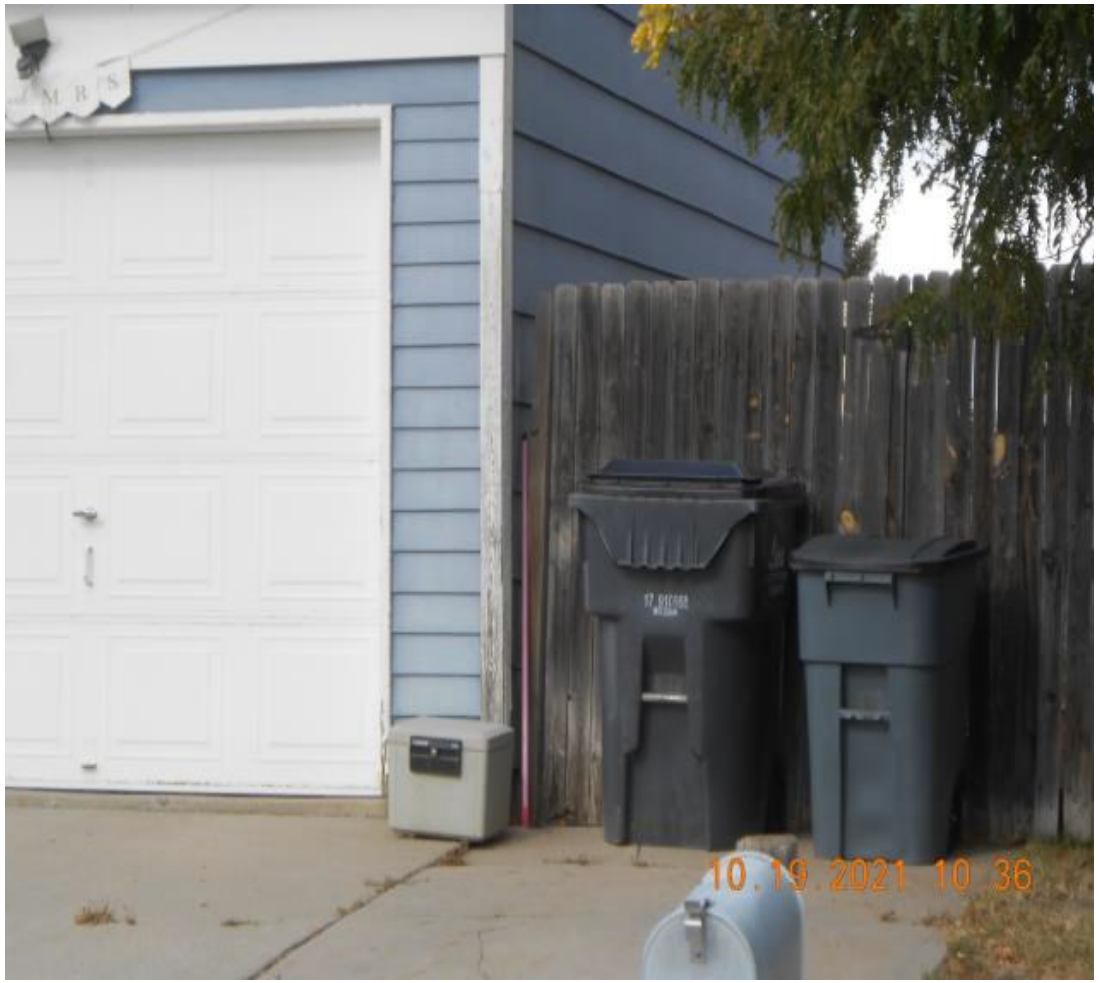

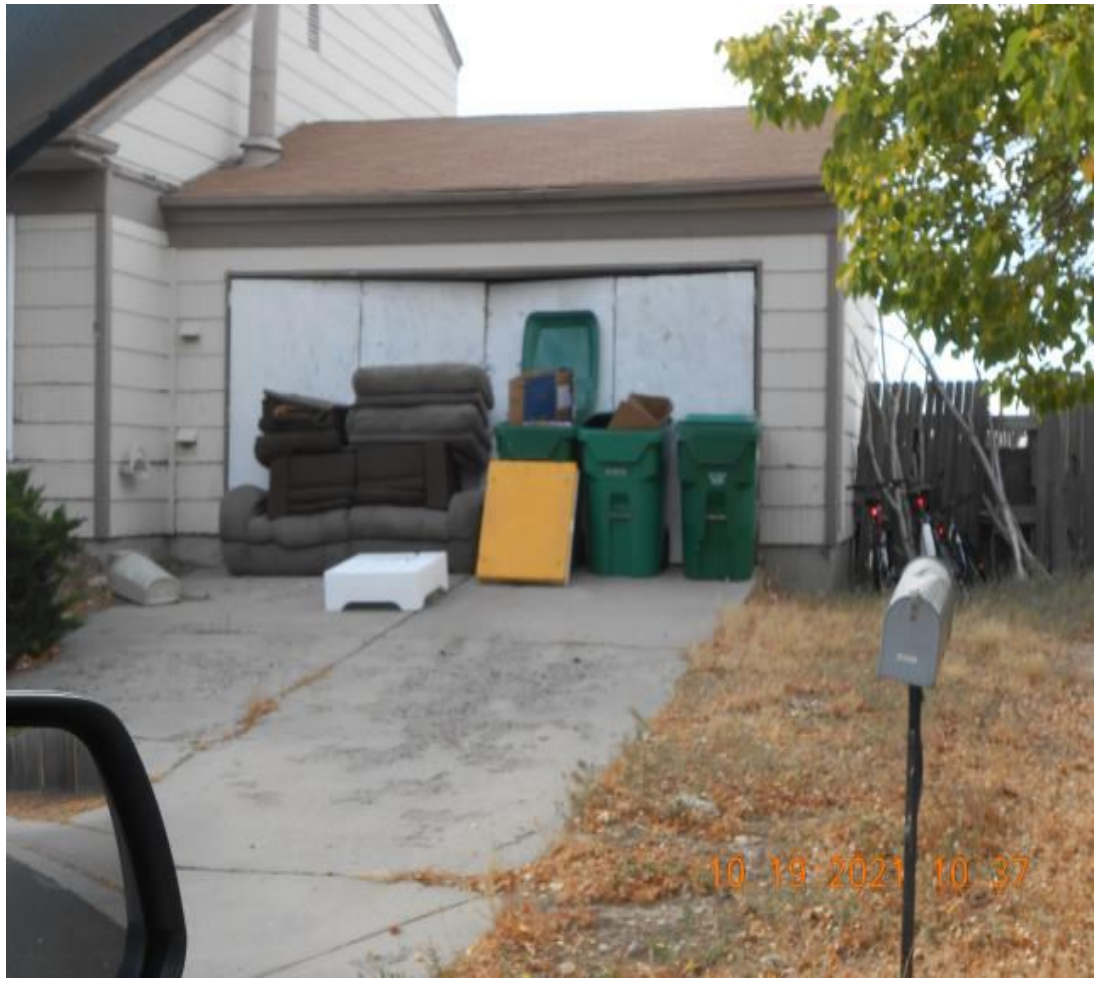

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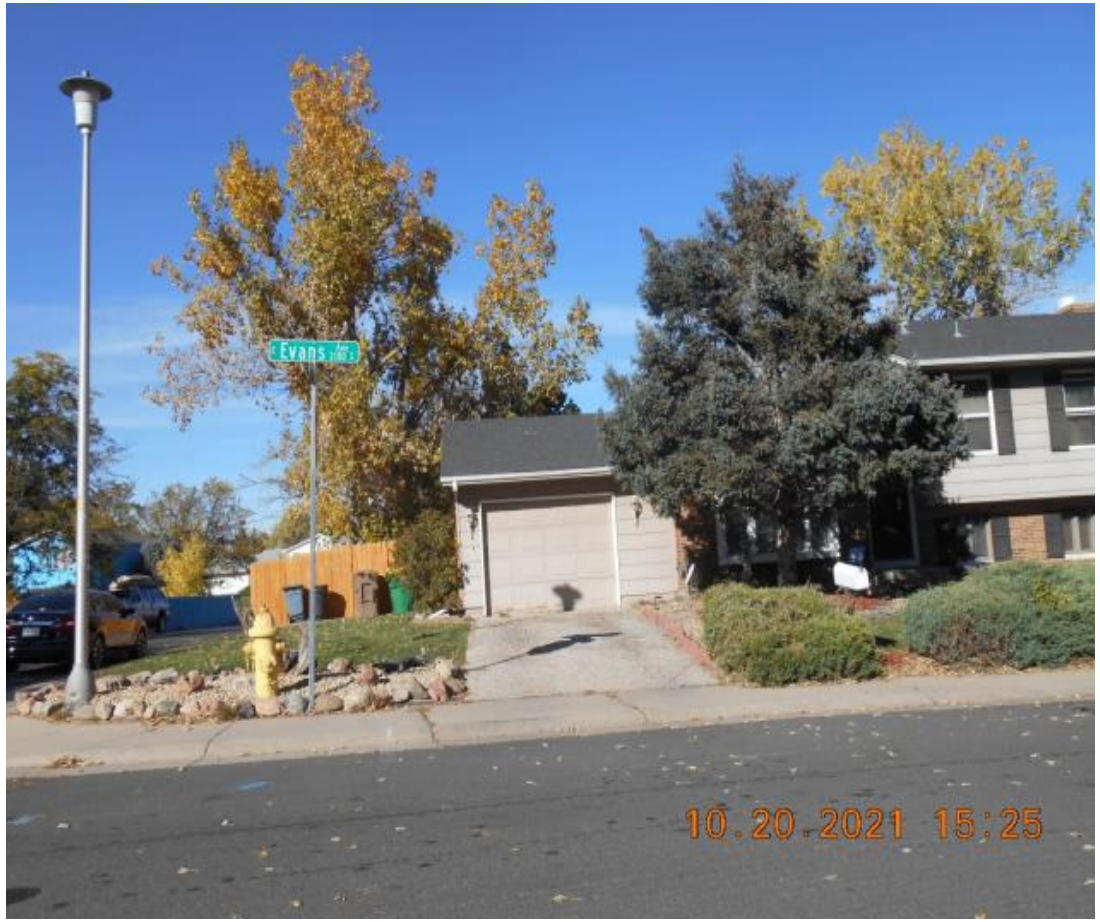
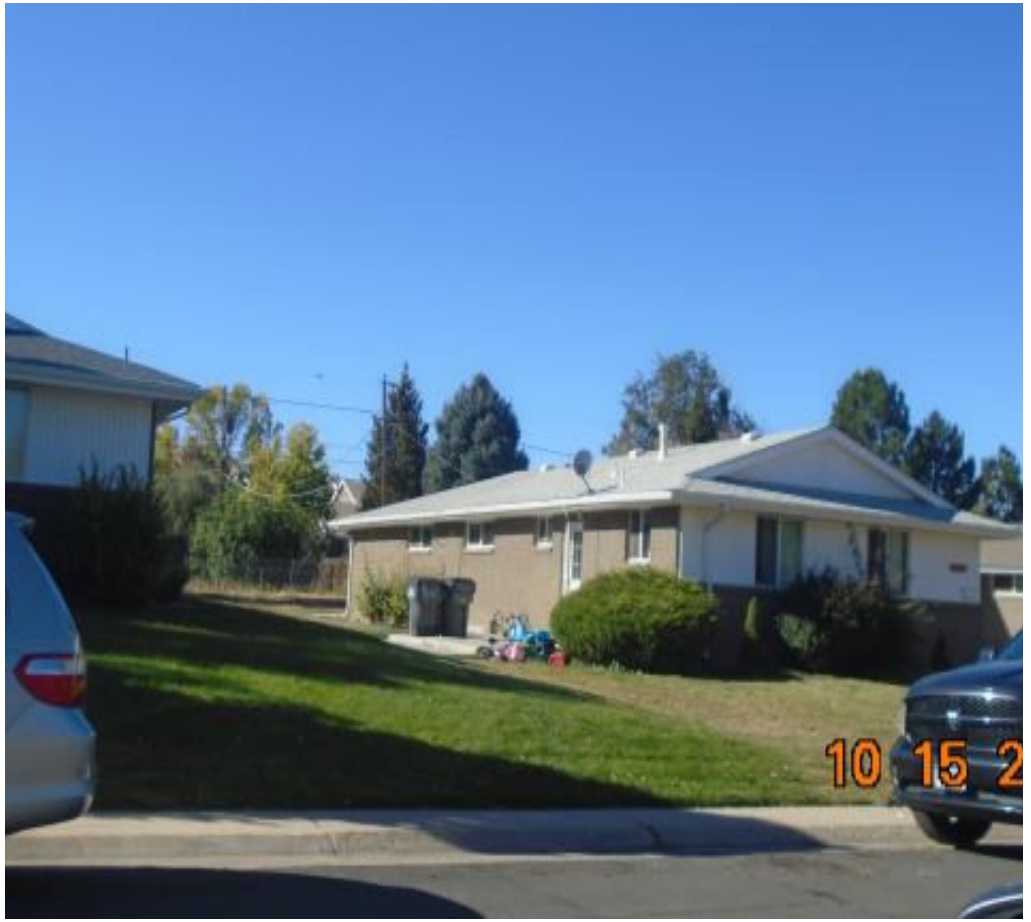
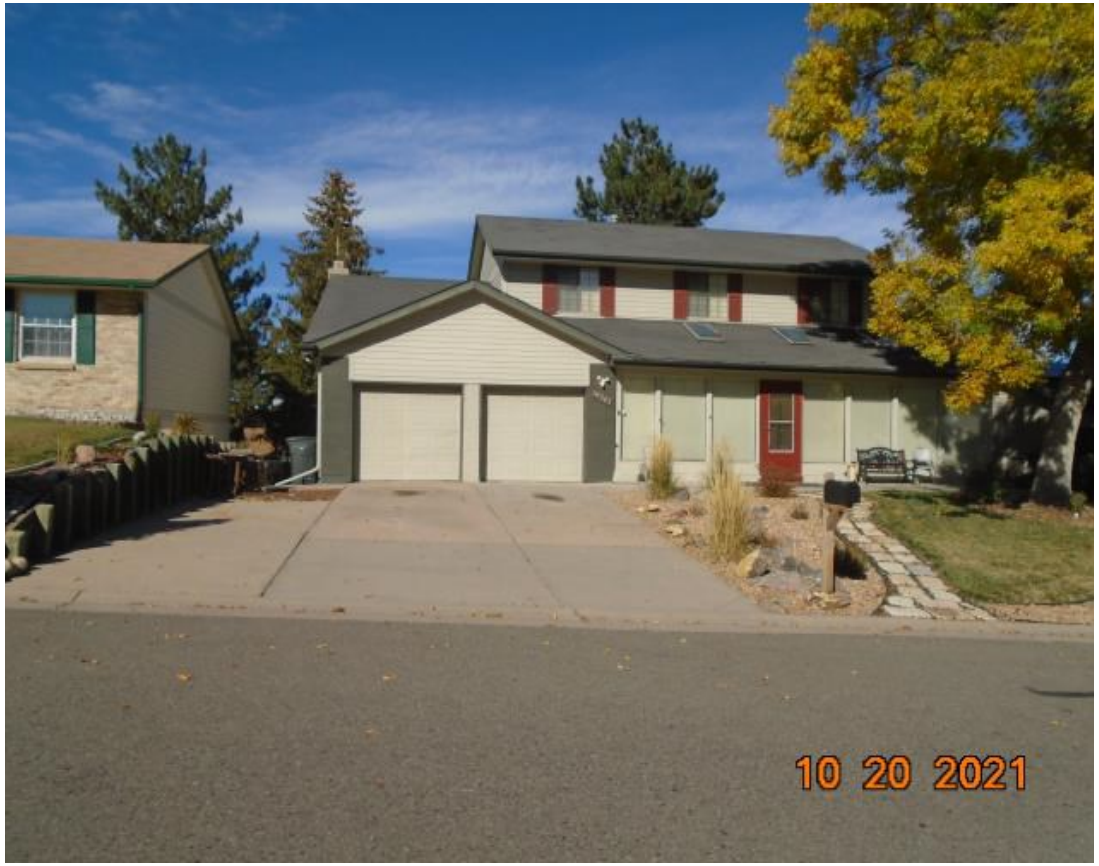
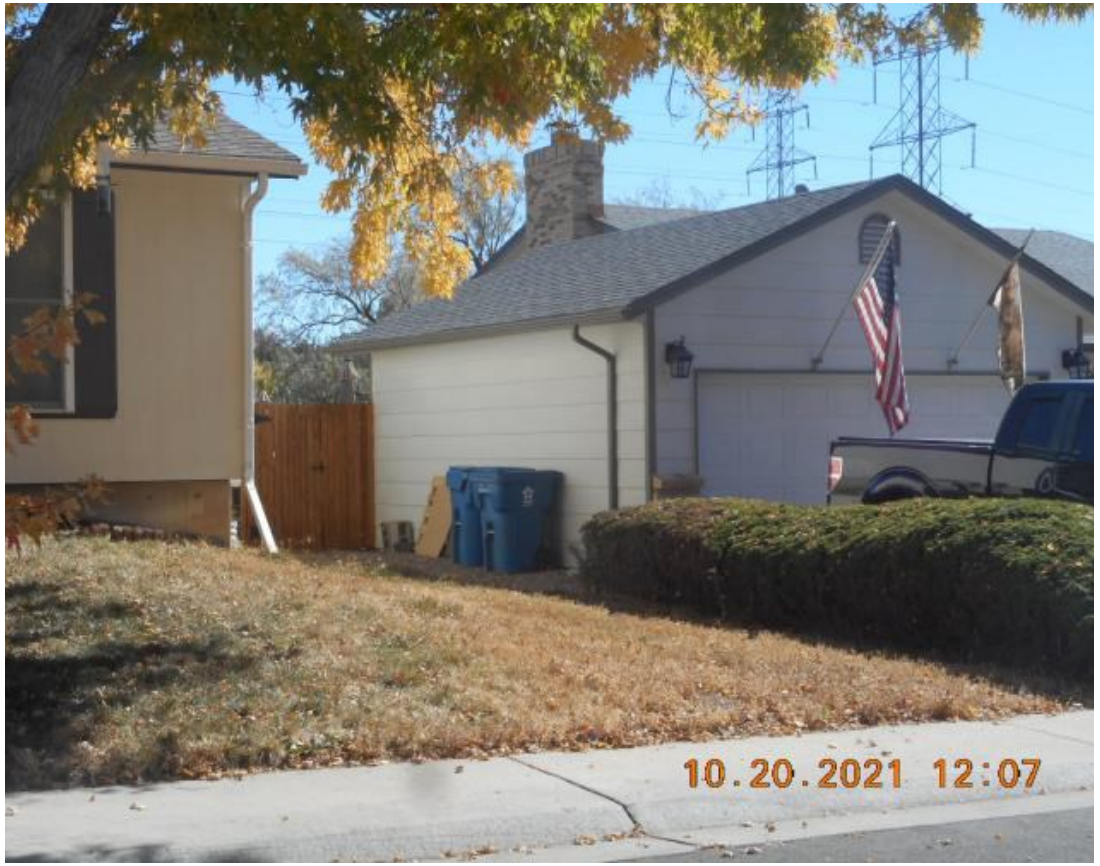


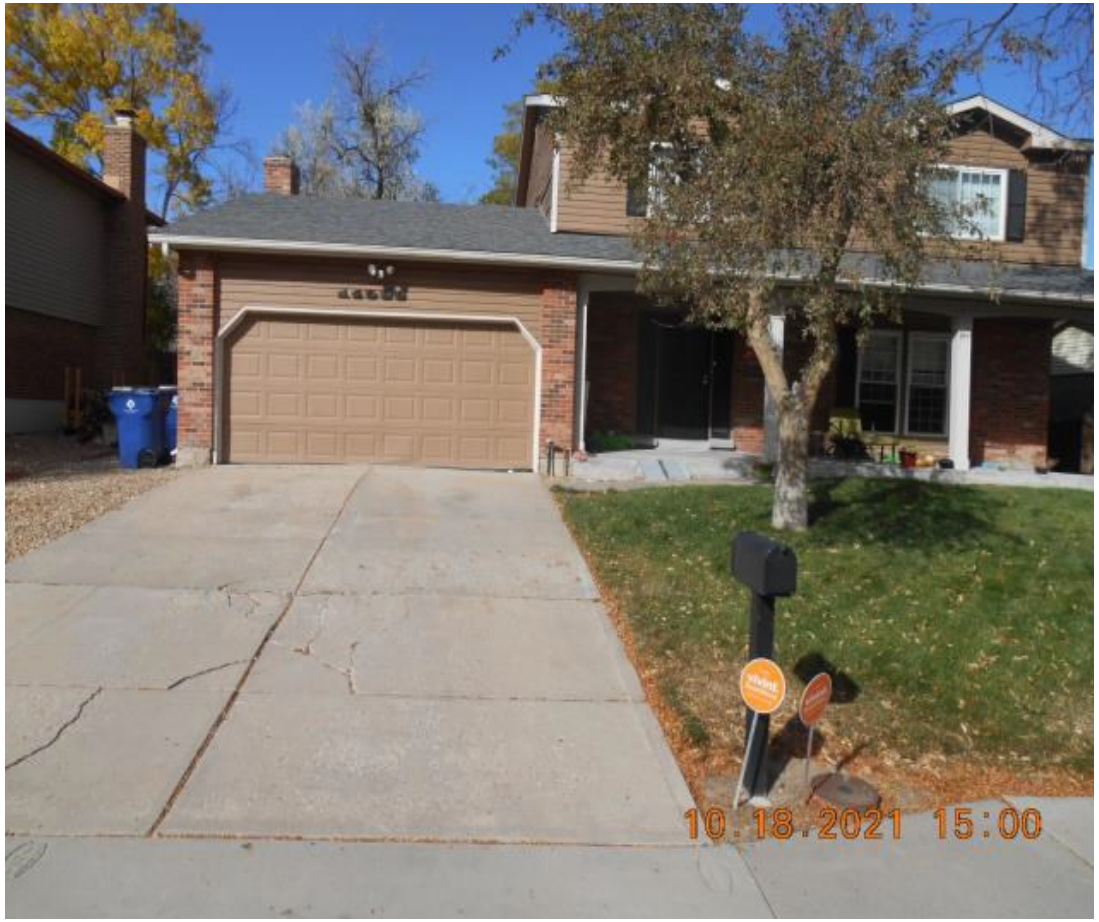


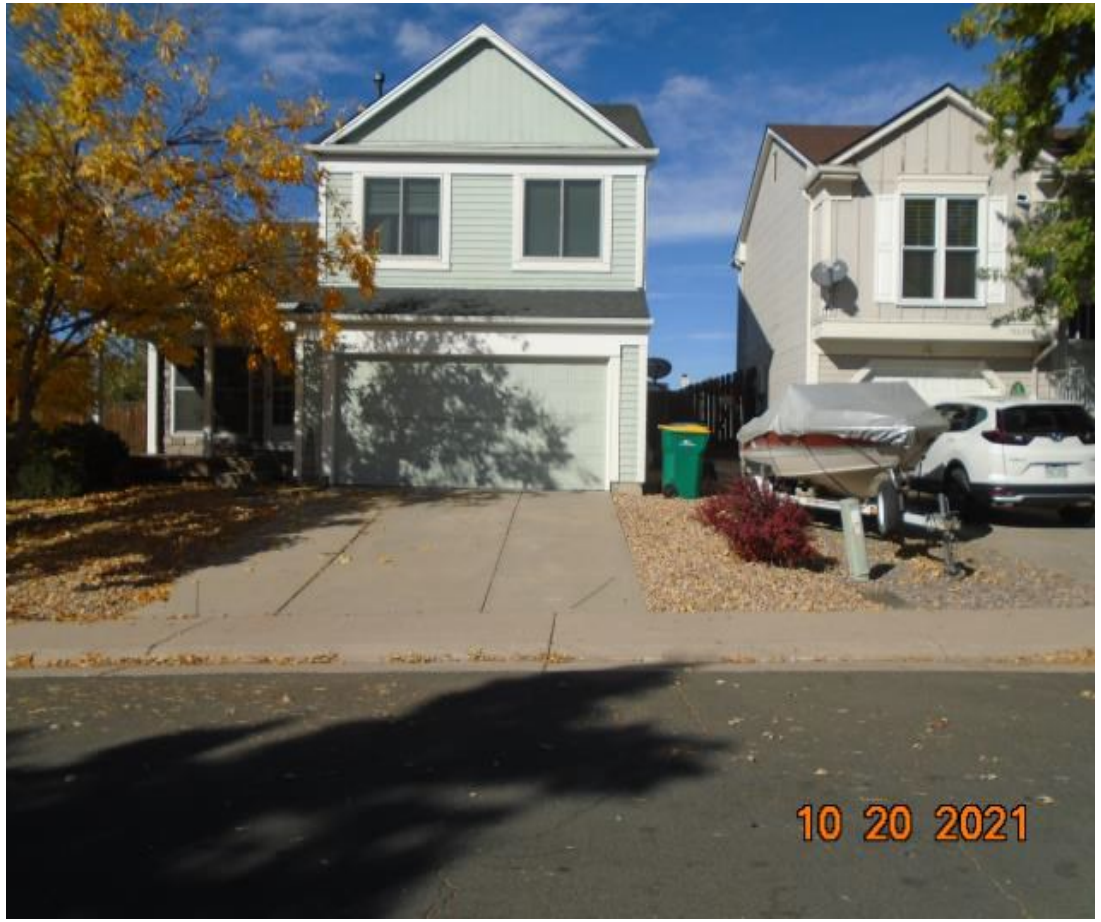
Ordinance would allow the following:





Continuation of ordinance would allow the following:





DRAFT 11.19.2021

ORDINANCE NO. 2022-____

A BILL

FOR AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF AURORA, COLORADO, AMENDING SECTION 114-27 OF THE CITY CODE RELATED TO STORAGE OF TRASH CONTAINERS

WHEREAS, the City desires to amend the City Code relating to storage of trash containers to keep city neighborhoods cleaner and to protect the health, safety and welfare of the residents of the city.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF AURORA, COLORADO:

Section 1. That subsection 114-27(a) of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 114-27. - Accumulation; Storage.

(a) All garbage, rubbish and debris shall be stored by the owner or occupant of all premises in an approved sealed garbage, rubbish or debris container. Garbage, rubbish or debris containers shall be maintained in a clean and sanitary condition at all times by the owner or occupant using the same. Outdoor storage of plastic bags is prohibited except for the deposit of the plastic bags on the right-of-way abutting any public street, alley or within any front yard or within any side yard on a corner lot abutting any public street on the day of scheduled collection. Paper bags, unless baled from a mechanical compactor, are expressly prohibited except on the day of scheduled collection**.** ~~all trash containers shall be screened from view from all public streets and placed behind the front line of the principal building of the house facing the street.~~ **All trash containers shall be kept behind the front line of the principal building and within 12 inches of the principal building. If trash containers are screened, the screening shall be placed behind the front line of the principal building.** The storage area shall be kept free of loose garbage, rubbish or debris. ~~Trash containers in residential districts shall be placed behind a privacy fence, in a garage, or screened with approved materials as described in the landscape and/or fence code.~~ Trash containers/dumpsters in commercial districts shall be screened by a dumpster enclosure or as stipulated on a site plan. Waivers may be granted by the director of ~~neighborhood~~ **housing and community** services when placement behind the front line of the principal building of the house or a dumpster enclosure at a commercial property would create an unreasonable hardship.

Section 2. Severability. The provisions of this Ordinance are hereby declared to be severable. If any section, paragraph, clause, or provision of this Ordinance shall, for any reason, be held to be invalid or unenforceable by a court of competent jurisdiction, the invalidity or unenforceability of such section, paragraph, clause, or provision shall not affect any of the remaining provisions of this Ordinance.

Section 3. Pursuant to Section 5-5 of the Charter of the City of Aurora, Colorado, the second publication of this Ordinance shall be by reference, utilizing the ordinance title. Copies of this Ordinance are available at the Office of the City Clerk.

Section 4. All acts, orders, resolutions, or ordinances in conflict with this Ordinance or with any of the documents hereby approved, are hereby repealed only to the extent of such conflict. This repealer shall not be construed as reviving any resolution, ordinance, or part thereof, heretofore repealed.

INTRODUCED, READ AND ORDERED PUBLISHED this ____ day of _____, 2022.

PASSED AND ORDERED PUBLISHED this _____ day of _____, 2022.

_____
MIKE COFFMAN, Mayor

ATTEST:

_____
KADEE RODRIGUEZ, City Clerk

APPROVED AS TO FORM:

_____
ANGELA L. GARCIA, Senior Assistant City Attorney

CITY OF AURORA
Council Agenda Commentary

Item Title: Safe Outdoor Space Update
Item Initiator: Lana Dalton- Homelessness Programs Manager
Staff Source/Legal Source: Lana Dalton, Homelessness Programs Manager/Tim Joyce, Assistant City Attorney
Outside Speaker: Matt McAdams and Dee Akers, Salvation Army
Council Goal: 2012: 4.0--Create a superior quality of life for residents making the city a desirable place to live and work

COUNCIL MEETING DATES:

Study Session: N/A

Regular Meeting: N/A

ITEM DETAILS:

CITY OF AURORA, COLORADO- SAFE OUTDOOR SPACE UPDATE

Sponsor name: Lana Dalton
Staff source: Lana Dalton, Homelessness Programs Manager/ Tim Joyce, City Attorney
Outside speaker: Matt McAdams, Salvation Army and Dee Akers, Salvation Army
Estimated Presentation/discussion time: 15 minutes

ACTIONS(S) PROPOSED ***(Check all appropriate actions)***

☐ Approve Item and Move Forward to Study Session

☐ Approve Item as proposed at Study Session

☐ Approve Item and Move Forward to Regular Meeting

☐ Approve Item as proposed at Regular Meeting

☒ Information Only

☐ Approve Item with Waiver of Reconsideration
Reason for waiver is described in the Item Details field.

PREVIOUS ACTIONS OR REVIEWS:

Policy Committee Name: Housing, Neighborhood Services & Redevelopment

Policy Committee Date: 1/6/2022

Action Taken/Follow-up: ***(Check all that apply)***

☐ Recommends Approval ☐ Does Not Recommend Approval

☐ Forwarded Without Recommendation ☐ Recommendation Report Attached

☐ Minutes Attached ☐ Minutes Not Available

HISTORY ***(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)***

The 2021 Council approved the placement of 30 pallet shelters at the Salvation Army Safe Outdoor Space location. Homelessness Services staff and Salvation Army staff will provide an update of that program as well as an update regarding the safe parking lot and new safe outdoor space being constructed at Restoration Christian Fellowship.

ITEM SUMMARY ***(Brief description of item, discussion, key points, recommendations, etc.)***

Homelessness Services will provide the HoRNS policy committee with an update on our Safe Outdoor Spaces in Aurora.

QUESTIONS FOR COUNCIL

N/A

LEGAL COMMENTS

The City has the powers which are necessary, requisite, or proper for the government and administration of its local and municipal matters. (City Charter, art. 1-3). Council shall act by ordinance, resolution, or motion. (City Charter, art. 5-1). Council has the authority to do what is deemed necessary and proper to promote the prosperity, improve the order, comfort and convenience of the City and its inhabitants. (City Code, sec. 2-32) This item is informational only. No formal council action necessary. (TJoyce)

PUBLIC FINANCIAL IMPACT

☐ YES ☒ NO

If yes, explain: N/A

PRIVATE FISCAL IMPACT

☒ Not Applicable ☐ Significant ☐ Nominal

If Significant or Nominal, explain: N/A

CITY OF AURORA
Council Agenda Commentary

Item Title: 2021 CITY OF AURORA, COLORADO- HOMELESS SERVICES PROGRAM- NOTICE OF FUNDING OPPORTUNITY (NOFO)
Item Initiator: Jessica Prosser, Director of Housing and Community Services
Staff Source/Legal Source: Lana Dalton, Homelessness Programs Manager/ Tim Joyce, Assistant City Attorney
Outside Speaker: N/A
Council Goal: 2012: 4.0--Create a superior quality of life for residents making the city a desirable place to live and work

COUNCIL MEETING DATES:

Study Session: N/A

Regular Meeting: N/A

ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

2021 CITY OF AURORA, COLORADO- HOMELESS SERVICES PROGRAM- NOTICE OF FUNDING OPPORTUNITY (NOFO)
Sponsor name: Lana Dalton
Staff source: Lana Dalton, Homelessness Programs Manager/ Tim Joyce, City Attorney
Estimated Presentation/discussion time: 30 minutes

ACTIONS(S) PROPOSED ***(Check all appropriate actions)***

☒ Approve Item and Move Forward to Study Session

☐ Approve Item as proposed at Study Session

☐ Approve Item and Move Forward to Regular Meeting

☐ Approve Item as proposed at Regular Meeting

☐ Information Only

☐ Approve Item with Waiver of Reconsideration
Reason for waiver is described in the Item Details field.

PREVIOUS ACTIONS OR REVIEWS:

Policy Committee Name: Housing, Neighborhood Services & Redevelopment

Policy Committee Date: 1/6/2022

Action Taken/Follow-up: ***(Check all that apply)***

☐ Recommends Approval

☐ Does Not Recommend Approval

☐ Forwarded Without Recommendation

☐ Recommendation Report Attached

☐ Minutes Attached

☐ Minutes Not Available

HISTORY *(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)*

As in previous years the Homeless Services division released a Notice of Funding Opportunity for agencies to apply for funds to support homeless services in the City of Aurora.

ITEM SUMMARY *(Brief description of item, discussion, key points, recommendations, etc.)*

In November 2021, the City of Aurora, Homeless Services Notice of Funding Opportunity (NOFO) was released to seek proposals from organizations with specific skills in providing homeless and homeless related services. The city of Aurora requested proposals from qualified agencies to apply for Marijuana Funds, HUD HOME Tenant-Based Rental Assistance (HOME-TBRA), HUD Emergency Solutions Grant (ESG), and Public Safety Surcharge (formerly Nexus) grant funds.

All proposals were submitted using the Neighborly Software at AuroraGov.org/Neighborly, special accommodation were provided for those that could not apply online. The application opened on November 8, 2021. A virtual applicant informational session was held on November 10, 2021 and the deadline for proposals was 5:00 p.m. November 22, 2021.

Homeless Services gathered internal and external stakeholders to review the applications that we received. Each application was reviewed, ranked and discussed. Here were the totals for this NOFO cycle:

Total Grant Amount to Be Allocated:		
Marijuana	$	3,786,508.00
Emergency Solutions Grant- (ESG)- ES/Street Outreach/Hotel-Motel	$	150,404.00
Emergency Solutions Grant- (ESG) Rapid Rehousing & Homeless Prevention	$	81,470.00
Public Safety	$	267,300.00
Home-TBRA (Tenant Based Rental Assistance)	$	200,000.00
TOTAL	**$**	**4,485,682.00**

Total Number of Agencies the Applied:		15
Total Applications:		41
Total Amount Requested:	**$**	**13,471,876.34**

The invitation to apply, NOFO schedule, and preliminary recommendations for each agency are in your back up documentation.

QUESTIONS FOR COUNCIL

Does Council support the recommendations provided by the review committee to move this item and all required resolutions and agreements forward to study session?

LEGAL COMMENTS

City Council has authority to designate funding allocations as determined by the Community Development Plan Agreement with U.S. Department of Housing and Urban Development (HUD) which provides for the needs and objectives of the local community pursuant to guidelines and regulations in C.F.R. 24 570. Community Development Block Grant (CDBG) funds may be used to acquire real property which is to be used for public purposes such as providing the homeless with shelter, or to provide grants, loans, loan guaranteed to a private business for an activity where assistance is appropriate to carry out an economic development, or to eliminate slums or blight; to meet other community development needs having a particular urgency because of existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available. (24 C.F.R. §§ 570.200 and 570.203). Emergency Solutions Grant funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. 24 C.F.R. § 576.101. Emergency Solutions Grant funds are available for Rapid Rehousing, Housing Relocation, Homelessness Prevention, and Housing Stabilization Services for individuals and families experiencing homelessness. 24 C.F.R. § 576. Investment Partnerships Program (HOME) permits the City as a Participating Jurisdiction to create flexible programs that aid individual households to help them afford the housing costs of market-rate units. These programs are known as "Tenant-Based Rental Assistance," or TBRA. Eligible costs are rental assistance and security deposit payments made to provide tenant-based rental assistance for a family. Tenant-based rental assistance may only be provided to very low- and low-income families. (24 CFR 92-209). City Council has the authority and power to improve the morals, order, comfort and convenience of the City and its inhabitants. City Code § 2-32) Colorado Constitution, Article XIV, Section 18, Subsection 2(c) permits the City to contract with private persons, associations, or corporations for the provision of any legally authorized functions, services, or facilities within or without its boundaries. City Council passed Ordinance Number 2016-59 that raised the sales tax on all sales of retail marijuana and retail marijuana products from 5.75% to 7.75%. The additional sales tax revenue was intended to be used to provide services and housing options for individuals and families experience homelessness in the City. City shall act by ordinance, resolution, or motion (City Charter, art. 5, § 5-1). Contracts of at least $50,000 but less than $2,000,000 shall be approved by City Council. (City Code § 2-672(a)(3)) (TJoyce)

PUBLIC FINANCIAL IMPACT

☒ YES ☐ NO

If yes, explain: The funds being allocated are federal funds as well as local funds. These funds are allocated to directly impact addressing homelessness in the City of Aurora.

PRIVATE FISCAL IMPACT

☒ Not Applicable ☐ Significant ☐ Nominal

If Significant or Nominal, explain: N/A

City of Aurora Marijuana, ESG, Home-TBRA and Public Safety (Nexus) NOFO Timeline

11-8-21 **11-11,15,17-21** **11-8-21** **11-8-21** **11-8-21** **11-8-21** **11-10-21-9am**	**NOTICE TO PUBLIC** • Ad in paper: Request for publication • Notice posted in Aurora Sentinel • Notice sent out to community (AACCS) • Notice to CoC (MDHI) • Notice on City Website • Notice to Past Recipients • Applicant Informational Session (public)
11-8-21	**APPLICATIONS OPEN**
11-22-21- 5pm	**APPLICATIONS DUE** • Applications due by 5:00pm this date through Neighborly
12-29-21- 9am-10am **12-2-21-8:30am-10am** **12-7-21-by 5pm** **12-9-2021-Noon-2:30pm**	**REVIEW PROCESS** • Review panel will receive the Neighborly training to rate applications • Review panel will be invited to listen to the December HORNS meeting (optional) • Review panel will independently score applications • Review panel will meet to discuss applications and make recommendations
12-2-21-8:30am-10am	**HOUSING, NEIGHBORHOOD SERVICES AND REDEVELOPMENT POLICY COMMITTEE MEETING (HORNS)** • A general overview of the process will be discussed. Applicants will be invited to be heard.
12-13-21	**APPLICANTS WILL BE NOTIFED OF THEIR APPLICATION STATUS** • Applicants will be notified via a "Notice of Preliminary Award" email, if email is not available, a "Notice of Preliminary Award" letter will be sent to the applicant's address
12-17-21- 5pm	**APPEAL PROCESS** • Agencies can submit a written appeal (for non-accepted applicants), to homelessness@auroragov.org or to 15151 E Alameda Pkwy, 4th Floor, Housing and Community Services
12-17-21-1-31-22 **12-17-21-1-31-22** **TBD**	**AGREEMENT EXECUTION** • Sub-recipient agreements will be drafted and signed • Commentary will be drafted and submitted • Agreements will be presented to Council at a Study Session

TBD	• Applicants will be notified via a “Notice to Proceed” email, if email is not available, a “Notice to Proceed” letter will be sent to the applicant’s address
TBD **1-1-22** **1-1-22**	**GRANT EXECUTION** • Subrecipient training occurs • Grant spend down begins • Grant monitoring begins

***All dates are subject to change.**

CITY OF AURORA- HOMELESS SERVICES PROGRAM- NOTICE OF FUNDING OPPORTUNITY

City of Aurora
15151 E. Alameda Parkway, Suite #4500
Aurora, CO 80012
303.739.7900
homelessness@auroragov.org

The City of Aurora is seeking proposals from organizations with specific skills in providing homeless and homeless related services.

Application Packet for the Homeless Services Program- Notice of Funding Opportunity will be available at the following location:

AURORA MUNICIPAL BUILDING Division of Housing and Community Services, Fourth Floor 15151 E Alameda Pkwy Aurora, Colorado 80012
NEIGHBORLY: www.AuroraGov.org/Neighborly

The City of Aurora Homeless Services Program application will close **November 22, 2021 at 5:00pm MST**. Late applications will not be accepted.

DESCRIPTION OF FUNDING AVAILABLE

ESG (EMERGENCY SOLUTIONS GRANT):

Applications will be accepted for projects/program up to, but not exceeding the dollar amount listed under the ESG funding categories.

The homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) assists people to quickly regain stability in permanent housing after experiencing a housing crisis and to assist households from becoming homeless.

There are specific components/categories that the City of Aurora is funding (full definitions listed under **FUNDING CATEGORIES**):

1) Emergency Shelter/ Street Outreach/ Hotel-Motel (up to 60% of total funds) $150,404.00

2) Rapid Rehousing & Homelessness Prevention (up to 32.5% of total funds) $81,470.00

HOME TBRA:

(Home-TBRA) $200,000.00

Investment Partnerships Program (HOME): permits Participating Jurisdictions (PJs) to create flexible programs that aid individual households to help them afford the housing costs of market-rate units. These programs are known as "Tenant-Based Rental Assistance," or TBRA. HOME TBRA programs differ from other types of HOME rental housing activities in three keyways:

- TBRA programs help individual households, rather than subsidizing particular rental projects.
- TBRA assistance moves with the tenant—if the household no longer wishes to rent a particular unit, the household may take its TBRA and move to another rental property.
- The level of TBRA subsidy varies—the level of subsidy is based upon the income of the household, the particular unit the household selects, and the rent standard.
- There are many different types of TBRA programs, but the most common type provides payments to make up the difference between the amount a household can afford to pay for housing and the local rent standards. Other TBRA programs help tenant pay for costs associated with their housing, such as security and utility deposits.
- HOME-TBRA does not allow costs for case management, housing navigators, etc.

MARIJUANA FUNDS:

Applications will be accepted for projects/programs up to, but not exceeding $800,000.00

In 2017, Aurora City Council established a 2% sales tax on marijuana sold in the City to fund homelessness assistance programs. These funds are not federal dollars, and thus can be more flexible in their use than federal dollars are.

PUBLIC SAFETY ASSISTANCE FUNDS (formerly known as NEXUS Funds):

Applications will be accepted for projects/programs up to, but not exceeding $200,000.00

Public Safety Assistance funds require agencies to have programming and/or partnerships that benefit public safety entities in Aurora.

FUNDING CATEGORIES- Description of activities allotted for each grant

- **Homelessness Prevention (ESG, HOME-TBRA, Marijuana):** A household that is in jeopardy of losing their housing, through eviction (inability to pay rent) for example: from a house or apartment. Exiting from a publicly funded institution, or system of care (such as health care facility, a mental health facility, foster care or other youth facility, or correction program or institution). (ESG has specific guidance with this category)
- **Emergency Shelter (ESG, Marijuana, Public Safety) :**

- **Day Shelter** – Allows non-sheltered persons a place to go during the day. These locations often include resources and during harsh weather a place to get out of the elements.
- **Night Shelter** – any facility which the primary function is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.
- **Hotel/Motel Assistance** – when an emergency shelter is full, they can use their funds for Hotel/Motel costs, otherwise use of Hotel/Motel category is not a separate funding category.

- **Street Outreach (ESG, Marijuana, Public Safety):**
  Outreach to people while they are physically unsheltered. Services are provided outside the walls of an agency ("on the street")
- **Case Management (Marijuana, Home- TBRA, Public Safety):**
  Providing case management services to assist those in navigating community resources to obtain or sustain a housing solution.
- **Rapid Rehousing (ESG, Marijuana, Home- TBRA):** Providing housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Case Management can be a part of this program to assist with obtaining and maintaining housing. (ESG has specific guidance with this category)
- **Housing Navigation (Marijuana):** The Navigator assists in locating 1) reasonable rental units, 2) locating and retaining landlord/property managers that will work with lower income tenants, 3) assists in reviewing leases, 4) mediates with the landlord/property managers when there are issues involving tenants
- **Hotel/Motel Assistance (Marijuana, Public Safety):** Aiding those that have no other sheltering options available for short periods of time.
- **Child Care (Marijuana, Public Safety)**
- **Education Services (Marijuana, Public Safety)**
- **Food (Marijuana, Public Safety)**
- **Employment Assistance (Marijuana, Public Safety)**
- **Legal Services (Marijuana, Public Safety)**
- **Behavioral Health Services (Marijuana, Public Safety):** These services can be for mental health or substance misuse treatment services.
- **Transportation (Marijuana, Public Safety)**
- **Utility Assistance (Marijuana, Public Safety):** Deposits for people that need assistance with any public utility.
- **Operational Costs (Marijuana, Public Safety)**
- **Professional Services (Marijuana, Public Safety)**
- **Personnel (Marijuana, Public Safety)**
- **Supplies (Marijuana, Public Safety)**

DURATION OF GRANT(S)

One Year with One Year Renewal. This means your agency will receive an agreement and funds for one year, and at the end of that first year, you will be evaluated for the continuation of funds for the second year. It is not guaranteed that you will receive funds for the full two-year grant term, or the full annual amount requested.

APPLICATION REQUIREMENTS

T**he city reserves the right to the following:**

- Incomplete applications will not be processed unless the City grants a waiver, in writing
- Proposals that are disqualified will not be reviewed or evaluated by the NOFO review team
- The City may perform site visits during the review phase of this NOFO process with applicants; therefore, your organization should be prepared for City staff to tour your facility, observe current project activities and interview and observe staff members involved in similar activities to the services in which you are requesting

funding. Proper notice of any onsite visit will be provided.

- The City reminds Applicants to keep in mind that ESG funding is dependent annually on Congress, changes to the amount can also vary annually and that agencies should not depend on ESG funds in their annual budgets. The City also notifies agencies that past grant awards do not guarantee future awards.

The following documentation will be required for the application:

- W-9
- Most recent Audit (2CFR Part 200)
- Most Recent Annual Report
- Organizational chart of your organization
- Documentation of the cash, grants and/or in-kind funding used for the match
- Copy of By-laws and Articles of Incorporations
- Board Roster (complete with titles, contact information and affiliates
- Board Roster indicates who are the homeless or formerly homeless persons on the board
- Formal written statement in the by-Laws that state: how homeless or formerly homeless persons are marketed to be on the board and the process for such person(s) to apply to be on the board.
- By-laws state a provision on Board meetings are open to the public. (How is public invited to meetings?)
- A copy of Current Board meeting minutes
- 501(c)(3) Ruling
- FFATA Form (all agencies receiving $25,000 or more)
- One Scope of Work per program/project
- One Budget per program/project

GRANT REQUIREMENTS

HMIS: All subrecipients of homeless services grant funds must use and input data in the Homeless Information Management System (HMIS) or a comparable database for victim service providers.

Mandatory Match Requirements: The Emergency Solutions Grants (ESG) Program requires matching funds equal to the amount of the requested funds. All Applicants must provide documentation of match with the RFP application.

Once ESG funds are awarded, every Payment Request must include documentation (invoices, timesheets, etc.) that the Payment Request amount has been matched and spent

Funding from HUD: At the time of the release of this request for proposals, funding amounts have been published, however, HUD can determine to change funding amounts. All funding is projected, and awards may be modified to reflect actual awards made by the Department of Housing and Urban Development.

Pursuant to the terms of the grant agreement between the Department of Housing and Urban Development (HUD) and the City of Aurora, with regular performance evaluations by HUD. Continuation of funding for each year is contingent upon the satisfactory fulfillment of the stated goals of the grant agreement with HUD and between the City and the subrecipients. Organizations must expect to make a significant difference in breaking the cycle of homelessness and hold to high standards of effort and accomplishment. Failure to achieve contracted goals and comply with contract provisions will lead to potential de-obligation and termination of funds to homeless providers unable to meet goals.

Reporting: Quarterly reports and one annual report will be required through the Neighborly software.

Payment Requests: At minimum, a quarterly payment request (invoice), with all required documentation will be required through the Neighborly software.

NOFO EVALUATION – SELECTION CRITERIA

The ESG RFP review committee will evaluate and score proposals for review under this RFP. Following are the criteria and scoring points which will be utilized to select a grantee:

Program/Project Design	10
Program experience and qualifications	10
Current Services	10
HMIS staff ability to enter data and run timely reports	10
Staff Capacity	10
Collaborative Efforts	10
Active Participation in A@H.....	10
Fiscal capacity to perform this grant.....	10
Budget and ability to match grant funds	10
Performance Measurements/Outcomes	10
Total Points :	**100**

NOTICE OF FUNDING SUBMISSIONS

Submit one (1) application with one (1) budget per project/funding stream and one (1) scope of work per project/funding stream.

Application must be complete and must include all documentation requested included with the application, regardless of whether any of these items have been submitted in prior years.

Due By: November 22, 2021 by 5:00pm

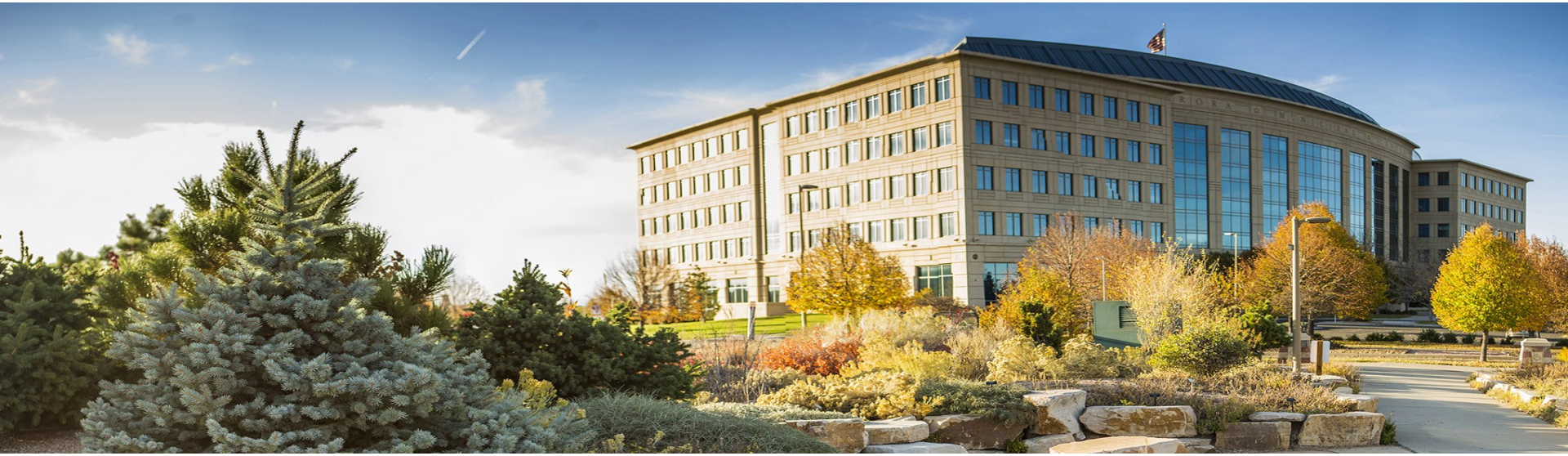
RFP REVIEW AND APPEALS PROCESS

The Homeless Services Evaluation Team will review the applications for responsiveness to NOFO requirements.

An organization that has sought funding and whose application was not accepted, may submit **written** appeals to the Homeless Services Program, at homelessness@auroragov.org by **December 17, 2021 at 5:00pm**.

APPLICATION ASSISTANCE

Any questions regarding the "Notice of Funding Opportunity", please contact Homeless Services at homelessness@auroragov.org or 303.739.7900



City of Aurora Homeless Services:

Notice of Funding Opportunity (NOFO)

Housing and Community Services

January 2022

Program Overview

The City of Aurora is sought proposals from:

- Nonprofit 501(c)(3) organizations
- Faith Based Organizations
- Public Agencies

who have specific skills in providing homeless and homeless related services.

Federal Funding

Emergency Solutions Grant (ESG)

- Assists people to quickly regain stability in permanent housing after experiencing a housing crisis and to assist households in the prevention of homelessness

Home Tenant-Based Rental Assistance Grant (Home-TBRA)

- Aids individual households to afford housing costs for market-rate units

Local Funding

Marijuana Grant

- Funds homelessness assistance programs

Public Safety Assistance Grant (formerly known as NEXUS):

- Funds programs that aid individuals experiencing homelessness or at risk of experiencing homelessness through partnerships with public safety entities in Aurora

Overview of Funding Available

Total Grant Amounts To Be Allocated:		
Marijuana	$	3,786,508.00
ESG- ES/Street Outreach/Hotel-Motel	$	150,404.00
ESG- Rapid Rehousing & Homeless Prevention	$	81,470.00
Public Safety	$	267,300.00
Home-TBRA	$	200,000.00
TOTAL	**$**	**4,485,682.00**

Federal Funding Activities & Dollars

Emergency Solutions Grant (ESG)

- Emergency Shelter/Street Outreach/Hotel-Motel: $150,404.00
- Rapid Re-housing & Homelessness Prevention: $81,470.00

Home Tenant-Based Rental Assistance Grant (Home-TBRA): $200,000

- Homelessness Prevention
- Rapid Re-housing
- Rent, security deposit, utility deposit in conjunction with rent

*Applications were accepted for projects/programs up to, but not exceeding the listed amounts.

Local Funding Activities & Dollars

Marijuana Grant: $800,000.00

- Homelessness prevention, emergency shelter, street outreach, case management, rapid-rehousing, housing navigation, hotel/motel assistance, childcare, education services, food, employment assistance, legal services, behavioral health services, transportation, utility assistance, operation costs, professional services, personnel, supplies

Public Safety Assistance Grant (formerly known as NEXUS): $200,000.00

- Emergency shelter, street outreach, case management, hotel/motel assistance, childcare, education services, food, employment assistance, legal services, behavioral health services, transportation, utility assistance, operation costs, professional services, personnel, supplies

*Applications were accepted for projects/programs up to, but not exceeding the listed amounts.

Duration of Grants

- One-Year with a One-Year Renewal

- If awarded, the agency will receive an agreement and funds for one year, and at the end of that first year, the agency will be evaluated for the continuation of funds for the second year.
  - The evaluation will be based on successful administration of the grant to include timely submission of draw requests, reporting, and impact on target population.

- It is not guaranteed that the agency will receive funds for the full two-year grant term, or the full annual amount requested.

Grant Requirements

Homeless Management Information System (HMIS): All subrecipients of homeless services grant funds must use and input data in HMIS or a comparable database for victim service providers.

Reporting: Quarterly reports and one annual report will be required.

Payment Requests: At minimum, a quarterly payment request (invoice), with all required documentation will be required through the Neighborly software for **ALL** funding sources.

Application Requirements

- Applications were submitted through the **Neighborly Software**
- Agencies were asked to submit the following documentation:
  - W-9
  - Most recent Audit (2CFR Part 200)
  - Most Recent Annual Report
  - Organizational chart of your organization
  - Documentation of the cash, grants and/or in-kind funding used for the match
  - Copy of By-laws and Articles of Incorporations
  - Board Roster (complete with titles, contact information and affiliates)
  - Board Roster that indicates who are the homeless or formerly homeless persons on the board
  - Formal written statement in the by-Laws that state: how homeless or formerly homeless persons are marketed to be on the board and the process for such person(s) to apply to be on the board
  - By-laws state a provision on Board meetings are open to the public
  - A copy of Current Board meeting minutes
  - 501(c)(3) Ruling (if a 501C3)
  - FFATA Form (all agencies receiving $25,000 or more)
  - One Scope of Work per program/project
  - One Budget per program/project

Application Requirements

- The application must have been complete and include all documentation requested included with the application, regardless of whether any of these items have been submitted in prior years.

- Incomplete applications were not processed unless the City granted a waiver, in writing (there were no waivers given)

NOFO Review Panel

The Homeless Services Evaluation Team reviewed the applications for responsiveness to NOFO requirements between **November 29, 2021- December 10, 2021**.

The panel consisted of representatives from the following agencies:

- Aurora Housing and Community Services (4)
- Aurora Police Department (1)
- Metro Denver Homeless Initiative (1)
- Adams County (1)
- Arapahoe County (1)
- A community member of the Citizens Advisory Committee for Housing and Community Services (1)

NOFO Review

Total Grant Amount To Be Allocated:		
Marijuana	$	3,786,508.00
ESG- ES/Street Outreach/Hotel-Motel	$	150,404.00
ESG- Rapid Rehousing & Homeless Prevention	$	81,470.00
Public Safety	$	267,300.00
Home-TBRA	$	200,000.00
TOTAL	**$**	**4,485,682.00**
Total Number of Agencies the Applied:		**15**
Total Applications:		**41**
Total Amount Requested:	**$**	**13,471,876.34**

NOFO Review Panel Scoring

SCORING AN AGENCY:

- 100 is the max score an agency can receive
- 10 is the max score an agency can receive in any given category
- There are 10 categories equaling 10 points per category

CATEGORIES:

1. Program/project design (plan)
2. Experience/qualifications
3. Current services
4. Staff devoted to homeless management information system (HMIS)
5. Staff capacity
6. Collaborative nature with other community partners
7. Aurora at Home (A@H) participation
8. Fiscal capacity
9. Match grant funds
10. Performance measurement tool/outcomes identified

NOFO Review Panel Considerations

- **Pre-COVID funding levels** (these are all sustainable funding sources)
- **Inflation**
- **Change in homeless service provision needs**
- **Prior grant compliance**

NOFO Review Panel Recommendations

HOME- TBRA (Federal):

Agency	Project	Funding Requested	Amount Requested	Average Score	Recommended Funding Level	Current Funding Level	Current Funding Source
Aurora Housing Authority	Aurora @ Home-Rental Assistance	HOME-TBRA	200,000.00	89.38	**200,000.00**	200,000.00	HOME TBRA
		TOTAL	**200,000.00**		**200,000.00**		

NOFO Review Panel Recommendations

Emergency Solutions Grant (ESG)

Rapid Rehousing (RRH) and Homelessness Prevention (HP) (Federal):

Agency	Project	Funding Requested	Amount Requested	Average Score	Recommended Funding Level	Current Funding Level	Current Funding Source	Funding Notes
Aurora Mental Health Care	EMDRS- Detox and Recovery- Night Shelter	ESG- Shelter	124,218.00	86.5	**124,218.00**	120,980.00	ESG ($50,000), Nexus ($70,980)	
Salvation Army	SOS Housing Assistance	ESG- Shelter	150,404.00	85.5	-	-	N/A	*Funded through MJ
Salvation Army	SOS RCM	ESG- Shelter	150,404.00	83.75	-	-	N/A	*Funded through MJ
Salvation Army	SOS Warehouse	ESG- Shelter	150,404.00	82.5	**26,186.00**	845,683.00	ESG-CV	
		TOTAL:	**575,430.00**		**150,404.00**			
Salvation Army	Housing Now RRH and HP	ESG- RRH and HP	81,470.00	86.75	**81,470.00**	325,597.00	ESG ($81,470), ESG-CV ($244,127)	
MHBHC	Comitis	ESG- RRH and HP	83,828.00	84.25	-	672,025.00	Nexus ($262,025), ESG-CV ($100,000), Gen Fund ($260,000), ESG ($50,000)	*Funded through MJ
		TOTAL:	**165,298.00**		**81,470.00**			

NOFO Review Panel Recommendations

Public Safety (Local):

Agency	Project	Funding Requested	Amount Requested	Average Score	Recommended Funding Level	Current Funding Level	Current Funding Source	Funding Notes
Aurora Mental Health Care	EMDRS- Detox Partnership with Law Enforcement	Public Safety	148,715.00	84.63	-	120,980.00	ESG (50,000), Nexus (70,980)	*Funded through ESG
Aurora Mental Health Care	Behavioral Health Crisis Response	Public Safety	104,439.00	84.13	**75,000.00**	70,980.00	Nexus	
Salvation Army	Housing Now RRH and HP	Public Safety	200,000.00	82.25	-	325,597.00	ESG ($81,470), ESG-CV ($244,127)	*Funded through ESG
Salvation Army	SOS RCM	Public Safety	200,000.00	81.5	-	-	N/A	*Funded through MJ
Salvation Army	SOS Housing Assistance	Public Safety	200,000.00	80.63	-	-	N/A	*Funded through ESG
Salvation Army	SOS Warehouse	Public Safety	200,000.00	80.5	-	845,683.00	ESG-CV	*Funded through MJ
MHBHC	Comitis	Public Safety	262,025.00	79.5	**137,300.00**	672,025.00	Nexus ($262,023), ESG-CV ($100,000), Gen Fund ($260,000), ESG ($50,000)	
Aurora Health Alliance	Aurora's Unhoused Cohort for Improved Healthcare Access	Public Safety	10,000.00	53.89	-	-		
Sungate Kids	Investigative Interview Program	Public Safety	63,000.00	51.63	**55,000.00**	51,620.00	Nexus	*Only place in the city
		TOTAL	**1,388,179.00**		**267,300.00**			

NOFO Review Panel Recommendations

Marijuana (Local):

Agency	Project	Funding Requested	Amount Requested	Average Score	Recommended Funding Level	Current Funding Level	Current Funding Source	Funding Notes
Aurora Health Alliance	Aurora's Unhoused Cohort for Improved Healthcare Access	MJ	10,000.00	50.63	-	-	N/A	
Aurora Housing Authority	Aurora @ Home Housing Navigation	MJ	260,000.00	89.63	**200,000.00**	107,800.00	ESG-CV	
Aurora Mental Health Care	Pathways to Home-Homeless Prevention	MJ	234,671.00	86.38	**100,000.00**	166,631.00	ESG (30,091.00), MJ (136,540)	
Aurora Mental Health Care	Pathways to Home-Street Outreach	MJ	168,965.00	83.63	**50,000.00**	123,130.00	ESG-CV	
Aurora Warms the Night	Homeless Services	MJ	207,000.00	56	-	125,000.00	MJ	
Bridge House- Ready to Work	Ready to Work- Aurora	MJ	464,200.00	80.25	**144,000.00**	143,245.00	MJ	
Colorado Coalition for the Homeless	Renaissance Veteran Apartments- Fitzsimons	MJ	344,507.00	80.75	**109,500.00**	61,027.00	CDBG-CV ($41,027), HOME ($20,000)	
Colorado Safe Parking Initiative	Aurora Safe Parking	MJ	174,910.00	70	**150,000.00**	-	N/A	
Driven By Our Ambitions	Enlightenment (MH Services and Mentoring)	MJ	110,000.00	39.13	-	-	N/A	
Family Tree	GOALS	MJ	106,540.00	87.88	**106,540.00**	-	N/A	
Gateway Domestic Violence	North Emergency Domestic Violence Shelter	MJ	275,420.00	79	**200,000.00**	399,619.00	ESG ($50,404), ESG-CV ($249,215), MJ ($50,000), Nexus ($50,000)	

NOFO Review Panel Recommendations

Agency	Project	Funding Requested	Amount Requested	Average Score	Recommended Funding Level	Current Funding Level	Current Funding Source	Funding Notes
MHBHC	Comitis	MJ	1,174,129.46	82.75	**800,000.00**	672,025.00	Nexus ($262,025), ESG-CV ($100,000), Gen Fund ($260,000), ESG ($50,000)	
MHBHC	Street Outreach	MJ	241,932.57	80.75	-	390,000.00	ESG-CV ($290,000), MJ ($100,000)	
MHBHC	ADRC	MJ	818,089.89	78.25	**750,000.00**	1,108,898.00	ESG-CV ($428,898), MJ ($680,000)	
MHBHC	Colfax Community Network	MJ	630,935.02	76.5	**275,000.00**	220,000.00	MJ	
Restoration Christian Ministries	Safe Space	MJ	1,268,174.40	58.88	**200,000.00**	195,000.00	CDBG-CV	
Salvation Army	Connection Center	MJ	545,145.00	85.5	-	-	N/A	
Salvation Army	SOS Warehouse	MJ	800,000.00	85.13	**175,000.00**	845,683.00	ESG-CV	
Salvation Army	Housing Now RRH and HP	MJ	800,000.00	84.75	**100,000.00**	325,597.00	ESG ($81,470), ESG-CV ($244,127)	*Funding through ESG
Salvation Army	SOS RCM	MJ	800,000.00	83.75	**201,468.00**	-	N/A	
Salvation Army	SOS Housing Assistance	MJ	800,000.00	83.25	**25,000.00**	-	N/A	*Funding some through ESG
Second Chance Center	Homelessness Prevention	MJ	162,500.00	79	**150,000.00**	189,600.00	ESG-CV	
Second Chance Center	Housing Navigation	MJ	195,850.00	78.5	**50,000.00**	300,000.00	ESG-CV	
Second Chance Center	Employment	MJ	287,500.00	77.75	-	-	N/A	
Second Chance Center	Emergency Shelter	MJ	262,500.00	76.88	-	-	N/A	
		TOTAL:	**11,142,969.34**		**3,786,508.00**			

NOFO Review Panel Recommendations

Agency	Total Amount Requested per Agency	2021 Funding Level (with COVID funds)	2020 Funding Level	2022 Recommended Funding Level
Aurora Housing Authority	$ 460,000.00	$ 307,800.00	$ 377,000.00	$ 400,000.00
Aurora Health Alliance	$ 20,000.00	$ -	$ -	$ -
Aurora Mental Health Care	$ 781,008.00	$ 410,741.00	$ 429,814.00	$ 349,218.00
MHBHC	$ 3,210,939.94	$ 2,340,923.00	$ 1,752,616.00	$ 1,962,300.00
Salvation Army	$ 5,077,827.00	$ 1,171,280.00	$ 50,000.00	$ 609,124.00
Sungate Kids	$ 63,000.00	$ 51,620.00	$ 51,620.00	$ 55,000.00
Aurora Warms the Night	$ 207,000.00	$ 125,000.00	$ 25,000.00	$ -
Bridge House- Ready to Work	$ 464,200.00	$ 143,245.00	$ -	$ 144,000.00
Colorado Coalition for the Homeless	$ 344,507.00	$ 61,027.00	$ -	$ 109,500.00
Colorado Safe Parking Initiative	$ 174,910.00	$ -	$ -	$ 150,000.00
Driven By Our Ambitions	$ 110,000.00	$ -	$ -	$ -
Family Tree	$ 106,540.00	$ -	$ -	$ 106,540.00
Gateway Domestic Violence	$ 275,420.00	$ 399,619.00	$ 208,419.00	$ 200,000.00
Restoration Christian Ministries	$ 1,268,174.40	$ 195,000.00	$ -	$ 200,000.00
Second Chance Center	$ 908,350.00	$ 489,600.00	$ 175,000.00	$ 200,000.00
TOTALS:	**$ 13,471,876.34**	**$ 5,695,855.00**	**$ 3,069,469.00**	**$ 4,485,682.00**

Question for Council

Does Council support the recommendations provided by the review committee to move this item and all required resolutions and agreements forward to study session?

2021 HOMELESS SERVICES REVIEWER GUIDELINES

SCORING AN AGENCY:

- 100 is the max score an agency can receive
- 10 is the max score an agency can receive in any given category
- There are 10 categories equaling 10 points per category

REVIEWER QUESTIONS:

A: PROGRAM/PROJECT DESIGN (PLAN)

- The focus of the program/project design should be on reducing and/or preventing homelessness.
- The plan needs to be clear on how the program/project will operate.
- Is the budget appropriate for the ask?
- Examples of what an agency can provide are the following:
    - What are the policies & procedures?
    - What will the paperwork entail?
    - What work staff will perform?
    - Why do they need supplies/other equipment?

B: EXPERIENCE/QUALIFICATIONS

- Does this agency have experience providing these services to this population?
- Is the agency qualified to perform the program/project?

C: CURRENT SERVICES

- Does the agency provide the current services that they are applying for?
- Does the agency provide services that are comparable to what they are applying for?

D: STAFF DEVOTED TO HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

- Does the agency have staff that are devoted specifically to the HMIS?
- Does the agency have experience doing HMIS data entry, reports, etc.?
- Are they willing to dedicate staff and get trained in doing HMIS data entry and reporting?

E: STAFF CAPACITY

- Is there is adequately trained staff to perform the proposed program/project?
- If there is not adequately trained staff currently hired, are they planning to hire?

F: COLLABORATIVE

- Does the agency work with a developed network of resources?
- Does the agency collaboratively work with other networks to ensure duplication is not occurring?

G: AURORA AT HOME (A@H)

- Does the agency actively participate in the A@H collaborative? (Out of the agencies that have applied, I have indicated below who participates in the A@H collaborative, in case they did not call it out in their application.)
    - Aurora Housing Authority
    - Aurora Mental Health Care
    - Bridge House- ready to Work
    - Family Tree
    - Gateway Domestic Violence
    - MHBHC
    - Salvation Army

H: FISCAL CAPACITY

- Does the agency have the fiscal capacity to perform this grant?
    - Please note: All the grants are on a reimbursement format- so agencies spend their own funds then submit an invoice for reimbursement. No upfront payments are made.

I: MATCH GRANT FUNDS

- Does the agency understand and can match grant funds with other funds, if required? (ie. ESG)
- Will the agency match the allocated funds with other funding streams, even when not required?

J: PERFORMANCE MEASUREMENT TOOL/OUTCOMES IDENTIFIED

- Does the agency understand how to measure outcomes?
- Does the agency have potential outcomes listed in the application?
- Does the overarching goal include preventing or reducing homelessness?

Scope of Work

For

Aurora Housing Authority

Aurora@Home - Housing Navigation and Case Management

Funding stream requested: Marijuana

Amount requested: $260,000

Amount recommended for allocation: $200,000

1. Please describe the project need in the Aurora community and its urgency.
A@H AHA is requesting funding $200,000.00 per year for two years.
Any time a family is homeless or imminent danger of becoming homeless the need is urgent. Housing Navigation, provided by both a Landlord Recruiter and a case manager, is central to getting unhoused families housed quickly and helping families access the tools they need to remain stably housed permanently.
While there are many resources out there currently that can help people housed who are in imminent danger of homelessness, there are families who do not qualify for these resources due to COVID related limitations placed on these funding streams. With the lifting of the rent moratorium, it remains to be seen the impact this is going to have on households who are still unable to pay their rent. For households who have poor credit, previous evictions and/or involvement in the criminal justice system face immense challenges in locating housing even with rental assistance. Owners/PM's are more likely to accept households with these barriers to housing when they know they have ongoing supports such as those provided by Aurora@Home's (A@H) Landlord Recruiter and the case management services offered by the Housing Authority of the City of Aurora (AHA) on behalf of A@H.

2. What is your target population you would serve through this project?
Families with children

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.
The Housing Authority of the City of Aurora's (AHA) mission is "develop and promote quality housing while supporting and encouraging economic opportunities leading to self-sufficiency and independence." AHA sees the work of A@H as being part of the continuum of housing and is committed to reducing homelessness in Aurora. As such, AHA contributes both financially to support A@H in general and the work of A@H AHA specifically.
The goal of the A@H AHA's Homeless Prevention (HP) and Rapid Re-Housing Programs are to:

1. Prevent homelessness in the community
2. Provide housing and coordinate rapid re-housing efforts

The objectives of the program:

- 100% of households are housed within 60 days.
- 100% of participants will access mainstream benefits, for which they are eligible.
- 65% of participants exiting in 2021 will increase income from entry date.
- 75% of participants exiting in 2021 will exit to permanent housing.

A@H AHA's Rapid Re-Housing and Homeless Prevention programs utilizes case management and landlord recruitment services to help with housing navigation and on-going housing stability to ensure that families served are able to maintain housing stability while in the program and have the tools and resources to maintain stability after exiting the program. A@H AHA strives to through its homelessness prevention efforts to prevent homelessness all together and through the rapid re-housing program to assure a family's experience of homelessness is "rare, brief and one time."

4. What are the evidence-based practice(s) you will be utilizing for this project? (For example, a housing first model, etc.)

A@H AHA will utilize the following evidence-based practices for the A@H program:

1. **Housing First** - In Housing First, the goal is to first stabilize a family's housing situation first and foremost. Then through case management support and resources provided to help family's increase their income so that families can work towards self-sufficiency and ongoing housing stability.
2. **Progressive Engagement** - Through Progressive Engagement a family is offered additional services as a family identifies need while focusing on quickly resolving the immediate crisis of homelessness. This approach supports a family in building their critical thinking and problem-solving skills.
3. **Trauma Informed Care –** Trauma Informed care provides an awareness of how past traumas can impact how a family responds, reacts and make decisions.
4. **Harm Reduction –** Harm Reduction is intrinsic to the Housing First model. The practice centers participant self-determination and individual choice. Access to A@H AHA is not contingent on sobriety, minimum income requirements, lack of criminal record, completion of treatment, participation in services, or other similar required conditions.
5. **Social Identity Theory** – Social Identity reminds us to recognize how social identities shape norms, behaviors, and customs and how each of us are shaped by group memberships. The AHA's Department of Family Service, in which A@H AHA is situated, has spent and will continue to spend time on addressing the disproportionate representation of people of color who are homeless and live in affordable housing.
6. **Motivational Interviewing** – Motivational Interviewing is an evidence-based, person-centered practice that assists people with change by helping them resolve ambivalence, enhance intrinsic motivation and build confidence to change. A@H AHA Navigators (case managers) utilize motivational interviewing to help households identify their change goals and motivations for change.

5. What will be/are the measurable outcomes, successes, goals, etc.?

As noted in #3 above, we will measure outcomes by:

- 100% of households are housed within 60 days.
- 100% of participants will access mainstream benefits, for which they are eligible.
- 65% of participants exiting in 2021 will increase income from entry date.
- 75% of participants exiting in 2021 will exit to permanent housing.

6. How will you measure those outcomes, successes, goals, etc.?

Individually, case managers will do quarterly assessments with families to determine the progress that is being made toward their specific goals.

Programmatically, AHA staff will enter data in a timely fashion into HMIS and run reports in HMIS to measure overall program success under the goals identified in #3 and #5 above. In addition to HMIS, A@H AHA case managers and the Landlord Recruiter track additional data through Excel spreadsheets.

7. What is the projected timeline for this project?

January 1, 2022 – December 31, 2023

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

A@H AHA helps families to resolve their immediate housing crisis to either prevent homelessness or assure a family's experience of homelessness is "rare, brief and one time." Upon referral, case managers work quickly to get families through the intake process and oriented. During orientation, both the Landlord Recruiter and an Arapahoe Douglas Works! (ADW!) Work Force Specialist are introduced to families. The Landlord Recruiter instantly starts working to get families housed by providing housing search assistance, application fee and lease-up assistance. The Landlord Recruiter also coordinates with the case managers to get A@H AHA paperwork completed (Request for Tenancy Approval and rent reasonableness) and an HQS inspection scheduled. The Work Force Specialist provides employment, training and educational resources.

Once housed, the case manager meets regularly with the family in their own home. Utilizing the Housing First model, A@H AHA case managers provide case management through a Trauma Informed lens, while practicing Motivational Interviewing and Harm Reduction. During these meetings, participants identify their own goals that will lead to income progression and ongoing housing stability. Resources and services are designed to meet the unique needs of the household and participants. This approach also helps empower participants to accomplish their own goals by helping accentuate participants' strengths rather than focusing on their deficits. A@H Navigators view clients as being resourceful and resilient when faced with challenges.

As indicated above each family participating in A@H AHA is asked to have two goals, income progression and housing stability. Utilizing Progressive Engagement, if it becomes evident that a family is in need of more support and resources, case management may increase in frequency or intensity. If, at some point, it becomes clear that a family has more significant barriers to housing and income progression than first other programs will be identified that might better meet their needs for future housing stability (i.e., permanent supportive housing rather than rapid re-housing, etc.).

The Aurora@Home Navigator, in consultation with the A@H interagency case conferencing committee and a supervisor will refer that participant to the appropriate agency to address these barriers and will furnish requested information to that agency with a signed release of information. A@H Navigators work to ensure that households have access to all the community resources necessary to better guarantee safe and stable homes in which to raise children. A@H works to connect participants to employment possibilities, build budgeting and money management skills and connect families to childcare. A@H Navigators leverage relationships with A@H collaborative partners such as county human services programs, mental health providers, the workforce center, and its partnership with the school districts to help create community connections that families can access beyond their time in the Rapid Re-Housing and Homeless Prevention programs. These relationships help to minimize barriers in navigating access to support by utilizing warm hand-offs and help address long-term needs of the family.

Progressive Engagement is customized to each family's need, to allow participants to be connected to the right resources at the right time and to help to keep families moving towards their goals of increasing income and maintaining housing stability. Once a family is housed, regular assessment of a participant's needs and housing stability allows the A@H Navigator to scaffold the support. Utilizing Motivational Interviewing helps elicit conversations about change in a supportive manner assisting a family to develop a plan around accessing community supports and services, when they are motivated and ready to access them.

Should issues arise between the participant and the owner/property manager, the Landlord Recruiter and A@H Navigator work together to seek a mutually acceptable solution. When exited from the program, participants may remain in the unit for the duration of the lease or longer if agreeable to the family and owner/manager. The Landlord Recruiter can also apply to the Landlord Incentive fund offered by AHA to offset damages incurred at a property.
An additional resource to case managers and the landlord recruiter is the bi-weekly case conferencing meeting that is convened by AHA for case manager who represent partner organizations in A@H. During these meetings, case managers can discuss certain clients that have certain barriers to housing stability and/or program participation. Case managers brainstorm solutions together and share resources.
At the end of A@H, participants can choose to remain in their existing unit or relocate.
If difficulties arise between the participant and the owner/property manager, the A@H AHA case manager works closely with the Landlord Recruiter to resolve these differences to keep families housing stable. Owners/property managers are grateful to have assistance and value working with the landlord recruiter and as such are willing to serve A@H participants when they will not serve other rapid rehousing or PSH programs. In addition to the ongoing support, A@H AHA offers a Landlord Incentive program that may be used to offset damages or unpaid rent. Funds are automatically approved for expenses under $300.00 and requests can be made for up to $1,000. Late fees, legal fees, and administrative fees are not covered by this fund.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes, this program will reduce the length of time people are unhoused and prevent households form returning to an unhoused situation. From January 2021- November 2021, twenty-four households (90 individuals) have exited Aurora@Home AHA rapid rehousing and homeless prevention programs and 95.8% of the households have exited to permanent housing.

Reducing Time Unhoused

A@H AHA has contracted with a Landlord Recruiter since 2016 whose successes are acknowledged throughout Aurora and the Metro Denver area. Within in a few short weeks, lease-up times from orientation to housing dropped from an average of 40 days to 8 days. Currently, the Landlord Recruiter averages 8. The Landlord Recruiter maintains a list of over 35 owners/property managers who are willing to work with A@H participants and who often notify her of vacancies prior to posting the vacancy. In 2021, the A@H AHA Landlord Recruiter has housed 50 households, 42 directly related to A@H. Fourteen of these households were related to City of Aurora HOME TBRA Funds. She also provided 25 housing referrals to other agencies serving people in Aurora.
The Landlord Recruiter is introduced to participants during orientation so the housing search process can be explained. After orientation, the Landlord Recruiter works actively to identify a unit that meets the needs of the family, is likely to be sustainable by the family after the program ends and that will be able to pass a HQS inspection. Once a unit is identified, the Landlord Recruiter assists with the application and lease-up process. After lease-up, the Landlord Recruiter helps to resolve any differences that might occur between the A@H AHA participant and the owner/property manager and, if necessary, makes recommendations when owners/property managers should be referred for the Landlord Incentive Fund.

Ongoing Housing Stability

To address a family's ability to stay stably housed while in A@H AHA and to remain stably housed after program exit, A@H AHA case management works actively with each family and helps each family link to the resources that will better guarantee this stability in the future. One key link to this is A@H AHA's

partnership with Arapahoe Douglas Works! (ADW!). ADW! has two Work Force Specialists dedicated to serving participants in A@H. These Specialists can directly link families to mainstream benefits (e.g., SNAP, TANF, etc.) as well indirectly link them to childcare (CCAP). In addition, to providing direct linkage to Arapahoe County Human Services, the Work Force Specialists work hand-in-glove with A@H case managers to help families access employment opportunities, training and education.

Through regular in-home case management meetings, A@H AHA case managers meet with families. During these meetings, the case managers employ the evidenced-based practices/methodologies referred to previously (see 4 and 8 above) to help families identify their personal goals that will lead to income progression and ongoing housing stability. Progress toward these goals will be assessed regularly and families will be linked to resources that can help make these goals achievable. A@H AHA case managers work with the Landlord Recruiter to mediate any difficulties that arise between A@H participant and owners/properties managers.
As part of the case management, a family's ability to remain stably housed once on the program will be assessed on a quarterly basis. While the income to rent variable is an important indicator, there are other factors (e.g., income stability, disability issues, lease compliance, etc.) that also need to be considered. Assuming a family is stable, once a family has demonstrated the ability to assume the full portion of their rent, an exit plan will be put into place and the family will be exited from the Rapid Rehousing or Homeless Prevention program.
The following criteria are considered when exiting a family for A@H AHA:

- Increased income so family can assume full rent and/or secure some form of permanent housing subsidy;
- Met their basic goals;
- Applied for and are receiving unearned benefits for which they were eligible;
- Are not involved in an active crisis;
- Stabilized their children in school and are participating in all educational programs for which they are eligible;
- Compliant with their lease.

A household exiting will be able to remain in their existing housing and/or relocate to housing of their choice at the expiration of their lease
A key benefit that AHA is able to offer to A@H participants the possibility of access to a Housing Choice Voucher. When available, AHA provides Housing Choice Vouchers (HCV) to families who have exited A@H successfully but who are still unable to support themselves in stable housing due to disabilities and/or other income limitations. Currently, rapid re-housing households were not likely to remain housing stable after their programs, were given top priority of referral to Emergency Housing Voucher through AHA.

10. How many clients have been accepted into housing programs directly from your agency?
A@H AHA is a housing program and typically is not a referring organization. The goal of A@H AHA is for most participants to exit to permanent housing. That said, when vouchers are available and when there are rapid re-housing participants who are likely not to remain stably housed after the program ends, A@H AHA case managers are invited to submit participant names to the eligibility process for a Housing Choice Voucher program. In 2020, 9 families were referred to the eligibility process for an HCV. Recently, AHA gave priority to households in rapid re-housing programs when the referral process opened for the Emergency Housing Vouchers that AHA received. Of these referrals, A@H AHA referred 7 families for an EHV.

In 2021, the A@H Landlord Recruiter has housed 50 households to-date, 42 directly related to A@H. Fourteen of these households were related to City of Aurora HOME TBRA Funds that AHA was awarded. In addition, she provided 25 housing referrals to other agencies serving people in Aurora.

11. How will you verify income and qualifying factors for these funds?

Multiple tools are used to verify income:

- Paystubs
- Self-Certification of No Income
- Public Benefits Verification
- Child Support Verification
- Employment Verifications including the Work Number

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AHA has 14 years of experience implementing tenet based rental assistance, rapid rehousing and homeless prevention programs. AHA has managed federal awards since its existence and currently administers $38,774,710 in annual federal awards through direct award or serving as a sub-recipient. AHA has been timely in all reporting requirements associated with the Federal awards.

Upon Mayor Ed Tauer's request, AHA has served as the lead fiscal agent and plan administrator of A@H since 2011. On behalf of A@H, AHA has administered HOME funds from Arapahoe County, City of Aurora and Division of Housing. In addition, AHA has administered CDBG, ESG-CV, General funds and Marijuana Tax funds from City of Aurora. AHA is also is currently utilizing Colorado State Marijuana Tax funds from the Division of Housing for the Next Step-2 Gen TBRA program which is a partnership with Aurora Public Schools and Cherry Creek School District.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

A@H AHA does not maintain a waitlist and as such, no one is turned away because we cannot serve them.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

To AHA's knowledge, the agencies that provide similar services in Aurora are:

- Aurora Mental Health on behalf of Aurora@Home
- Salvation Army
- Colorado Coalition for the Homeless

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

A@H AHA does not accept direct referrals to prevent any appearance of a conflict of interest. One week before accepting referrals from A@H partner organizations, A@H AHA will send out an email to all partner organizations notifying them of the date when referrals will be accepted. Once the date arrives another email will be sent officially opening the referral process and the number of referrals beings accepted. A@H AHA does not maintain a waitlist. Once the appropriate number of referrals have been submitted, an email notice is sent out to A@H partner organizations notifying that the referral process has closed.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

When A@H was first formed, AHA was asked by then Mayor Tauer to assume the role of Plan Administrator. Sustainability of the A@H AHA program is based on ongoing jurisdictional support from the City of Aurora, Arapahoe County and the Division of Housing. Since AHA as a quasi-governmental organization, and not a 501(c)3 organization, there is limited access to private foundations to support AHA's role in A@H.

If funding were to be cut, AHA would look to other jurisdictions to help offset that lost funding or would reduce the number of families that can be served.

Ideally, A@H AHA prefers to work directly with funders to best guarantee that there are no gaps in funding. Most recently, all funders seem committed to assuring this. If there was a short-term gap, AHA has the funding available to support participants in A@H until funding can be reimbursed.

Aurora Mental Health as the second fiscal agent for A@H (A@H AuMHC) is a 501(c)3 nonprofit and as such is capable of helping to sustain A@H through traditional foundations.

17. Name and position of the person that will oversee executing this project:

Name: Steve Blackstock, LCSW
Title: Director of Family Services
Phone: 720-251-2087
Email: sblackstock@aurorahousing.org

Scope of Work

For

Aurora Housing Authority

Aurora@Home Tenet Based Rental Assistance

Funding stream requested: HOME TBRA

Amount requested: $200,000

Amount recommended for allocation: $200,000

1. Please describe the project need in the Aurora community and its urgency.

A@H AHA is requesting $200,000 of funding per year for two years. Any time a family is homeless or in imminent danger of becoming homeless, the need is urgent. Tenet based rental assistance and funding for security deposits are essential to preventing homelessness or ensuring that homelessness is rare, brief and one time. This rental assistance allows time for families to stabilize, by increasing income and accessing additional resources to support ongoing housing stability.

2. What is your target population you would serve through this project?

Families with Children

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The Housing Authority of the City of Aurora's (AHA) mission is "develop and promote quality housing while supporting and encouraging economic opportunities leading to self-sufficiency and independence." AHA sees the work of A@H as being part of the continuum of housing and is committed to reducing homelessness in Aurora. As such, AHA contributes both financially to support A@H in general and the work of A@H AHA specifically.
The goal of the Aurora@Home Homeless Prevention and Rapid Rehousing Programs are to:

1. Prevent homelessness in the community
2. Provide housing and coordinate rapid rehousing efforts

The objectives of the program:

- 100% of households are housed within 60 days of orientation.
- 100% of participants will access mainstream benefits, for which they are eligible.
- 65% of participants exiting in 2022-2023 will increase income from entry date.
- 75% of participants exiting in 2022-2023 will exit to permanent housing.

A@H AHA's Rapid Rehousing and Homeless Prevention programs utilize A@H Navigators to provide case management and landlord recruitment to help with housing navigation and ongoing housing stability ensuring that the families served are able to maintain housing stability while in the program and have the tools and resources to maintain stability after exiting the program. A@H AHA strives to through its

homelessness prevention efforts to prevent homelessness all together and through the rapid re-housing program to assure a family's experience of homelessness is "rare, brief and one time."

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

A@H AHA will utilize the following evidence-based practices for the A@H program:

- **Housing First-** In Housing First, the goal is to first stabilize a family's housing situation before providing support to help increase income and connect them to additional supports and services so that families can work towards self-sufficiency in maintaining their housing.
- **Progressive Engagement** – Through Progressive Engagement, a family is offered additional services a family identifies as their need while focusing on quickly resolving the immediate crisis of homelessness. This approach supports a family in building critical thinking and problem solving skills.
- **Trauma Informed Care** – Trauma Informed Care provides an awareness of how past traumas impact how families respond, react and make decisions.
- **Harm Reduction-** Harm reduction is an important part of the Housing First model and the practice centers participant self-determination and individual choice. Access to the A@H AHA's programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- **Social Identity Theory**- Social Identity reminds us to recognize how social identities shape norms, behaviors, and customs and how the impact of group memberships shape our sense of who we are both as staff and as participants. The Department of Family Services, which serves A@H, has spent and will continue to spend time on addressing the disproportionate representation of people of color who are homeless and live in affordable housing.
- **Motivational Interviewing** – Motivational Interviewing is an evidence-based, person-centered practice that assists people with change by helping them resolve ambivalence, enhance intrinsic motivation and build confidence to change. A@H AHA Navigators (case managers) utilize motivational interviewing to help households identify their change goals and motivations for change.

5. What will be/are the measurable outcomes, successes, goals, etc.?

As noted in #3 above, we will measure outcomes by:

- 100% of households are housed within 60 days of orientation.
- 100% of participants will access mainstream benefits, for which they are eligible.
- 65% of participants exiting in 2022-2023 will increase income from entry date.
- 75% of participants exiting in 2022-2023 will exit to permanent housing.

6. How will you measure those outcomes, successes, goals, etc.?

Individually, case managers will do quarterly assessments with families to determine the progress that is being made toward their specific goals.

Programmatically, AHA staff will enter data in a timely fashion into HMIS and run reports in HMIS to measure overall program success under the goals identified in #3 and #5 above. In addition to HMIS, A@H AHA case managers and the Landlord Recruiter track additional data through Excel spreadsheets.

7. What is the projected timeline for this project?

January 1, 2022 – December 31, 2023

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

A@H AHA helps families to resolve their immediate housing crisis to either prevent homelessness or assure a family's experience of homelessness is "rare, brief and one time." Upon referral, case managers work quickly to get families through the intake process and oriented. During orientation, both the Landlord Recruiter and an Arapahoe Douglas Works! (ADW!) Work Force Specialist are introduced to families. The Landlord Recruiter instantly starts working to get families housed by providing housing search assistance, application fee and lease-up assistance. The Landlord Recruiter also coordinates with the case managers to get A@H AHA paperwork completed (Request for Tenancy Approval and rent reasonableness) and an HQS inspection scheduled. The Work Force Specialist provides employment, training and educational resources.

Once housed, the case manager meets regularly with the family in their own home. Utilizing the Housing First model, A@H AHA case managers provide case management through a Trauma Informed lens, while practicing Motivational Interviewing and Harm Reduction. During these meetings, participants identify their own goals that will lead to income progression and ongoing housing stability. Resources and services are designed to meet the unique needs of the household and participants. This approach also helps empower participants to accomplish their own goals by helping accentuate participants' strengths rather than focusing on their deficits. A@H Navigators view clients as being resourceful and resilient when faced with challenges.

As indicated above, each family participating in A@H AHA is asked to have two goals, income progression and housing stability. Utilizing Progressive Engagement, if it becomes evident that a family is in need of more support and resources, case management may increase in frequency or intensity. If, at some point, it becomes clear that a family has more significant barriers to housing and income progression than first other programs will be identified that might better meet their needs for future housing stability (i.e., permanent supportive housing rather than rapid re-housing, etc.).

The Aurora@Home Navigator, in consultation with the A@H interagency case conferencing committee and a supervisor will refer that participant to the appropriate agency to address these barriers and will furnish requested information to that agency with a signed release of information. A@H Navigators work to ensure that households have access to all the community resources necessary to better guarantee safe and stable homes in which to raise children. A@H works to connect participants to employment possibilities, build budgeting and money management skills and connect families to childcare. A@H Navigators leverage relationships with A@H collaborative partners such as county human services programs, mental health providers, the workforce center, and its partnership with the school districts to help create community connections that families can access beyond their time in the Rapid Re-Housing and Homeless Prevention programs. These relationships help to minimize barriers in navigating access to support by utilizing warm hand-offs and help address long-term needs of the family.

Progressive Engagement is customized to each family's need, to allow participants to be connected to the right resources at the right time and to help to keep families moving towards their goals of increasing income and maintaining housing stability. Once a family is housed, regular assessment of a participant's needs and housing stability allows the A@H Navigator to scaffold the support. Utilizing Motivational Interviewing helps elicit conversations about change in a supportive manner assisting a family to develop a plan around accessing community supports and services, when they are motivated and ready to access them.

Should issues arise between the participant and the owner/property manager, the Landlord Recruiter and A@H Navigator work together to seek a mutually acceptable solution. When exited from the program, participants may remain in the unit for the duration of the lease or longer if agreeable to the

family and owner/manager. The Landlord Recruiter can also apply to the Landlord Incentive fund offered by AHA to offset damages incurred at a property.
An additional resource to case managers and the landlord recruiter is the bi-weekly case conferencing meeting that is convened by AHA for case manager who represent partner organizations in A@H. During these meetings, case managers can discuss certain clients that have certain barriers to housing stability and/or program participation. Case managers brainstorm solutions together and share resources.
At the end of A@H, participants can choose to remain in their existing unit or relocate.
If difficulties arise between the participant and the owner/property manager, the A@H AHA case manager works closely with the Landlord Recruiter to resolve these differences to keep families housing stable. Owners/property managers are grateful to have assistance and value working with the landlord recruiter and as such are willing to serve A@H participants when they will not serve other rapid-rehousing or PSH programs. In addition to the ongoing support, A@H AHA offers a Landlord Incentive program that may be used to offset damages or unpaid rent. Funds are automatically approved for expenses under $300.00 and requests can be made for up to $1,000. Late fees, legal fees, and administrative fees are not covered by this fund.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes, this program will reduce the length of time people are unhoused and prevent households from returning to an unhoused situation. Ten households have exited Aurora@Home AHA who received tenet based rental assistance with City of Aurora HOME funds from January 2021 – November 2021. Of those ten households, 100% of the households have exited to permanent housing.

Reducing Time Unhoused

AHA A@H has contracted with a Landlord Recruiter since 2016 whose successes are acknowledged throughout Aurora and the Metro area. Within a few short weeks, lease-up times from orientation to housing dropped from an average of 40 days to 8 days. Currently, the Landlord Recruiter averages 8 days. The Landlord Recruiter maintains a list of over 35 owners/property managers who are willing to work with A@H participants and who often notify her of vacancies prior to posting the vacancy. In 2021, the A@H AHA Landlord Recruiter has housed 50 households, 42 directly related to A@H AHA. Fourteen of these households were housed with City of Aurora HOME TBRA funds. She also provided 25 housing referrals to other agencies serving people in Aurora.
The Landlord Recruiter is introduced to participants during orientation so that the housing search process can be explained. After orientation, the Landlord Recruiter works actively to identify a unit that meets the needs of the family, is likely to be sustainable after the program and that will be able to pass a HQS inspection. Once a unit is identified, the Landlord Recruiter assists with the application and lease-up process. After lease-up, the Landlord Recruiter helps to resolve any differences that might occur between the A@H AHA participant and the owner/property manager.

Ongoing Housing Stability

To address a family's ability to stay stably housed while in A@H AHA and to remain stably housed after program exit, A@H AHA case management works actively with each family and helps each family link to the resources that will better guarantee this stability in the future. One key link to this is A@H AHA's partnership with Arapahoe/Douglas Works! (ADW!). ADW! has two Work Force Specialists dedicated to serving participants in A@H. These Specialists can directly link families to mainstream benefits (e.g., SNAP, TANF, etc.) as well as indirectly link them to child care (CCAP). In addition to providing direct linkage to Arapahoe County Human Services, the Work Force Specialists work hand-in-glove with A@H case managers to help families access employment opportunities, training and education.

Through regular in-home case management meetings, A@H case managers meet with families. During these meetings, the case managers employ the evidenced-based practices/methodologies referred to previously (see 4 and 8 above) to help families identify their personal goals that will lead to income progression and ongoing housing stability. Progress toward these goals will be assessed regularly and families will be linked to resources that can help make these goals achievable. A@H AHA case managers work with the Landlord Recruiter to mediate any difficulties that arise between A@H participants and owners/property managers.

As part of the case management, a family's ability to remain stably housed once on the program will be assessed on a quarterly basis. While the income to rent variable is an important indicator, there are other factors (e.g., income stability, disability issues, lease compliance, etc.) that also need to be considered. Assuming a family is stable, once a family has demonstrated the ability to assume the full portion of their rent, an exit plan will be put into place and the family will be exited from the Rapid Rehousing or Homeless Prevention program.

the following criteria are considered when exiting a family for A@H AHA:

- Increased income so family can assume full rent and/or secured some form of permanent housing subsidy;
- Met their basic goals;
- Applied for and are receiving unearned benefits for which they were eligible;
- Are not involved in an active crisis;
- Stabilized their children in school and are participating in all educational programs for which they are eligible;
- Compliant with their lease.

A household exiting will be able to remain in their existing housing and/or relocate to housing of their choice at the expiration of their lease.

A key benefit that AHA is able to offer to A@H participants is the possibility of access to a Housing Choice Voucher. When available, AHA provided Housing Choice Vouchers (HCV) to families who have exited A@H successfully but who are still unable to support themselves in stable housing due to disabilities and/or other income limitations. Currently, rapid re-housing households were not likely to remain housing stable after their programs, were given top priority of referral to Emergency Housing Voucher through AHA.

10. How many clients have been accepted into housing programs directly from your agency?

A@H AHA is a housing program and typically is not a referring organization. The goal of A@H AHA is for most participants to exit to permanent housing. That said, when vouchers are available and when there are rapid re-housing participants who are likely not to remain stably housed after the program ends, A@H AHA case managers are invited to submit participant names to the eligibility process for a Housing Choice Voucher program. In 2020, 9 families were referred to the eligibility process for an HCV. Recently, AHA gave priority to households in rapid re-housing programs when the referral process opened for the Emergency Housing Vouchers that AHA received. Of these referrals, A@H AHA referred 7 families for an EHV.

Thus far in 2021, 25 households (90 individuals) have been served with tenet based rental assistance through City of Aurora HOME funds. Overall, in 2021, A@H AHA has served 63 households (220 individuals) through HOME TBRA funds, ESG-CV funds and CDOH funds.

11. How will you verify income and qualifying factors for these funds?

Multiple tools are used to verify income:

Paystubs
Self-Certification of No Income
Public Benefits Verification
Child Support Verification

Employment Verifications including the Work Number

Self-declaration of legal status for each family member is used in addition to verification through vital documents (i.e. birth certificates, residency card, etc.)

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AHA has 14 years of experience implementing tenet based rental assistance, rapid rehousing and homeless prevention programs. AHA has managed federal awards since its existence and currently administers $38,774,710 in annual federal awards through direct award or as a sub-recipient. AHA has been timely in all reporting requirements associated with the Federal awards.

Upon Mayor Ed Tauer's request, AHA has served as the lead fiscal agent and plan administrator of A@H since 2011. On behalf of A@H, AHA has administered HOME funds from Arapahoe County, City of Aurora and Division of Housing. In addition, A@H AHA has administered General funds, CDBG, ESG-CV, and Marijuana tax funds from the City of Aurora. AHA is also currently utilizing Colorado State Marijuana Tax funds from the Division of Housing for the Next Step-2 Gen RRH program which is a partnership with Aurora Public Schools and Cherry Creek School Districts.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

A@H AHA does not maintain a waitlist and as such no one is turned away because we cannot serve them.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

To AHA's knowledge, the agencies that provide similar services in Aurora are:

Aurora Mental Health on behalf of Aurora@Home
Salvation Army
Colorado Coalition for the Homeless

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

A@H AHA does not accept direct referrals to prevent any appearance of a conflict of interest. Referrals come directly from Aurora@Home partners within the collaborative. Partners learn about openings in the Rapid Rehousing and Homeless Prevention programs through the Aurora@Home Operations meetings and by email. One week before accepting referrals from A@H partner organizations, A@H AHA will send out an email to all partner organizations informing them the date when referrals will be accepted. Once the date arrives another email will be sent officially opening the referral process and the number of referrals beings accepted. A@H AHA does not maintain a waitlist. Once the appropriate number of referrals have been submitted, an email notice is sent out to A@H partner organizations notifying that the referral process has closed.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

When A@H was first formed, AHA was asked by then Mayor Tauer to assume the role of Plan Administrator. Sustainability of the A@H AHA program is based on ongoing jurisdictional support from the City of Aurora, Arapahoe County and the Division of Housing. Since AHA as a quasi-governmental organization, and not a 501(c)3 organization, there is limited access to private foundations to support AHA's role in A@H.

If funding were to be cut, AHA would look to other jurisdictions to offset that funding or would reduce the number of families that can be served.
Ideally, A@H AHA prefers to work directly with funders to best guarantee that there are no gaps in funding. Most recently, all funders seem committed to assuring this. If there was a short-term gap, AHA has the funding available to support participants in A@H until funding can be reimbursed.
Aurora Mental Health as the second fiscal agent for A@H (A@H AuMHC) is a 501(c)3 nonprofit and as such is capable of helping to sustain A@H through traditional foundations.

17. Name and position of the person that will oversee executing this project:
Name: Steve Blackstock
Title: Director of Family Services
Phone: 720-251-2087
Email: sblackstock@aurorahousing.org

Scope of Work

For

Aurora Mental Health Center

Pathways to Home: Homeless Prevention

Funding stream requested: Marijuana

Amount requested: $ 234,671

Amount recommended for allocation: $100,000

1. Please describe the project need in the Aurora community and its urgency.

There is significant community need to provide homeless prevention, rapid rehousing, shelter, and behavioral health interventions to individuals and experiencing homelessness. The 2020 Metro Denver Homeless Initiative Point in Time survey indicated 245 individuals in Arapahoe County and 476 in Adams County experiencing homelessness, with 241 (33%) reporting a mental health issue and 228 (32%) reporting a substance use issue, most likely with many individuals reporting both conditions. Our Homeless Prevention Program was able to provide over 500 services to 76 unique individuals last quarter, with 231 of those services being centered around mental health. Homeless individuals and families face numerous obstacles that undermine their ability to engage in services and resources necessary to better their mental health, and to engage in means to obtaining housing. This is exacerbated for individuals with mental health or substance use disorders who can experience health instability, cognitive and functional impairment due to symptom severity that increased the difficult to overcome homeless through obtainment of stable employment and affordable housing. For example, studies have shown that 30-60% of chronically homeless individuals engaged in mental health treatment do not take medications as recommended. This furthers their inability to obtain employment, housing, and overcome homelessness.

The COVID-19 global pandemic created an unprecedented economic crisis, in which a high percentage of our community applied for and relied on unemployment benefits in order to maintain their basic needs and housing. Many families were unable to return to work or get work due to caregiver responsibilities, did not return to work due to safety concerns about working in front line roles, for themselves or for vulnerable family members, or lost employment due to business closures. For our community members who may have already been struggling with behavioral health symptoms such as depression and anxiety, the additional fear and anxiety about COVID-19 made it impossible to remain at work. The COVID-19 global pandemic has disproportionally affected the job status and earnings of disabled, older, and vulnerable populations. Many of our clients who were part of one of these populations were unable to work and rely on obtaining SSI benefits or disability. These populations were also at an increased risk for severe illness and hospitalization due to COVID-19. As a result, many individuals and families became financially insecure and at increased risk for losing their housing due to inability to pay rent and utilities.

Aurora residents at risk of or who are experiencing homelessness are in dire need of services that focus on stabilization, treatment, and recovery. They need targeted intervention that provides treatment and recovery aligned with housing supports. There is urgent need for housing support programs that specifically address the needs of individuals with mental illness and substance use disorder. Many

existing housing resources in City of Aurora target other high needs populations, such as families with children or older adults, so there are limited supports for adults, couples, and households without children. Our services are designed for individuals and families of all ages, and will fill the gap for these populations and provide specialized care for individuals with behavioral health concerns. These individuals need targeted support and access to treatment in order to achieve the level of symptom stability and level of functioning needed to successfully obtain and maintain housing. Without treatment, individuals symptoms could become more severe, they could utilize harmful coping techniques such as substance use, or their behaviors could put at risk their housing and support networks.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☐ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☐ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

N/A

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

AuMHC's Pathways to Home team provides a comprehensive continuum of housing services, including street outreach, drop-in, homeless prevention, rapid housing, housing case management, a transition in care team, and behavioral health assessment and treatment. Pathways to Home services reached over 860 individuals last year. The Homeless Prevention project will increase access to care by providing services through drop-in services, case management, transitions in care services, and co-locating clinical staff onsite with community partners. We participate in OneHome, and referrals for eligible households based on VI-SPDAT scores and additional grant requirements attached to each funding source. Although our project has a behavioral health focus, we know that housing is the primary need for these individuals and is the reason why they access our services. Our trauma informed care approach recognizes that homelessness is a traumatic event for most individuals and may be impacting their ability to remain housed even if their mental illness is not an identified priority or concern for the client. We aim to offer immediate support and financial assistance for housing, and then once that need is met work toward building engagement in treatment and recovery services to foster long-term stability and self-sufficiency. Our housing supports are embedded within AuMHC as a whole, and clients can access the full continuum of our prevention, treatment and recovery services from staff that have specialty expertise in working with individuals with behavioral health concerns. We provide outreach, housing case management, treatment, and targeted support to locate and obtain housing resources. We also offer transition supports to connect clients with longer-term care, or intensive services such as Assertive Community Treatment.

Our project's primary goal is to provide assessment and brief assistance to help those at-risk of losing housing to remain stably housed. Services are provided through our drop-in model as well as through community-based locations and partnerships. The first objective is to provide housing case management, including financial assistance, landlord advocacy, and access to basic needs to support immediate housing needs and promote long-term stability will provide the following homeless prevention services. To achieve this, Case Managers work directly with clients to provide rental and utility financial assistance, emergency shelter, basic needs and engagement supports, legal fees, landlord interventions and advocacy, and short-term case management. The second objective is to provide onsite access to Therapist and Case Manager staff at community-based locations to support immediate access to treatment, case management, and housing supports for clients accessing day shelter resources. To achieve this, a Therapist is co-located onsite at Aurora Day Resource Center and other day shelter resources several days a week, as well as providing drop-in services at AuMHC's facility at 1544 Elmira Avenue. Clinical services include crisis intervention, intake and assessment, individual therapy, and mental health education and advocacy. All services are provided in the context of assisting the person achieve stability and have the resources needed to maintain safe and stable housing.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

We incorporate aspects of all the following models into our services:

- Housing First model
- Progressive Engagement
- Critical Time Intervention
- Trauma Informed Care

Our program is focused on meeting clients where they are at, and addressing their identified needs as a way to build trust and rapport and build toward long-term engagement in treatment and other services. Through the lens of Critical Time Intervention, we take advantage of the client accessing a specific service to focus on their prioritized needs through time-sensitive, limited interventions that will have immediate impact. We model Progressive Engagement, starting with less intensive services to meet immediate needs, and building collaboratively steps with clients to address more complex needs and progress to addressing underlying issues. For example, we provide drop-in services to assist clients with access to basic needs (food, clothing), provide harm reduction support, and help with obtaining identification cards. These first steps can then be leveraged to build skills in completing paperwork, attending appointments, and other needs building toward homeless prevention and housing maintenance. We understand that client engagement ebbs and flows, and do not close clients in our system but remain open to serving them whenever a need arises. We are a no barrier/low barrier model, and through a Housing First philosophy promote that everyone deserves safe and stable housing, and that many clients will not have the capacity to attend to other needs until that basic need is met. We do not require sobriety, medication compliance, or beginning treatment for any of our housing services. We work with each individual to become housing stable, overcoming symptoms and other issues that might put their housing status at risk. And lastly, we integrate Trauma Informed Care principles into all aspects of service delivery. We aim to manage safety in complex ways, ensure that expectations and treatment goals are feasible for our clients, and that we're aware of the impact of trauma and systemic inequities on our clients. We honor all the ways that clients express the impact of trauma on their lives, and provide training to staff on how to reduce re-traumatization and remain supportive in moments when a client is being triggered.

5. What will be/are the measurable outcomes, successes, goals, etc?

Goal 1: Provide an array of housing and therapeutic services to help those at risk of losing housing to remain stably housed.

- *Objective 1.1*: Case Managers will work directly with clients to provide rental and utility financial assistance, legal fees, landlord interventions and advocacy, and short-term case management. The project will provide housing case management services to at least 25 individuals per quarter, with the intended outcome to prevent at least 75% of individuals contacted from going to an unhoused situation.
- *Objective 1.2*: A therapist will be co-located onsite at Therapist at Aurora Day Resource Center and other community locations to provide immediate access to treatment, case management, and housing supports for clients accessing day shelter resources. The project will provide therapeutic services to at least 25 individuals per quarter, with the intended outcome to engage at least 50% of clients in ongoing treatment.

6. How will you measure those outcomes, successes, goals, etc.?

AuMHC will measure outcomes for each project component to capture both outputs and outcomes of services. The Pathways to Home Clinical Program Manager will review progress toward goals and objectives monthly with team members, and quarterly with the Grant Strategy Team and Clinical Division Director to ensure the project stays on track. Team leadership will problem-solve any barriers to achieving goals, as well as assessing changes to service delivery and services based on ongoing impact of the COVID-19 pandemic, community partnerships, and client needs. The team will also have support from Aurora Research Institute, an external expert evaluation organization that is a

subsidiary of AuMHC, for data collection and analysis aimed at understanding project impact on clients served.

- Output measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients served, number of clients who receive housing financial assistance, types of services provided, and client demographics.
- Outcome measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients who remain housed or who are connected to more stable housing situations, client experience of care, and clinical outcomes for those receiving treatment services, as measured by progress toward client-identified health goals, symptom severity, and level of functioning.

7. What is the projected timeline for this project?

This is a well-established project that has successfully provided homeless prevention services for many years so there is no start-up or implementation period needed. The project provides ongoing services based on client need. Case Management services are provided daily, drop-in services are provided at least three times a week, and co-location of Therapist staff is provided several times a week based on community partner availability and demand. The frequency and intensity of client contacts depends on specific client need, care plan, and housing goals. The project will review progress toward all goals and objectives monthly with the team, and quarterly with project leadership.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

AuMHC has a longstanding history of successfully engaging and supporting individuals at risk of experiencing homeless and those who are unstably housed. Our services meet clients where they are at and connect them with supports to address both immediate needs and long-term self-sufficiency. We target individuals with behavioral health conditions and provide specialized care that addresses level of functioning and symptom severity that can create additional barriers to access and stability in housing. Our homeless prevention project provides targeted housing case management to stabilize the individual's current housing, which can include housing assessment, advocacy and consultation with the landlord, and housing financial assistance with rent and utilities. Case Managers work directly with each household to understand their living situation and the supports needed to remain stably housed in the situation or find a more appropriate housing situation that will better suit their long-term goals and needs. The project also provides targeted behavioral health treatment to help individuals address symptoms that could be impacting their ability remain housed; for example, an individual with depression who is struggling to maintain employment, or an individual with severe paranoia who is unable to positively communicate with their landlord. As part of the AuMHC continuum, clients receiving housing supports have facilitated access to treatment and wraparound recovery services that can help them successfully maintain housing, such as vocational rehabilitation to support employment stability or prosocial activities to build social skills and foster community integration. By integrating immediate homeless prevention supports such as rental assistance, with ongoing treatment and case management, we can positively impact long-term stability and wellness for each individual and family.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Our services include dedicated transitions in care supports to assist individuals as their housing situation and mental wellness changes, with the intent to reduce the recidivism of households returning to homelessness. Our drop-in and Transition Care team provide housing case management services, including housed participants resources, strategies, and support between landlord and tenants to prevent future homelessness. To supplement immediate homeless prevention needs, we also provide long-term case management and supports for individuals to foster their wellness and stability and limit their risk of returning to an unhoused option in the future. Our housing supports are embedded within AuMHC as a whole, and clients can access the full continuum of our prevention, treatment and recovery services, including vocational rehabilitation, from staff that have specialty expertise in working with individuals with behavioral health concerns.

In addition to homeless prevention, we provide street outreach to connect with individuals who are currently unhoused, and offer both rapid rehousing and permanent supportive housing financial assistance to help individuals quickly attain housing. We provide integrated assessment and treatment services to help individuals attain health stability needed to be successfully in housing, and utilize Motivational Interviewing as an evidence-based practice to foster readiness and willingness to move to a housed environment. We aim to offer immediate support and financial assistance for housing, and then once that need is met work toward building engagement in treatment and recovery services if that is a goal for the client.

10. How many clients have been accepted into housing programs directly from your agency?
Aurora Mental Health Center has formal agreements for homeless services with several community partners across our service area and has longstanding care coordination and referral partnerships with community organizations such as Aurora Day Resource Center, Comitis, Aurora Warms the Night, and Salvation Army to connect individuals with housing units. AuMHC participates in OneHome as well as the Aurora@Home Collaborative to ensure coordinated entry and optimization of our community's limited housing resources. In 2020 the Pathways to Home team successfully connected 75 individuals to shelter, transitional housing and permanent housing resources through our street outreach and homeless prevention programs.

11. How will you verify income and qualifying factors for these funds?
We have experience gathering the required documentation from participants. We provide education to clients about requirements and assistance to obtain needed information such as identification cards and proof of income. All members of team verify income and qualifying factors for funding sources. All applications are reviewed by the lead Case Manager and overseen by the Pathways to Home Program Manager.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?
Aurora Mental Health Center (AuMHC) has been serving the Aurora community since 1975 and is the second largest provider of housing services in the city of Aurora. In the last 10 years, AuMHC has taken a lead role in formalizing our homeless service programs and has been working to create a more collaborative environment in Aurora and in the Denver Metro area. AuMHC formally began a Homeless Services program in 2011 when AuMHC secured the federally funded PATH grant. From this grant, the Pathways to Home team has grown into a robust program encompassing a street outreach team, drop-in services, transition services, and multiple housing programs. Our Pathways to Home program assisted 864 unique individuals in the last year. We have provided homeless prevention financial assistance for many years, and have experience working with the Aurora Housing Authority,

landlords, and neighborhoods to advocate for our clients. Our clinical team provides of 2,500 therapeutic services each year and our clients have demonstrated improvement in symptom severity and level of functioning as a result of treatment.

This program will be under our Homeless Services Program Director, Jessica Ipsen, who has over 7 years of experience working with homeless individuals in different capacities, including residential programs, day services, transitional programs, homeless prevention and rapid rehousing programs, street outreach, and mental health services for people experiencing homelessness. Jessica is a licensed clinical social worker (LCSW) and is committed to Housing First and Harm Reduction-focused housing models, as well as integrated treatment programs.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

AuMHC does not turn away any consumers who meet our eligibility criteria and we do not currently have a waitlist for Pathways to Home services. Due to our drop in and outreach services, we are not turning individuals and families away, participants can engage or disengage as they choose.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are several agencies in the regional that provide similar services; however, most of these entities do not have a behavioral health focus or the resources needed to integrate treatment with housing supports. Local providers for homeless prevention include:

- City of Aurora Housing Assistance Program (HAP)
- Metro Denver Homeless Initiative rental assistance program

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

AuMHC publicizes services through multiple avenues: information is posted on our agency website (www.aumhc.org), social media channels (Twitter, Facebook, Instagram), and through routine newsletters to community members and organizations. The Pathways to Home program also includes a Street Outreach Team, which travels throughout our community to actively connect with individuals in need and provide education about available services and resources. AuMHC leadership and staff meet routinely with other Aurora organizations through various committees and workgroups and share updates regarding service provision. We have longstanding referral partnership with local law enforcement, local hospitals, Aurora@Home members, human services, and public health, and MDHI. We are part of the MDHI OneHome Coordinated Entry System and will leverage that system to obtain appropriate referrals for services.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Aurora Mental Health Center (AuMHC) has been operating various housing assistance programs for over 10 years and has developed a diversified and braided funding stream to ensure long-term financial stability of services. Our Pathways to Home team has received grant funding previously from the City of Aurora, Office of Behavioral Health, Metro Denver Homeless Initiative, and HUD. All clinical services also receive reimbursement from client insurance and Health First Colorado for covered services. AuMHC leadership reviews all grants and contracts quarterly to ensure there is a plan for

service continuation or transition for contracts coming to an end. AuMHC continues to identify and integrate additional funding sources to further support sustainability for our shelter and homeless services programs.

17. Name and position of the person that will oversee executing this project:
Name: Esther Clark
Title: Director of Grant Strategy
Phone: 303.627.2013
Email: estherclark@aumhc.org

Scope of Work

For

Aurora Health Alliance

Aurora's Unhoused Cohort for Improved Healthcare Access

Funding stream requested: Public Safety

Amount requested: $10,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The 2020 Point in Time Survey found that more than 6,000 individuals are experiencing homelessness on any given night in the Denver metro area. According to the Metro Denver Homeless Initiative, there were between 400 and 500 people in Aurora actively in shelters on a given night in 2021. The unhoused population in Aurora has steadily increased over the past few years.

Aurora has abundant healthcare and social service needs, but it also has abundant resources. There are numerous groups dedicating time and resources to this cause. That is where Aurora Health Alliance thrives. We have earned the reputation of being an inclusive convener where all organizations are welcome to share resources, education, and challenges with peers. AHA provides a forum where the conversation is based on collaboration and solutions, particularly when it comes to improving equitable access to healthcare –physical, behavioral, and oral.

AHA is a systems change organization with roots in North Aurora that has always focused on community solutions. The key success to AHA is how many projects have been incubated at our meetings. These projects directly improve Aurora's healthcare system. The environment in Aurora is ripe for such a project in improving access to care for Aurora's unhoused community –and the work starts with creating a cohort of organizations and a forum for them to gather.

2. What is your target population you would serve through this project?

All, indirectly. Aurora Health Alliance does not directly provide services to individuals. The work we do improves lives in all categories above, however.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

This project will be focused on the expertise that Aurora Health Alliance has developed since its founding in 2010 –inclusive convening with solutions-focused conversation. AHA will:

- Develop an unhoused cohort by outreaching organizations working in the unhoused arena.

•Outreach key players in Aurora that are not yet involved, especially healthcare (physical, behavioral, and oral).

•Create and maintain a contact list of this cohort so that organizations can easily navigate the landscape to improve outreach and efforts for the unhoused community.

•Hold quarterly convenings for this cohort to meet (virtually).

•Create an example of community wrap around services for an unhoused individual, which will include:

- oWhich organizations are doing work in Aurora
- oWhat the organizations are doing
- oHow healthcare is wrapped in
- oHow the homeless individuals are receiving healthcare
- oWhat areas are ripe for collaboration and improvement
- oWhat resources need to be highlighted

•Facilitate conversation to identify areas to improve access to healthcare for the unhoused community.

Goal: Identify Areas in which healthcare access (physical, behavioral, and oral) can be improved for the unhoused in Aurora.

Outcomes:

- •Develop a cohort of organizations to support one another
- •Quarterly meetings for cohort
- •Identify three opportunities to better align healthcare with the unhoused
- •Maintain contact list for cohort members
- •Outreach key players in Aurora that are not yet involved, especially healthcare providers

Target Audience: Organizations with efforts focused on the unhoused

Evaluation: In addition to the following, AHA will contract with a public health expert at the Colorado School of Public Health to assess and improve evaluation methods:

- •# participating organization
- •# participating individuals
- •# connections shared
- •# healthcare measures/opportunities identified

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

AHA will consult with a public health expert at the Colorado School of Public Health to identify and incorporate evidence-based practices with this project.

5. What will be/are the measurable outcomes, successes, goals, etc?

Beyond the outcomes and goals listed in the project plan above, AHA will consult with a public health expert at the Colorado School of Public Health to identify and incorporate evidence-based practices with this project. In collaboration with this expert, AHA will strategize additional desired outcomes from the cohort during the first gathering in January 2022. These outcomes will then include an evaluation plan.

6. How will you measure thoseoutcomes, successes, goals, etc.?

AHA will consult with a public health expert at the Colorado School of Public Health to measure and evaluate this project. Minimally, AHA will track the participation of organizations within the cohort.

7. What is the projected timeline for this project?

AHA intends to maintain the unhoused cohort and provide a forum for it for as long as it is needed or until another suitable forum is available. AHAwill gauge needs of cohort and will provide support as it is needed in the community to fulfill our mission of improving access for everyone (especially the unhoused) in Aurora.

8. How is the agency and this program able to prevent people from going to an unhoused situation?

By supporting the organizations within the unhoused cohort, AHA is also elevating their work. This directly improves collaboration among the cohort organizations. It indirectly prevents people from going to an unhoused situation because we will be improving the relationships between organizations who provide direct services and resources.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. By supporting the organizations within the unhoused cohort, AHA is also elevating their work. This directly improves collaboration among the cohort organizations. It indirectly reduces the length of time people are unhoused and prevent households from returning to an unhoused option we will be improving the relationships between organizations who provide direct services and resources.

10. How many clients have been accepted into housing programs directly from your agency?

AHA does not offer housing programs.

11. How will you verify income and qualifying factors for these funds?

AHA does not offer housing programs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AHA is very experienced in creating community collaboration. This is what we do –we bring stakeholders together to provide education and share resources and facilitate a solutions-based conversation.We incubate projects designed to improve access to carewithin the community. 13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?AHA does not offer direct services. 14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?As far as AHA knows, no other organization in Aurora is doing what we are doing. The City of Aurora's Division of Housing and Community Servicesparticipates in our convenings. There is a coalition called Change the Trend, which has a strong collaborative Network in the southwest metro area, but they do not serve Aurora. They are not a service provider per se, but bring service providers together to strengthen collaboration and mobilize for collective action. Aurora Health Alliance is building such a collaborative network through our convenings in and for the Aurora community. 15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?AHA has a monthly newsletter that is distributed to almost 3,000 people who agree that the healthcare system in Aurora can do better. These people are community advocates, work in healthcare or social service roles, etc. They represent over 50 organizations in Aurora. In this communication, AHA will highlight the unhoused cohort and will invite participation. Additionally, AHA staff and board will strategize specific organizations who are not yet participating, specifically healthcare organizations. AHA commits to engaging with Aurora@Home. AHA commits to continuing conversation with the City of Aurora.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

For as long as AHA is able and is positively contributing to the work being done in this area, we will continue to do so. Funding will allow us to dedicate more resources toward this effort than we otherwise would. Aurora Health Alliance was intentional about engaging with organizations supporting the homeless community. Over the course of six+ months in 2021, staff and board members at AHA had conversations with the city, with key healthcare organizations in Aurora,with organizations dedicated to the unhoused community, and many others about what the landscape of thisworkis and where it isgoing. AHA did not want to do work that another organization was already doing successfully. Rather, AHA wants to elevate the work that is being done by lending our expertise of facilitating inclusive, solutions-based conversations. By doing this in other areas, AHA has been able to break down organizational silos and find ways to achieve incremental progress in our mission to achieve equitable access and promote a healthier Aurora for everyone –this includes those in our city who are unhoused.

17. Name and position of the person that will overseeexecuting this project:

Name: Mandy Ashley

Title: Executive Director, Aurora Health Alliance

Phone: 605-321-7986

Email: mashley@aurorahealthalliance.org

Scope of Work

For

Aurora Mental Health Center

Pathways to Home: Homeless Prevention

Funding stream requested: Marijuana

Amount requested: $ 148,715

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

There is increasing need for acute behavioral health services as a result of the COVID-19 pandemic, with symptoms of anxiety and depression increasing significantly over the last two years. Colorado data from the Colorado Health Foundation Pulse survey identified similar behavioral health challenges. Over 60% of respondents identified mental health as a very serious or extremely serious problem, and 50% identified drug and alcohol use as a very serious or extremely serious problem. On an individual level, 17% of respondents indicated they increased their consumption of alcohol or other substances in the last 12 months, 55% person reported experiencing anxiety, and 37% reported experiencing depression, with only 29% of individuals seeking care from a health professional for their concerns. Additionally, 39% of individuals reported they delayed seeking medical due to safety concerns resulting from the pandemic. For those struggling with a behavioral health condition, this may mean that individuals are presenting with more acute symptoms and need more intensive treatment and recovery supports. Individuals experiencing homelessness may experience exacerbated stressors, symptoms and acute needs as a result of their unstable living situation, including increased substance abuse as a coping mechanism.

City of Aurora is fortunate to have several hospital emergency departments and urgent care centers available when someone experiences a physical health emergency. First responders and community members know where to go and how to access those services at various convenient locations. Options are not as obvious for someone experiencing an acute reaction from intoxication or other substance use. Many times each day, police and other first responders encounter persons experiencing these health crises where a hospital emergency room may not be the best option for accessing care. For the person seeking care alone, or perhaps accompanied by friend or family member, the dilemma can be even more challenging. Education and coordination with law enforcement and other first responders regarding how best to identify and respond to an individual who is intoxicated or in withdrawal is essential to connect these individuals to potentially life-saving care. AuMHC's East Metro Detox and Recovery Center provides the only all-hours substance use intervention and withdrawal management program in the city, providing 24/7 care to support the individual to achieve detoxification and medical stabilization.

Additionally, individuals experiencing homelessness who are in dire need of withdrawal management or substance use disorder services are generally not accepted into the traditional local shelters. When they arrive at the shelter, they are either turned away or, when necessary, local police are called to address any concerns such as aggressive behavior that may be caused due to intoxication, possible fear of sleeping on the streets and getting arrested or bullied, poor weather issues, and/or lack of access to shelter services. Traditional shelters are not equipped to respond to these individuals in a safe and

effective way. Our local shelters rely on AuMHC's programs for withdrawal management for assistance and treatment of individuals with substance abuse issues who are in need of night shelter. There is urgent need for housing support programs that specifically address the needs of individuals with mental illness and substance use disorder. These individuals need targeted support and access to treatment in order to achieve the level of symptom stability and level of functioning needed to successfully obtain and maintain housing. Without treatment, individual's symptoms could become more severe, they may have increased risk of overdose, or their behaviors could put at risk their housing and support networks.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☐ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☐ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

N/A

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

AuMHC provides the only all-hours substance use intervention and withdrawal management (Detox) program in the City of Aurora. Located at 1290 S. Potomac, Detox provides 30 beds for inpatient care and monitoring for adults aged 18 and older who are intoxicated or experiencing withdrawal from substance use until the person achieves detoxification and medical stabilization. Services include social model withdrawal management, case management and connection to resources, group and individual therapy, milieu-based activities, and peer recovery coaches. Upon discharge, all clients are provided with referral to ongoing substance use treatment, and peer coaches facilitate connection to additional services offered by AuMHC or community providers, such as housing services, and vocational services. This program also provides Medication Assisted Treatment (MAT) for alcohol and opioid use disorder, with psychiatric providers and nurses to provide Suboxone and Naltrexone in combination with behavioral health counseling through both individual and group therapy.

Withdrawal management (detoxification) services are a critical phase in the recovery process. Our primary mission is to provide night shelter to Aurora community members who need a facility where they can safely withdrawal from drugs and/or alcohol. In order for consumers to maintain the benefits of withdrawal management (detox) services, many are given an opportunity to continue treatment through Aurora Mental Health Center or at the next appropriate level of treatment services available in our community. Our clinical staff works to motivate consumers to continue their treatment once they are safely discharged from our services. Key supports for individuals experiencing homelessness include: dedicated peer support specialists to connect individuals with the Pathways to Home program and other supports, housing case management, information and referral, community education and support, and non-urgent transportation services to our facility. We find that providing these additional preventative services and support help consumers "walk the path toward recovery." Admission to a withdrawal management unit can motivate consumers to change their behavior or seek ongoing care. Based on the nature of addiction, we have no expectation that all consumers will continue in recovery post-discharge. Our goal is to increase levels of success by addressing immediate shelter needs and then actively linking consumers with ongoing care and providing case management to meet other needs for wellness and recovery. Access to housing supports for individuals who are at risk of or who are experiencing homelessness is an essential part of that recovery journey.

We cannot support our mission without the partnership and cooperation of the Aurora Police Department. Our goal is to make the job of officers as efficient and safe as possible through the availability of drop-off services that are accessible and immediate. We understand the administrative and legal duties of officers, which is why we provide dedicated space for officers to perform tests and process paperwork onsite. The convenience of having a secure location to perform these duties increases officer efficiency and ability to quicky return to other public safety duties. Increasing understanding of substance abuse and availability of treatment resources increases the likelihood that law enforcement officers and community members will seek treatment in the event of relapse. This lessens the burden on services such as 911 dispatch and lowers the rate of law enforcement intervention, which increases public safety. Coordination with withdrawal management benefits Aurora's law enforcement activities in several ways: streamlined process to accept law enforcement drop off and referrals enables officers to quickly return to their duties, response to community transportation needs eliminates need for law enforcement involvement, and provision of case management and treatment services supports individuals' path to recovery and continued stability that will limit future law enforcement contacts.

Our primary goal is to coordinate with local law enforcement agencies to provide an accessible, safe, monitored night shelter facility where officers can take individuals for detox and withdrawal management services. Key objectives include:

- Provision of Dedicated Space: Our "police only" space in the facility gives officers a place to process consumers, conduct necessary tests, and complete paperwork, saving both time and travel. The intent is to enable officers to complete their administrative duties and more quickly return to public safety activities.
- Law Enforcement Drop-Off: 24/7/365 direct drop off of clients in need
- Community Referrals: We accept referrals directly from local hospitals and other medical providers. This assists law enforcement by minimizing their level of contact with consumers who don't require a law enforcement intervention. This allows officers to focus on more critical issues, maintain public safety and save incarceration and court costs.
- Education and Training: The education we provide to law enforcement officers also supports their ability to recognize and understand the effects of specific substances on the individual. This enables officers to have a safer and more effective interaction with that individual. Law enforcement officers also build awareness of EMDRS and other treatment options to help them identify the appropriate level of intervention needed.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

East Metro Detox and Recovery Services utilizes multiple evidence-based clinical practices for the assessment and treatment of substance use disorder and acute intoxication. Multidisciplinary care teams are led by the primary provider, who conducts patient-centered treatment planning, risk assessment and crisis planning with all clients at initial intake. Clinicians collaborate with each client on a strengths-based assessment process, administering validated clinical screening measures to identify treatment needs, conducting risk assessment, and implementing crisis planning for at-risk individuals. Upon discharge, all clients are provided with resources for basic needs, including housing, and connection to ongoing treatment as needed. Key clinical evidence-based practices include:

- Cognitive Behavioral Therapy: addresses maladaptive thoughts and behaviors by challenging negative thoughts and directly changing behavior, with highly individualized approaches based on client need.
- Dialectic Behavioral Therapy: A cognitive behavioral therapy that teaches people how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others, with the goal to achieve stability and behavioral control.
- Motivational Interviewing: A client-centered technique that utilizes supportive and empathic methods to help clients increase motivation and commitment to address self-identified challenges. MI fosters positive and lasting outcomes, including reduced resistance and increased readiness to change.
- Relapse Prevention Therapy: Utilizes cognitive and behavioral control techniques to cope with potential substance use relapse. The model is effective in reducing the severity of relapse, overall reduction of substance abuse, and improvements in psychosocial functioning.
- Seeking Safety: A manual-based model to strengthen coping skills and reduce self-destructive behavior for individuals with co-occurring trauma and substance use histories. Demonstrated effectiveness in improving PTSD and/or trauma symptoms and reduction of substance use.

Our Pathways to Home program provides housing services and supports incorporating aspects of Progressive Engagement, Critical Time Intervention and Trauma-Informed Care. Our services for

individuals experiencing homelessness are focused on meeting clients where they are at, and addressing their identified needs as a way to build trust and rapport and build toward long-term engagement in treatment and other services. Through the lens of Critical Time Intervention, we take advantage of the client accessing a specific service to focus on their prioritized needs through time-sensitive, limited interventions that will have immediate impact. We model Progressive Engagement, starting with less intensive services to meet immediate needs, and building collaboratively steps with clients to address more complex needs and progress to addressing underlying issues. For example, we provide street outreach and drop-in services to assist clients with access to basic needs (food, clothing), provide harm reduction support, and help with obtaining identification cards. These first steps can then be leveraged to build skills in completing paperwork, attending appointments, and other needs. We understand that client engagement ebbs and flows, and do not close clients in our system but remain open to serving them whenever a need arises. We are a no barrier/low barrier model, and through a Housing First philosophy promote that everyone deserves safe and stable housing, and that many clients will not have the capacity to attend to other needs until that basic need is met. We do not require sobriety, medication compliance, or beginning treatment for any of our housing services. Once the person is housed, we work with them to become housing stable, overcoming symptoms and other issues that might put their housing status at risk. And lastly, we integrate Trauma Informed Care principles into all aspects of service delivery. We aim to manage safety in complex ways, ensure that expectations and treatment goals are feasible for our clients, and that we're aware of the impact of trauma and systemic inequities on our clients. We honor all the ways that clients express the impact of trauma on their lives, and provide training to staff on how to reduce re-traumatization and remain supportive in moments when a client is being triggered.

5. What will be/are the measurable outcomes, successes, goals, etc?

<u>Goal 1: Provide law enforcement officers with 24/365 access to withdrawal management services.</u>

- Objective 1.1: Conduct interventions, intake, assessment, and evaluation for at least 185 Aurora law enforcement drop-offs, with the intended impact to provide immediate access to care and enable law enforcement officers to return to duties.
- Objective 1.2: Provide timely, professional intervention consultation for at least 250 Aurora law enforcement requests, including for individuals experiencing homelessness. The intended impact is to provide expert guidance to identify the appropriate treatment resource for individuals in need.
- Objective 1.3: Provide non-emergency transportation for at least 130 individuals, including those experiencing homelessness, from community providers to the EMDRS location. The intended impact is to reduce unnecessary emergency department utilization and reduce unnecessary incarceration and law enforcement resources.

6. How will you measure those outcomes, successes, goals, etc.?

AuMHC will measure outcomes for each project component to capture both outputs and outcomes of services. The East Metro Detox and Recovery Clinical Program Manager will review progress toward goals and objectives monthly with team members, and quarterly with the Grant Strategy Team and Clinical Division Director to ensure the project stays on track. Team leadership will problem-solve any barriers to achieving goals, as well as assessing changes to service delivery and services based on ongoing impact of the COVID-19 pandemic, community partnerships, and client needs.

- Output measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients dropped off by law enforcement, number of law enforcement consultations and referrals, number of night shelter beds provided, and number of non-urgent transports.

- Outcome measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes APD understanding of substance abuse resources, measures by the usage of withdrawal management services. This information will help to identify gaps and goals/objectives shortfalls and successes. Service utilization, measured by number and type of services offered and client engagement in ongoing treatment. This data will be provided to law enforcement to gauge the success rate of their interventions. Client experience of care, measured by a qualitative feedback form used to evaluate client experience of law enforcement drop-offs. This data is shared with law enforcement to provide feedback and opportunities for improvements.

7. What is the projected timeline for this project?

This is a well-established project that has successfully provided withdrawal management and substance use disorder services for many years so there is no start-up or implementation period needed. The project provides withdrawal management services 24/7/365, including law enforcement consultation and drop offs. The frequency and intensity of client care depends on specific client need and care plan. The project will review progress toward all goals and objectives monthly with the team, and quarterly with project leadership.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

This project is focused on partnering with local law enforcement to increase coordinated access to emergency shelter night shelter services through our withdrawal management program. AuMHC's partnership with law enforcement to meet the needs of these high-risk populations continues to evolve as stigma associated with behavioral health decreases and individuals are more willing to access care. Aurora law enforcement entities have demonstrated strong support and willingness to learn about this population and improve their ability to respond and connect the individual with community-based treatment and recovery resources, rather than default to arrest and incarceration. This positive changes in national and local culture strengthen our collaboration and improve use of community-based resources for treatment and recovery.

Access to withdrawal management will reduce risk of overdose, and increase access to outpatient treatment needed to achieve goals for symptom management, stability, and housing. The interrelationships of homelessness, mental illness and substance use disorders are complex and well-documented. Among individuals experiencing homelessness, at least 60 percent have a substance use disorder. Substance use disorders can make it difficult to earn a stable income and maintain housing, and can worsen in unstable housing situations. Homelessness frequently precedes substance use disorder, with substance use being a form of self-medication for the stress of being homeless.

Withdrawal management services are designed to provide immediate shelter from which address immediate and acute behavioral health symptoms and provide targeted treatment to address intoxication. Withdrawal management provides essential night shelter services and access to support services for this population. Engagement in ongoing care after discharge will enable the individual to address underlying factors that may have promoted or exacerbated the event, and through treatment build coping tools to manage symptoms, reduce risk of relapse, and achieve stability. Individuals who are precariously housed or who are experiencing homelessness will be connected to housing services that address immediate needs for shelter, foster long-term self-sufficiency through support services and wellness education, and facilitate transition to permanent housing and outpatient services. Coordinated behavioral health treatment and housing case management supports will reduce risk of

substance abuse and intoxication that could jeopardize landlord relationships and communication, increase risk for future criminal justice involvement, or create public safety concerns for their neighborhood or housing environment and result in the individuals losing their housing. Our goal is to assist clients in attaining behavioral health stability and building the tools for recovery that they will need to successfully stay housed. Collaboration with law enforcement will help reduce stigma associated with addiction, creating safer and more welcoming housing environments for individuals whose substance use disorder may impact their ability to attain and retain housing. These intervention services have both immediate impact on use of other community systems, such as criminal justice and emergency departments, and long-term impacts as we address the underlying behavioral health conditions which contribute to overuse of those systems.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

East Metro Detox and Recovery Services provides emergency shelter night shelter services for individuals experiencing homelessness who also have a substance use disorder. This project provides increased capacity for law enforcement officers to locate and assist homeless individuals in obtaining shelter while intoxicated or in need of substance abuse disorder treatment. Among AuMHC clients served last year, over 1,000 clients self-identified as being homeless, with 22 reporting that they were unable to stay at the local shelter due to their substance use or severe mental health condition. Individuals experiencing homelessness who also have a mental illness struggle to access care, and to comply with treatment recommendations such as taking medications, which only furthers their inability to stabilize their symptoms, obtain meaningful employment and retain their housing long-term to overcome homelessness. Additionally, risk factors contributing to homelessness can include a history of trauma, which can also increase risk for substance abuse and overdose. Through partnership with local law enforcement, this project will provide immediate access to behavioral health treatment to help individuals detoxify and achieve stability. This will enable individuals experiencing homelessness to focus on their housing goals, and engage in housing case management to find appropriate housing options. Individuals will be provided with targeted services to meet their individual needs, including client supports to reduce health risks associated with homelessness (e.g., hygiene kits, cold weather survival gear), transitional supports for those newly housed (e.g., mattresses, cleaning supplies), and supports to reduce barriers to accessing services (e.g., bus passes) that will reduce risk of returning to an unhoused environment. Addressing substance abuse is essential to developing positive coping skills, functioning effectively at work, building prosocial networks and ability to communicate positively with landlords and neighbors, and caring for themselves and their living environment. We believe that increasing access to night shelter and providing more individuals with withdrawal management services will reduce the length of time they are unhoused and prevent households from returning to an unhoused option. This limits future law enforcement contacts with that individual, reduces need for crisis or withdrawal management interventions, and improves community safety.

10. How many clients have been accepted into housing programs directly from your agency?

Aurora Mental Health Center has formal agreements for homeless services with several community partners across our service area. Some of these partnerships including withdrawal management services we have formal agreements with such as Aurora Police Department for referral/drop off of clients in need, and with local hospitals for transportation from the emergency department to our detox facility for clients appropriate for that level of care. From January to July 2021 we were able to provide 221 interventions, intake, assessment, and evaluation from law enforcement drop offs. Aurora and other community law enforcement drop-offs continue to be served at high volume, and

both timely phone intervention consultation and non-emergency transports to EMDRS exceeded target numbers for the grant term. We provided a total of 386 non-emergency transports and 285 professional phone intervention consultations to Aurora law enforcement last year.

AuMHC does not currently track the number of clients who received withdrawal management services who receive housing supports upon discharge or who are accepted into housing programs. Our substance use services are intended to support immediate acute needs and provide treatment and space to attain the stability needed to engage in long-term behavioral health treatment and recovery services. As part of their discharge plan, clients who are at risk of homelessness or who are experiencing homelessness will be connected to the Pathways to Home team for housing case management and access to housing programs once their crisis has stabilized. As a whole, in 2020 the Pathways to Home team successfully connected 75 individuals to shelter, transitional housing and permanent housing resources.

11. How will you verify income and qualifying factors for these funds?
We have experience gathering the required documentation from participants. We provide education to clients about requirements and assistance to obtain needed information such as identification cards and proof of income. All members of team verify income and qualifying factors for funding sources. All applications are reviewed by the lead Case Manager and overseen by the East Metro Detox and Recovery Services Program Manager.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?
AuMHC began offering withdrawal management services in 2017, in response to a request from Signal Behavioral Health Network to develop a new adult social detox provider in Arapahoe County. The program has continued to grow, increasing capacity for Medication Assisted Treatment and Peer Recovery Services to provide wraparound care for individuals in recovery. Last year, AuMHC provided detox services for more than 3,500 individuals through a 30-bed unit. The East Metro Detox and Recovery Services is one piece of our continuum of substance abuse disorder care. We have many years' experience working with certified addictions counselors and therapists to provide evidence-based substance use disorder treatment, including treatment for co-occurring mental illness and substance use disorder. Additional substance use disorder services include recovery-focused outpatient care, including individual therapy, group therapy, relapse prevention, teen services, specialized women's treatment, DUI education and therapy, peer support services, and Medication Assisted Treatment for opioid and alcohol abuse, and withdrawal management.

We work regularly with persons experiencing mental illness, substance use and homelessness. Over the past two years, we have served at least 3,000 community members experiencing homelessness, delivering more than 30 services per person on average. These services might include hygiene and food kits, case management, diversion from arrest, referral to transitional permanent housing, mental health and substance use intervention and care, or referral to other human services. Our Pathways to Home program is dedicated to providing these types of services through street outreach, mobile outreach, and drop-in care.

This program will be under our East Metro Substance Use Program Director, Malcolm Jobe, who has over 17 years of experience working in the behavioral health field in different capacities, including withdrawal management centers, day services, transitional programs, mental health services, early

intervention services, homeless prevention and outreach, and residential programs. Malcolm has experience providing direct care, education, individual and group counseling, case management, service coordination, staff supervision, and program development. Malcolm is a licensed addictions counselor (LAC) and is committed to Housing First and Harm Reduction-focused housing models, as well as integrated treatment programs.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

AuMHC does not turn away any consumers who meet our eligibility criteria. Historically, we have served over 95% of homeless consumers who approached us seeking withdrawal management services. Individuals who do not meet admittance criteria are offered other appropriate resources. The majority of individuals do not meet criteria due to medical needs that require treatment and are transported to local emergency departments with which we have longstanding partnerships.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

AuMHC operates the only 24/7/365 withdrawal management services program in the City of Aurora. There are several other organizations and private practices that provide substance use disorder treatment, but many do not accept Medicaid or indigent clients. AuMHC is also the only provider that offers these services as part of a continuum of care that include direct housing case management and financial assistance supports.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

AuMHC publicizes services through multiple avenues: information is posted on our agency website (www.aumhc.org), social media channels (Twitter, Facebook, Instagram), and through routine newsletters to community members and organizations. The Pathways to Home program also includes a Street Outreach Team, which travels throughout our community to actively connect with individuals in need and provide education about available services and resources. AuMHC leadership and staff meet routinely with other Aurora organizations through various committees and workgroups and share updates regarding service provision. We have longstanding referral partnership with local law enforcement, local hospitals, Aurora@Home members, human services, and public health, and MDHI. We are part of the MDHI OneHome Coordinated Entry System and will leverage that system to obtain appropriate referrals for services.

EMDRS communicates with local law enforcement officers daily, as officers regularly utilize withdrawal management services. Direct communication is the most commonly used method of outreach and is also the most preferred. This builds increased familiarity and greater trust in an already strong relationship with the department. EMDRS staff have provide direct information to all APD officers who completed a consumer drop-off, in addition to tours of the facility to officers as requested. This has given officers the opportunity to become familiar and up to date with EMDRS staff, program information, and new service offerings.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Aurora Mental Health Center (AuMHC) has been operating the withdrawal management program for over five years and has developed a diversified and braided funding stream to ensure long-term financial stability of services. Our EMDRS services are supported by grants from Arapahoe County, contracts with local hospitals, contract with Signal Behavioral Health Network as the Managed Services Organization administering substance use disorder services for our region, and a contact with Office of Behavioral Health. Our clinical services also receive reimbursement from client insurance and Health First Colorado for covered services. EMDRS offers high intensity services that are not fully covered by client payer sources, and is therefore dependent on community and local government support to ensure that services are a sustainable resource available to law enforcement entities, hospitals, and the community. AuMHC leadership reviews all grants and contracts quarterly to ensure there is a plan for service continuation or transition for contracts coming to an end. AuMHC continues to identify and integrate additional funding sources to further support sustainability for our shelter and homeless services programs.

17. Name and position of the person that will oversee executing this project:
Name: Esther Clark
Title: Director of Grant Strategy
Phone: 303.627.2013
Email: estherclark@aumhc.org

Scope of Work

For

Aurora Mental Health Center

East Metro Detox and Recovery – Night Shelter

Funding stream requested: ESG

Amount requested: $ 124,218

Amount recommended for allocation: $124,218

1. Please describe the project need in the Aurora community and its urgency.

There is increasing need for acute behavioral health services as a result of the COVID-19 pandemic, with symptoms of anxiety and depression increasing significantly over the last two years. Colorado data from the Colorado Health Foundation Pulse survey identified similar behavioral health challenges. Over 60% of respondents identified mental health as a very serious or extremely serious problem, and 50% identified drug and alcohol use as a very serious or extremely serious problem. On an individual level, 17% of respondents indicated they increased their consumption of alcohol or other substances in the last 12 months, 55% person reported experiencing anxiety, and 37% reported experiencing depression, with only 29% of individuals seeking care from a health professional for their concerns. Additionally, 39% of individuals reported they delayed seeking medical due to safety concerns resulting from the pandemic. For those struggling with a behavioral health condition, this may mean that individuals are presenting with more acute symptoms and need more intensive treatment and recovery supports. Individuals experiencing homelessness may experience exacerbated stressors, symptoms and acute needs as a result of their unstable living situation, including increased substance abuse as a coping mechanism. Conversely, substance use and mental health disorders are also among the risk factors that contribute to homelessness and individuals that exhibit co-occurring disorders are at greater risk for homelessness. It is estimated that as many as half of all individuals who are homeless have had a diagnosable substance use disorder at some point in their lives.

Additionally, individuals experiencing homelessness who are in dire need of withdrawal management or substance use disorder services are generally not accepted into the traditional local shelters. When they arrive at the shelter, they are either turned away or, when necessary, local police are called to address any concerns such as aggressive behavior that may be caused due to possible fear of sleeping on the streets and getting arrested or bullied, poor weather issues, and/or lack of access to shelter services. AuMHC data indicates that many individuals reported they have been denied services at local shelters due to severe behavioral health conditions, were transported to withdrawal management from a shelter to access care, or were transported to withdrawal management by law enforcement officers due to sleeping outside a shelter waiting to sober up and be eligible for a shelter bed. Traditional shelters are not equipped to respond to these individuals in a safe and effective way. Our local shelters rely on East Metro Detox and Recovery to provide emergency night shelter with integrated access to withdrawal management for this population.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Veterans**

☒ **Elderly**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **Mental Illness**

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

AuMHC provides the only all-hours substance use intervention and withdrawal management (Detox) program in the City of Aurora. Located at 1290 S. Potomac, Detox provides 30 beds for inpatient care and monitoring for adults aged 18 and older who are intoxicated or experiencing withdrawal from substance use until the person achieves detoxification and medical stabilization. Services include social model withdrawal management, case management and connection to resources, group and individual therapy, milieu-based activities, and peer recovery coaches. Upon discharge, all clients are provided with referral to ongoing substance use treatment, and peer coaches facilitate connection to additional services offered by AuMHC or community providers, such as housing services, vocational services. This program also provides Medication Assisted Treatment (MAT) for alcohol and opioid use disorder, with psychiatric providers and nurses to provide Suboxone and Naltrexone in combination with behavioral health counseling through both individual and group therapy.

Withdrawal management (detoxification) services are a critical phase in the recovery process. Our primary goal is to provide emergency night shelter to support individuals experiencing homelessness who need a facility where they can safely withdrawal from drugs and/or alcohol. In order for consumers to maintain the benefits of withdrawal management (detox) services, many are given an opportunity to continue treatment through Aurora Mental Health Center or at the next appropriate level of treatment services available in our community. Our clinical staff works to motivate consumers to continue their treatment once they are safely discharged from our services. Key supports for individuals experiencing homelessness include: dedicated peer support specialists to connect individuals with the Pathways to Home program and other supports, housing case management, information and referral, community education and support, and non-urgent transportation services to our facility. We find that providing these additional preventative services and support help consumers "walk the path toward recovery." Admission to a withdrawal management unit can motivate consumers to change their behavior or seek ongoing care. Based on the nature of addiction, we have no expectation that all consumers will continue in recovery post-discharge. Our goal is to increase levels of success by meeting the immediate shelter needs and then actively linking consumers with ongoing care and providing case management to meet other needs for wellness and recovery. Access to night shelter and integrated behavioral health treatment is an essential part of that recovery journey.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

East Metro Detox and Recovery Services utilizes multiple evidence-based clinical practices for the assessment and treatment of substance use disorder and intoxication. Multidisciplinary care teams are led by the primary provider, who conducts patient-centered treatment planning, risk assessment and crisis planning with all clients at initial intake. Clinicians collaborate with each client on a strengths-based assessment process, administering validated clinical screening measures to identify treatment needs, conducting risk assessment, and implementing crisis planning for at-risk individuals. Upon discharge, all clients are provided with resources for basic needs, including housing supports through our Pathways to Home program, and connection to ongoing treatment as needed. Key clinical evidence-based practices include:

- Cognitive Behavioral Therapy: addresses maladaptive thoughts and behaviors by challenging negative thoughts and directly changing behavior, with highly individualized approaches based on client need.
- Dialectic Behavioral Therapy: A cognitive behavioral therapy that teaches people how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others, with the goal to achieve stability and behavioral control.
- Motivational Interviewing: A client-centered technique that utilizes supportive and empathic methods to help clients increase motivation and commitment to address self-identified challenges. MI fosters positive and lasting outcomes, including reduced resistance and increased readiness to change.
- Relapse Prevention Therapy: Utilizes cognitive and behavioral control techniques to cope with potential substance use relapse. The model is effective in reducing the severity of relapse, overall reduction of substance abuse, and improvements in psychosocial functioning.
- Seeking Safety: A manual-based model to strengthen coping skills and reduce self-destructive behavior for individuals with co-occurring trauma and substance use histories. Demonstrated effectiveness in improving PTSD and/or trauma symptoms and reduction of substance use.

Our Pathways to Home program provides housing services and supports incorporating aspects of Progressive Engagement, Critical Time Intervention and Trauma-Informed Care. Our homeless services program is focused on meeting clients where they are at, and addressing their identified needs as a way to build trust and rapport and build toward long-term engagement in treatment and other services. Through the lens of Critical Time Intervention, we take advantage of the client accessing a specific service to focus on their prioritized needs through time-sensitive, limited interventions that will have immediate impact. We model Progressive Engagement, starting with less intensive services to meet immediate needs, and building collaboratively steps with clients to address more complex needs and progress to addressing underlying issues. For example, we provide street outreach and drop-in services to assist clients with access to basic needs (food, clothing), provide harm reduction support, and help with obtaining identification cards. These first steps can then be leveraged to build skills in completing paperwork, attending appointments, and other needs. We understand that client engagement ebbs and flows, and do not close clients in our system but remain open to serving them whenever a need arises. We are a no barrier/low barrier model, and through a Housing First philosophy promote that everyone deserves safe and stable housing, and that many clients will not have the capacity to attend to other needs until that basic need is met. We do not require sobriety, medication compliance, or beginning treatment for any of our housing services. Once the person is housed, we work with them to become housing stable, overcoming symptoms and other issues that might put their housing status at risk. And lastly, we integrate Trauma Informed Care principles into all aspects of service delivery. We aim to manage safety in complex ways, ensure that expectations and treatment goals are feasible for our clients, and that we're aware of the impact of trauma and systemic inequities on our clients. We honor all the ways that clients express the impact of trauma on their lives, and provide training to staff on how to reduce re-traumatization and remain supportive in moments when a client is being triggered.

5. What will be/are the measurable outcomes, successes, goals, etc?

Goal 1: Provide emergency night shelter to individuals experiencing homelessness who are in need of substance use disorder services.

- Objective 1.1: Provide emergency night shelter to at least 12 individuals experiencing homelessness who are in need of withdrawal management services. Services include providing transportation assistance, connection to medical and mental health services,

continued substance disorder treatment, and supportive services that would help them achieve goals for recovery, housing and independence.

- Objective 2.2: Develop and pilot a formalized process to track client engagement in long-term services after being discharged from withdrawal management. The intent will be measure how accessing withdrawal management services increases access to and engagement in housing supports, monitoring the number of clients who receive housing services and obtain housing as a result.

6. How will you measure those outcomes, successes, goals, etc.?

AuMHC will measure outcomes for each project component to capture both outputs and outcomes of services. The East Metro Detox and Recovery Services Manager will review progress toward goals and objectives monthly with team members, and quarterly with the Grant Strategy Team and Clinical Division Director to ensure the project stays on track. Team leadership will problem-solve any barriers to achieving goals, as well as assessing changes to service delivery and services based on ongoing impact of the COVID-19 pandemic, community partnerships, and client needs.

- Output measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients served, number of nights shelter beds provided, types of services provided, and client demographics.
- Outcome measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients who engaged in housing services after receiving night shelter, client experience of care, and clinical outcomes for those receiving treatment services, as measured by progress toward client-identified health goals, symptom severity, and level of functioning.

7. What is the projected timeline for this project?

This is a well-established project that has successfully provided withdrawal management and substance use disorder services for many years so there is no start-up or implementation period needed. The project provides withdrawal management services 24/7/365, including law enforcement consultation and drop offs. The frequency and intensity of client care depends on specific client need and care plan. The project will review progress toward all goals and objectives monthly with the team, and quarterly with project leadership.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

This project provides emergency shelter night shelter services through our withdrawal management program. Access to shelter beds with integrated withdrawal management will reduce risk of overdose, and increase access to outpatient treatment needed to achieve goals for management and sobriety. The interrelationships of homelessness, mental illness and substance use disorders are complex and well-documented. Among individuals experiencing homelessness, at least 60 percent have a substance use disorder. Substance use disorders can make it difficult to earn a stable income and maintain housing, and symptoms can worsen in unstable housing situations. Homelessness frequently precedes substance use disorder, with substance use being a form of self-medication for the stress of being homeless.

Withdrawal management services are designed to address immediate and acute behavioral health symptoms and provide targeted treatment to address intoxication. Withdrawal management provides essential night shelter services and access to support services for this population. Engagement in

ongoing care after discharge will enable the individual to address underlying factors that may have promoted or exacerbated the event, and through treatment build coping tools to manage symptoms, reduce risk of relapse, and achieve stability. Individuals who are precariously housed or who are experiencing homelessness will be connected to housing services that address immediate needs for shelter, foster long-term self-sufficiency through support services and wellness education, and facilitate transition to permanent housing and outpatient services. Coordinated behavioral health treatment and housing case management supports will reduce risk of substance abuse and intoxication that could jeopardize landlord relationships and communication, increase risk for future criminal justice involvement, or create public safety concerns for their neighborhood or housing environment and result in the individuals losing their housing. Our goal is to assist clients in attaining behavioral health stability and building the tools for recovery that they will need to successfully stay housed.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

East Metro Detox and Recovery Services provides emergency shelter night shelter services for individuals experiencing homelessness who also have a substance use disorder. This project provides increased capacity and dedicated supports to help homeless individuals in obtaining shelter and treatment for substance use disorder. Among AuMHC clients served last year, over 1,000 clients self-identified as being homeless, with 22 reporting that they were unable to stay at the local shelter due to their substance use or severe mental health condition. Individuals experiencing homelessness who also have a mental illness struggle to access care, and to comply with treatment recommendations such as taking medications, which only furthers their inability to stabilize their symptoms, obtain meaningful employment and retain their housing long-term to overcome homelessness. Additionally, risk factors contributing to homelessness can include a history of trauma, which can also increase risk for substance abuse and overdose. This project will provide immediate access to integrated night shelter and behavioral health treatment to help individuals detoxify and achieve stability. This will enable individuals experiencing homelessness to focus on their housing goals, and engage in housing case management to find appropriate housing options. Individuals will be provided with targeted services to meet their individual needs, including client supports to reduce health risks associated with homelessness (e.g., hygiene kits, cold weather survival gear), transitional supports for those newly housed (e.g., mattresses, cleaning supplies), and supports to reduce barriers to accessing services (e.g., bus passes) that will reduce risk of returning to an unhoused environment. Addressing substance abuse is essential to developing positive coping skills, functioning effectively at work, building prosocial networks and ability to communicate positively with landlords and neighbors, and caring for themselves and their living environment. We believe that increasing access to night shelter and providing more individuals with withdrawal management services will reduce the length of time they are unhoused and prevent households from returning to an unhoused option.

10. How many clients have been accepted into housing programs directly from your agency?

Aurora Mental Health Center has formal agreements for homeless services with several community partners across our service area. For withdrawal management services we have formal agreements with such as Aurora Police Department for referral/drop off of clients in need, and with local hospitals for transportation from the emergency department to our detox facility for clients appropriate for that level of care.

AuMHC does not currently track the number of clients who received withdrawal management services who receive housing supports upon discharge or who are accepted into housing programs.

Our substance use services are intended to support immediate acute needs and provide treatment and space to attain the stability needed to engage in long-term behavioral health treatment and recovery services. As part of their discharge plan, clients who are at risk of homelessness or who are experiencing homelessness will be connected to the Pathways to Home team for housing case management and access to housing programs once their crisis has stabilized. In 2020 the Pathways to Home street outreach and homeless prevention projects successfully connected 75 individuals to shelter, transitional housing and permanent housing resources.

11. How will you verify income and qualifying factors for these funds?

We have experience gathering the required documentation from participants. We provide education to clients about requirements and assistance to obtain needed information such as identification cards and proof of income. All members of team verify income and qualifying factors for funding sources. All applications are reviewed by the lead Case Manager and overseen by the Program Manager.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AuMHC began offering withdrawal management services in 2017, in response to a request from Signal Behavioral Health Network to develop a new adult social detox provider in Arapahoe County. The program has continued to grow, increasing capacity for Medication Assisted Treatment and Peer Recovery Services to provide wraparound care for individuals in recovery. Last year, AuMHC provided detox services for more than 3,500 individuals through a 30-bed unit. The East Metro Detox and Recovery Services is one piece of our continuum of substance abuse disorder care. We have many years' experience working with certified addictions counselors and therapists to provide evidence-based substance use disorder treatment, including treatment for co-occurring mental illness and substance use disorder. Additional substance use disorder services include recovery-focused outpatient care, including individual therapy, group therapy, relapse prevention, teen services, specialized women's treatment, DUI education and therapy, peer support services, and Medication Assisted Treatment for opioid and alcohol abuse, and withdrawal management.

We work regularly with persons experiencing mental illness, substance use and homelessness. Over the past two years, we have served at least 3,000 community members experiencing homelessness, delivering more than 30 services per person on average. These services might include hygiene and food kits, case management, diversion from arrest, referral to transitional permanent housing, mental health and substance use intervention and care, or referral to other human services. Our Pathways to Home program is dedicated to providing these types of services through street outreach, mobile outreach, and drop-in care.

This program will be under our East Metro Substance Use Program Director, Malcolm Jobe, who has over 17 years of experience working in the behavioral health field in different capacities, including withdrawal management centers, day services, transitional programs, mental health services, early intervention services, homeless prevention and outreach, and residential programs. Malcolm has experience providing direct care, education, individual and group counseling, case management, service coordination, staff supervision, and program development. Malcolm is a licensed addictions counselor (LAC) and is committed to Housing First and Harm Reduction-focused housing models, as well as integrated treatment programs.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Our Shelter services available through EMDRS accept all consumers, homeless or otherwise, who meet the withdrawal management criteria. Historically, we have served over 95% of homeless consumers who approached us seeking withdrawal management services. The East Metro Detox and Recovery Service Center (EMDRS) is a 30-bed capacity unit; however we have remained at a reduced bed census of 18 due to COVID-19 and the need for social distancing for health and safety. When bed capacity reaches its limit, individuals are generally escorted to local Emergency Departments. Our direct pick-ups from local shelters, agencies and emergency rooms have continuously increased as we create new partnerships with local government and community organizations that serve this population. Individuals who do not meet admittance criteria, typically due to medical clearance, are offered other appropriate resources or transported to the local emergency department.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

AuMHC operates the only 24/7/365 withdrawal management services program in the City of Aurora, and is the only organization providing emergency night shelter to individuals who are intoxicated and in need of treatment. There are several other organizations and private practices that provide substance use disorder treatment, but many do not accept Medicaid or indigent clients. AuMHC is also the only provider that offers these services as part of a continuum of care that includes direct housing case management and financial assistance supports.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

AuMHC publicizes services through multiple avenues: information is posted on our agency website (www.aumhc.org), social media channels (Twitter, Facebook, Instagram), and through routine newsletters to community members and organizations. The Pathways to Home program also includes a Street Outreach Team, which travels throughout our community to actively connect with individuals in need and provide education about available services and resources. AuMHC leadership and staff meet routinely with other Aurora organizations through various committees and workgroups and share updates regarding service provision. We have longstanding referral partnership with local law enforcement, local hospitals, Aurora@Home members, human services, and public health, and MDHI. We are part of the MDHI OneHome Coordinated Entry System and will leverage that system to obtain appropriate referrals for services.

EMDRS communicates with local law enforcement officers on a daily basis, as officers regularly utilize withdrawal management services. Direct communication is the most commonly used method of outreach and is also the most preferred. This builds increased familiarity and greater trust in an already strong relationship with the department. EMDRS staff have provide direct information to all APD officers who completed a consumer drop-off, in addition to tours of the facility to officers as requested. This has given officers the opportunity to become familiar and up to date with EMDRS staff, program information, and new service offerings.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Aurora Mental Health Center (AuMHC) has been operating the withdrawal management program for over five years and has developed a diversified and braided funding stream to ensure long-term financial stability of services. Our EMDRS services are supported by grants from Arapahoe County, contracts with local hospitals, contract with Signal Behavioral Health Network as the Managed Services Organization administering substance use disorder services for our region, and a contact with Office of Behavioral Health. Our clinical services also receive reimbursement from client insurance and Health First Colorado for covered services. EMDRS offers high intensity services that are not fully covered by client payer sources, and is therefore dependent on community and local government support to ensure that services are a sustainable resource available to law enforcement entities, hospitals, and the community. AuMHC leadership reviews all grants and contracts quarterly to ensure there is a plan for service continuation or transition for contracts coming to an end. AuMHC continues to identify and integrate additional funding sources to further support sustainability for our shelter and homeless services programs.

17. Name and position of the person that will oversee executing this project:

Name: Esther Clark
Title: Director of Grant Strategy
Phone: 303.627.2013
Email: estherclark@aumhc.org

Scope of Work

For

Aurora Mental Health Center

Behavioral Health Crisis Response

Funding stream requested: Public Saftey

Amount requested: $ 104,439.60

Amount recommended for allocation: $75,000

1. Please describe the project need in the Aurora community and its urgency.

There is increasing need for acute behavioral health services as a result of the COVID-19 pandemic, with symptoms of anxiety and depression increasing significantly over the last two years. Colorado data from the Colorado Health Foundation Pulse survey identified similar behavioral health challenges. Over 60% of respondents identified mental health as a very serious or extremely serious problem, and 50% identified drug and alcohol use as a very serious or extremely serious problem. On an individual level, 17% of respondents indicated they increased their consumption of alcohol or other substances in the last 12 months, 55% person reported experiencing anxiety, and 37% reported experiencing depression, with only 29% of individuals seeking care from a health professional for their concerns. Additionally, 39% of individuals reported they delayed seeking medical due to safety concerns resulting from the pandemic. For those struggling with a behavioral health condition, this may mean that individuals are presenting with more acute symptoms and need more intensive treatment and recovery supports. Individuals experiencing homelessness may experience exacerbated stressors, symptoms and acute needs as a result of their unstable living situation that can lead to a psychiatric crisis.

Our local law enforcement organizations routinely come in to contact with individuals experiencing a psychiatric crisis or distress when responding to community calls, including a significant number of individuals who are at risk of or who are currently experiencing homelessness. We are fortunate to have several hospital emergency departments and urgent care centers available in Aurora when someone experiences a physical health emergency. First responders and community members know where to go and how to access those services at various convenient locations. The symptom presentation and appropriate treatment resources are not as obvious for someone experiencing a mental health crisis.

Aurora Mental Health Center operates the only dedicated walk-in crisis center (WIC) in the community. Located at 2206 Victor Street on the Anschutz Medical Campus, WIC is open seven days a week from 8 am to 11 pm and provides immediate crisis intervention and therapeutic care for all mental health conditions. Through this project, AuMHC will provide training, consultation and dedicated drop-off space and processes for law enforcement officers to access behavioral health crisis services. Coordination with law enforcement to provide immediate access to expert behavioral health assessment and treatment for individuals in need will enable law enforcement officers to more quickly address community member needs and return to public safety duties. Providing Crisis Intervention Team and other training in how to recognize symptoms of a psychiatric crisis and respond to individuals experiencing homelessness in a trauma-informed and culturally-responsive manner will improve officer ability to safely interact with the individual and get them to the care they need. Developing and

maintaining this direct referral, training and consultation partnership means that law enforcement and first responders will be able to more safely, effectively and efficiently support the safety and treatment of individuals experiencing a behavioral health crisis and connect individuals at risk of or who are experiencing homelessness to the robust continuum of treatment, recovery and housing supports that AuMHC offers once their crisis has stabilized.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☐ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

N/A

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The proposed services will provide training, collaborative outreach and intervention, and access to resources for Aurora law enforcement officers who are working with the target populations of individuals in crisis and individuals experiencing homelessness. These individuals have high risk factors, including safety concerns and acute behavioral health needs.

- Crisis Services: All services described below are immediately available to support Aurora Police Department (APD) officers in situations that may involve mental health issues. The walk-In Center serves as the entry point for all crisis services not provided in the community, including the Crisis Stabilization Unit (CSU), triage, and screening. The WIC can serve as a location for APD to bring individuals experiencing a behavioral health crisis, and also provides phone consultation to officers responding to an individual in crisis. WIC accepts individuals that are experiencing a self-defined crisis, and will provide immediate supports and an assessment to determine the most appropriate level of care. The Crisis Stabilization Unit is a 16-bed adult behavioral healthcare facility that uses evidence-based crisis stabilization services. Individuals 18 years of age and older, regardless of ability to pay, who are experiencing a behavioral health crisis can receive CSU services for up to 5 days. CSU provides intensive treatment for individuals who do not need inpatient services to enable them to stabilize in a supportive residential environment. Clients have access to multiple groups per day, individual therapy, family therapy, milieu-based activities and support, medication administration, and daily ongoing psychiatric care. Upon discharge, clients are provided with referrals and follow-up appointments should they need to establish care or with existing providers, to promote engagement in ongoing treatment and recovery services. Individuals who are at risk of or who are experiencing homelessness will receive information and referral to housing case management through the Pathways to Home team.
- Training: The Crisis Intervention Team (CIT) program is a community-based initiative to support law enforcement in understanding substance abuse, mental health, and psychopharmacology. Among the desired outcomes are an increase in awareness around mental health issues, an understanding of how to support individuals in a potential mental health crisis/homelessness, and safety for the individual, family, community, and officers. Additional trainings are offered based on law enforcement needs, and have included: Domestic Violence Awareness Training with the APD for the Key Community Response Team (KCRT) for Domestic Violence Awareness and partnering with the FBI and APD to offer Human Trafficking awareness and training for staff and community leaders.
- Aurora Community Outreach Team (ACOT): Two AuMHC staff members, a homeless case manager and a mental health therapist, work with APD and other community partners to locate and assist individuals experiencing homelessness during severe weather alerts. The ACOT team is activated during severe winter weather to outreach to individuals experiencing homelessness, provide them with cold weather safety gear and connect them to shelter, medical, and behavioral health care as needed. Participation of a behavioral health specialist enables the team to understand and address any symptom interference (e.g., paranoia) that could impact the individual's ability to accept resources as well as identify behavioral health risks such as drug abuse or suicide risk that would warrant more immediate attention and access to treatment. Since its inception in November 2013, the ACOT team has activated over 60 times, coming into direct contact with over 300 individuals.

The primary goal of the proposed services is to increase law enforcement ability to respond appropriately to these individuals and provide immediate connection to care. Our main objectives are to:

- Provide dedicated space and process to enable law enforcement officers to bring individuals experiencing a crisis directly to the Walk-In Center for assessment and access to other levels of care as needed. The project will support at least 65 law enforcement drop offs annually, with the intended impact to reduce use of emergency department resources, M1 Holds, arrests, and officer high level resources.
- Provide Crisis Intervention Team and other training to Aurora Police Department Training to increase understanding of the impact of behavioral health conditions and potential symptom interference, how to respond to individuals to support both their and officer safety, and awareness of treatment resources and housing supports available for individuals experiencing homelessness. The project will provide at least four trainings a year, including CIT and other topics as requested by the Department. The intended outcome is to positively impact both public safety and stigma associated with behavioral health, and to understand the intersection of homelessness and behavioral health crises.
- Participate in Aurora Community Outreach Team Activation during the cold winter months to support the safety of individuals experiencing homelessness during severe weather. The project will provide behavioral health clinician and/or housing case management support during at least 10 activations to address behavioral health needs of individuals contacted, with the intended impact to reduce risk of injury or death of unhoused individuals related to cold weather exposure.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

AuMHC's Crisis Services Program utilizes multiple evidence-based clinical practices for the assessment and treatment of behavioral health crisis. Multidisciplinary care teams are led by the primary provider, who conducts patient-centered treatment planning, risk assessment and crisis planning with all clients at initial intake and through ongoing reassessment. Clinicians collaborate with each client on a strengths-based assessment process, administering validated clinical screening measures to identify treatment needs, conducting risk assessment using Zero Suicide model, and implementing crisis planning for at-risk individuals. Upon discharge, all clients are provided with resources for basic needs, including housing, and connection to ongoing treatment as needed. Key clinical evidence-based practices include:

- Cognitive Behavioral Therapy: addresses maladaptive thoughts and behaviors by challenging negative thoughts and directly changing behavior, with highly individualized approaches based on client need.
- Dialectic Behavioral Therapy: A cognitive behavioral therapy that teaches people how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others, with the goal to achieve stability and behavioral control.
- Motivational Interviewing: A client-centered technique that utilizes supportive and empathic methods to help clients increase motivation and commitment to address self-identified challenges. MI fosters positive and lasting outcomes, including reduced resistance and increased readiness to change.
- Collaborative Assessment & Management of Suicidality: A therapeutic approach to understand suicidality, create suicide specific treatment plans, and focus on stabilization and treatment of triggers and risks. CAMS is demonstrated to reduce suicidal ideation, increase hope, and improve client satisfaction with treatment.

The ACOT program is focused on providing immediate safety and shelter needs for individuals during severe winter weather. Services aim to meet clients where they are at, and address their identified needs as a way to build trust and rapport and build toward long-term engagement in treatment and other services. Through the lens of Critical Time Intervention, we take advantage of the client accessing a specific service to focus on their prioritized needs through time-sensitive, limited interventions that will have immediate impact. We model Progressive Engagement, starting with less intensive services to meet immediate needs, and building collaboratively steps with clients to address more complex needs and progress to addressing underlying issues. The ACOT team provided crisis response assist clients with access to basic needs (food, clothing), shelter, medical care, and behavioral healthcare. These first steps can then be leveraged to help the individual engage in ongoing housing support services, and work on goals toward self-sufficiency and stability. We understand that client engagement ebbs and flows, and do not close clients in our system but remain open to serving them whenever a need arises. We are a no barrier/low barrier model, and through a Housing First philosophy promote that everyone deserves safe and stable housing, and that many clients will not have the capacity to attend to other needs until that basic need is met. We do not require sobriety, medication compliance, or beginning treatment for any of our housing services. Once the person is housed, we work with them to become housing stable, overcoming symptoms and other issues that might put their housing status at risk. And lastly, we integrate Trauma Informed Care principles into all aspects of service delivery. We aim to manage safety in complex ways, ensure that expectations and treatment goals are feasible for our clients, and that we're aware of the impact of trauma and systemic inequities on our clients. We honor all the ways that clients express the impact of trauma on their lives, and provide training to staff on how to reduce re-traumatization and remain supportive in moments when a client is being triggered.

5. What will be/are the measurable outcomes, successes, goals, etc?

Goal 1: Increase law enforcement understanding of behavioral health crisis and use of crisis services.

- *Objective 1.1:* Facilitate CIT training with local law enforcement, providing at least two CIT trainings annually.
- *Objective 1.2*: Develop and implement additional training to address needs identified by law enforcement (e.g., responding to individuals experiencing homelessness), providing at least two additional trainings annually.
- *Objective 1.3*: Provide crisis services for at least 50 individuals dropped off by law enforcement during CY22

Goal 2: Reduce risk of cold weather exposure for individuals experiencing homelessness

- *Objective 2.1*: Provide clinical and outreach staff on an on-call basis during ACOT activation to locate homeless individuals and connect them to shelter and safety resources during extreme weather. The project will participate in at least 10 ACOT activations during the year.

6. How will you measure those outcomes, successes, goals, etc.?

AuMHC will use these goals and objectives to evaluate impact of this nexus for law enforcement partners. Impact indicators include:

- Law enforcement understanding of psychiatric crises and treatment resources, as measured by usage of crisis services

- Training, measured by number of trainings provided and number of officers trained. Trainings will be offered throughout the year. Data will be collected on how many trainings are offered and through participant surveys. The CIT model will be offered routinely and will be evaluated by participants, as well as attendance numbers.
- Supports for homeless individuals, as measured by number of ACOT activations and number of individuals receiving case management.

Evaluation will identify gaps in scope of services, need for additional training or informational materials, and impact on both law enforcement partners and clients served.

7. What is the projected timeline for this project?

This is a well-established project that has successfully provided crisis services in collaboration with law enforcement for many years so there is no start-up or implementation period needed. The project provides outreach, assessment, and acute care services based on individual client need. The frequency and intensity of client contacts depends on specific client need and care plan. The project will review progress toward all goals and objectives monthly with the team, and quarterly with project leadership.

- The Crisis Walk-in Center is open seven days a week from 8 am to 11 pm and provides immediate crisis intervention. Law enforcement officers can drop off clients during any open hours.
- The project will coordinate with Aurora Police Department to review training needs and schedule trainings quarterly. Trainings will be offered to meet specific law enforcement needs and professional development goals for officers. The project will aim to offer at least one training per quarter.
- The ACOT team will be activated as determined by the City of Aurora, based on inclement winter weather and temperatures. AuMHC staff will participate in all activations as requested.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The interrelationships of homelessness, mental illness and substance use disorders are complex and well-documented. Among individuals experiencing homelessness, approximately 45 percent have a mental illness. Mental illnesses can make it difficult to earn a stable income and maintain housing. In fact, mental illness precedes homelessness in 2/3 of individual cases. This project focuses on collaboration and coordinated access to behavioral health crisis services for law enforcement to ensure that all individuals, including those who are unhoused, are connected with trauma-informed, evidence-based treatment that will stabilize their symptoms and enable the individual to engage in ongoing treatment and housing case management. Law enforcement officers will be trained in the CIT model, which will enable them to better identify and provide appropriate responsive to individuals in crisis, including the best ways to engage individuals at risk of losing their housing and how to communicate with landlords and neighborhoods about behavioral health crisis. Crisis services are designed to address immediate and acute behavioral health symptoms and provide targeted treatment to address the crisis. Engagement in ongoing care after discharge will enable the individual to address underlying factors that may have promoted or exacerbated the crisis, and through treatment build coping tools to manage symptoms and attain stability. Individuals who are precariously housed or who are experiencing homelessness will be connected to housing services that address immediate needs for shelter, foster long-term self-sufficiency through support services and wellness education, and facilitate transition to permanent housing and outpatient services.

Coordinated behavioral health treatment and housing case management supports will reduce symptom interference and future crises that could jeopardize landlord relationships and communication, increase risk for future criminal justice involvement, or create public safety concerns for their neighborhood or housing environment and result in the individuals losing their housing. Our goal is to assist clients in attaining behavioral health stability and building the tools for self-sufficiency that they will need to successfully stay housed. Collaboration with law enforcement will help reduce stigma associated with behavioral health conditions, creating safer and more welcoming housing environments for individuals whose behavioral health condition may impact their ability to attain and retain housing. These intervention services have both immediate impact on use of other community systems, such as criminal justice and emergency departments, and long-term impacts as we address the underlying behavioral health conditions which contribute to overuse of those systems.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Among AuMHC clients served last year, over 1,000 clients self-identified as being homeless, with 22 reporting that they were unable to stay at the local shelter due to their substance use or severe mental health condition. Individuals experiencing homelessness who also have a mental illness struggle to access care, and to comply with treatment recommendations such as taking medications, which only furthers their inability to stabilize their symptoms, obtain meaningful employment and retain their housing long-term to overcome homelessness. Additionally, risk factors contributing to homelessness can include a history of trauma, which can also increase risk for suicide and psychiatric crises. Through partnership with local law enforcement and ACOT activation, this project will provide immediate access to behavioral health treatment to help individuals overcome their crisis and achieve symptom stability. This will enable individuals experiencing homelessness to focus on their housing goals, and engage in housing case management to find appropriate housing options. Individuals will be provided with targeted services to meet their individual needs, including client supports to reduce health risks associated with homelessness (e.g., hygiene kits, cold weather survival gear), transitional supports for those newly housed (e.g., mattresses, cleaning supplies), and supports to reduce barriers to accessing services (e.g., bus passes) that will reduce risk of returning to an unhoused environment. Mental health stability is a key component of wraparound services to build self-sufficiency and foster readiness to be housed. Symptom stability and development of positive coping skills to overcome a crisis are essential to function effectively at work, build prosocial networks and ability to communicate positively with landlords and neighbors, and care for themselves and their living environment. We believe that increasing access to crisis services and providing more individuals with treatment will reduce the length of time they are unhoused and prevent households from returning to an unhoused option.

10. How many clients have been accepted into housing programs directly from your agency?

Aurora Mental Health Center has formal agreements for homeless services with several community partners across our service area and has longstanding care coordination and referral partnerships with community organizations such as Aurora Day Resource Center, Comitis, Aurora Warms the Night, and Salvation Army. Our crisis services program also has formal agreements with Aurora Police Department for referral/drop off of clients in need, and with local hospitals for transportation from the emergency department to our crisis stabilization unit for clients appropriate for that level of care. AuMHC does not currently track the number of clients who received crisis services who are accepted

into housing programs. Our crisis services are intended to support immediate acute needs and provide treatment and space to attain the stability needed to engage in long-term behavioral health treatment and recovery services. As part of their discharge plan, clients who are at risk of homelessness or who are experiencing homelessness will be connected to the Pathways to Home team for housing case management and access to housing programs once their crisis has stabilized. In 2020 the Pathways to Home team successfully connected 75 individuals to shelter, transitional housing and permanent housing resources.

11. How will you verify income and qualifying factors for these funds?
We have experience gathering the required documentation from participants. We provide education to clients about requirements and assistance to obtain needed information such as identification cards and proof of income. All members of team verify income and qualifying factors for funding sources. All individuals receiving clinical treatment also complete a comprehensive intake and assessment process, which includes verification of insurance for billable services.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?
The proposed activities are part of an established crisis services program and partnership with local law enforcement that has been in place for many years. AuMHC has significant experience providing an array of crisis services to individuals experiencing a behavioral health crisis, including participation in the ACOT team. Last year, we provided direct crisis care for more than 2,000 community members. We have longstanding relationships with Aurora Police Department and the Arapahoe County Sheriff's Office that we will continue to build through this project to ensure bi-directional training and referrals for individuals experiencing a behavioral health crisis who are at risk of or who are experiencing homelessness. In 2020, the program provided crisis services for 122 individuals who were dropped off or referred by local law enforcement, and has provided care for 53 drop-offs so far in 2021. The proposed project to support access and training for law enforcement is one of many projects we have in partnership with Aurora Police Department and Arapahoe County Sheriff's Office. Our organizations also partner on Co-Responder services and on the new 911 Mobile Crisis Response pilot.

AuMHC has been part of the ACOT response since its inception. In 2020, the ACOT team responded to 8 activations, and has responded to 11 activations so far in 2021. We have experience coordinating with other team members to provide a rapid response during cold weather and leveraging available emergency shelter resources to support safety of individuals contacted.

Additionally, crisis services are part of a continuum of care available for individuals at risk of or who are experiencing homelessness. AuMHC work regularly with persons experiencing any combination of these challenges, including all three. Over the past two years, we have served at least 3,000 community members experiencing homelessness, delivering more than 30 services per person on average. These services might include hygiene and food kits, case management, diversion from arrest, referral to transitional permanent housing, mental health and substance use intervention and care, or referral to other human services. Our Pathways to Home program is dedicated to providing these types of services through street outreach, mobile outreach, and drop-in care.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

AuMHC does not have a waitlist or turn individuals away from the Walk-In Center due to lack of capacity. If an individual is in need of crisis services after hours, they are referred to a local emergency department. Individuals must meet eligibility requirements, including medical clearance, to be admitted to the crisis stabilization or respite units. If all beds are occupied, then individuals are referred to another regional provider or to the local emergency department. Clients are not turned away but are given coordinated referrals and transportation to other levels of crisis care as needed. The ACOT team does not turn away any clients due to lack of capacity. The team conducts targeted outreach to reach individuals at risk during severe weather.

The Pathways to Home team does not turn away clients or have a waitlist for services. Individuals who receive crisis services and are connected to ongoing housing case management and supports receive appropriate level of care based on needs. All individuals can also access drop-in services, and we conduct street outreach to reach underserved and disengaged individuals.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

AuMHC operates the only dedicated walk-in crisis center and crisis stabilization unit in Arapahoe County and serving the City of Aurora. There are additional crisis services available throughout the Denver Metro Region as part of the statewide Colorado Crisis System. ACOT is a community partnership between the City of Aurora, Aurora Police Department and AuMHC. It is the only cold weather outreach program serving the Aurora region.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

The proposed project supports a well-established program that already has a strong community-based referral system. For crisis services, individuals can self-refer or be dropped off by friends or family members, and we can strong referral partnerships with local hospitals, local law enforcement and other first responders to bring individuals in need to the Walk-In Center. We collaborate with Signal Behavioral Health Network and the Colorado Crisis System regarding regional and state-wide advertisement regarding crisis services. AuMHC also publicizes services through multiple avenues: information is posted on our agency website (www.aumhc.org), social media channels (Twitter, Facebook, Instagram), and through routine newsletters to community members and organizations. The Pathways to Home program also includes a Street Outreach Team, which travels throughout our community to actively connect with individuals in need and provide education about available services and resources. AuMHC leadership and staff meet routinely with other Aurora organizations through various committees and workgroups and share updates regarding service provision. We have longstanding referral partnership with local law enforcement, local hospitals, Aurora@Home members, human services, and public health, and MDHI. We are part of the MDHI OneHome Coordinated Entry System and will leverage that system to obtain appropriate referrals for services.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Aurora Mental Health Center (AuMHC) has been operating crisis programs for over 5 years and has developed a diversified and braided funding stream to ensure long-term financial stability of services. AuMHC is a subcontracted provided for Signal Behavioral Health Network to provide crisis intervention services, specifically for the Walk-In Center, Crisis Stabilization Unit and Crisis Respite programs. Services are supported through that contract, funding from the Office of Behavioral Health,

and reimbursement from client insurance and Health First Colorado for covered services. The proposed project supports provision of care individuals who are indigent, as well as the costs of providing dedicated space, workflows and training for local law enforcement organizations. If funding is cut, we would coordinate with law enforcement partners to seek other local government and philanthropic funding sources for these collaborative efforts to ensure that all clients in need can access care. AuMHC leadership reviews all grants and contracts quarterly to ensure there is a plan for service continuation or transition for contracts coming to an end. AuMHC continues to identify and integrate additional funding sources to further support sustainability for our crisis program.

The ACOT team is primarily supported by grants and organizational in-kind contributions. AuMHC is a believes strongly in the value of this outreach team to ensure the safety of our vulnerable community members during severe weather. We are committed to participating as part of the response team and will continue to pursue philanthropic funds to cover the costs of our related staff time.

17. Name and position of the person that will oversee executing this project:
Name: Esther Clark
Title: Director of Grant Strategy
Phone: 303.627.2013
Email: estherclark@aumhc.org

Scope of Work

For

Aurora Health Alliance

Aurora's Unhoused Cohort for Improved Healthcare Access

Funding stream requested: Marijuana

Amount requested: $10,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The 2020 Point in Time Survey found that more than 6,000 individuals are experiencing homelessness on any given night in the Denver metro area. According to the Metro Denver Homeless Initiative, there were between 400 and 500 people in Aurora actively in shelters on a given night in 2021. The unhoused population in Aurora has steadily increased over the past few years.

Aurora has abundant healthcare and social service needs, but it also has abundant resources. There are numerous groups dedicating time and resources to this cause. That is where Aurora Health Alliance thrives. We have earned the reputation of being an inclusive convener where all organizations are welcome to share resources, education, and challenges with peers. AHA provides a forum where the conversation is based on collaboration and solutions, particularly when it comes to improving equitable access to healthcare –physical, behavioral, and oral.

AHA is a systems change organization with roots in North Aurora that has always focused on community solutions. The key success to AHA is how many projects have been incubated at our meetings. These projects directly improve Aurora's healthcare system. The environment in Aurora is ripe for such a project in improving access to care for Aurora's unhoused community –and the work starts with creating a cohort of organizations and a forum for them to gather.

2. What is your target population you would serve through this project?

All, indirectly. Aurora Health Alliance does not directly provide services to individuals. The work we do improves lives in all categories above, however.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

This project will be focused on the expertise that Aurora Health Alliance has developed since its founding in 2010 –inclusive convening with solutions-focused conversation. AHA will:

- Develop an unhoused cohort by outreaching organizations working in the unhoused arena.

•Outreach key players in Aurora that are not yet involved, especially healthcare (physical, behavioral, and oral).

•Create and maintain a contact list of this cohort so that organizations can easily navigate the landscape to improve outreach and efforts for the unhoused community.

•Hold quarterly convenings for this cohort to meet (virtually).

•Create an example of community wrap around services for an unhoused individual, which will include:

- oWhich organizations are doing work in Aurora
- oWhat the organizations are doing
- oHow healthcare is wrapped in
- oHow the homeless individuals are receiving healthcare
- oWhat areas are ripe for collaboration and improvement
- oWhat resources need to be highlighted

•Facilitate conversation to identify areas to improve access to healthcare for the unhoused community.

Goal: Identify Areas in which healthcare access (physical, behavioral, and oral) can be improved for the unhoused in Aurora.

Outcomes:

- •Develop a cohort of organizations to support one another
- •Quarterly meetings for cohort
- •Identify three opportunities to better align healthcare with the unhoused
- •Maintain contact list for cohort members
- •Outreach key players in Aurora that are not yet involved, especially healthcare providers

Target Audience: Organizations with efforts focused on the unhoused

Evaluation: In addition to the following, AHA will contract with a public health expert at the Colorado School of Public Health to assess and improve evaluation methods:

- •# participating organization
- •# participating individuals
- •# connections shared
- •# healthcare measures/opportunities identified

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

AHA will consult with a public health expert at the Colorado School of Public Health to identify and incorporate evidence-based practices with this project.

5. What will be/are the measurable outcomes, successes, goals, etc?

Beyond the outcomes and goals listed in the project plan above, AHA will consult with a public health expert at the Colorado School of Public Health to identify and incorporate evidence-based practices with this project. In collaboration with this expert, AHA will strategize additional desired outcomes from the cohort during the first gathering in January 2022. These outcomes will then include an evaluation plan.

6. How will you measure thoseoutcomes, successes, goals, etc.?

AHA will consult with a public health expert at the Colorado School of Public Health to measure and evaluate this project. Minimally, AHA will track the participation of organizations within the cohort.

7. What is the projected timeline for this project?

AHA intends to maintain the unhoused cohort and provide a forum for it for as long as it is needed or until another suitable forum is available. AHAwill gauge needs of cohort and will provide support as it is needed in the community to fulfill our mission of improving access for everyone (especially the unhoused) in Aurora.

8. How is the agency and this program able to prevent people from going to an unhoused situation?

By supporting the organizations within the unhoused cohort, AHA is also elevating their work. This directly improves collaboration among the cohort organizations. It indirectly prevents people from going to an unhoused situation because we will be improving the relationships between organizations who provide direct services and resources.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. By supporting the organizations within the unhoused cohort, AHA is also elevating their work. This directly improves collaboration among the cohort organizations. It indirectly reduces the length of time people are unhoused and prevent households from returning to an unhoused option we will be improving the relationships between organizations who provide direct services and resources.

10. How many clients have been accepted into housing programs directly from your agency?

AHA does not offer housing programs.

11. How will you verify income and qualifying factors for these funds?

AHA does not offer housing programs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AHA is very experienced in creating community collaboration. This is what we do –we bring stakeholders together to provide education and share resources and facilitate a solutions-based conversation.We incubate projects designed to improve access to carewithin the community. 13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?AHA does not offer direct services. 14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?As far as AHA knows, no other organization in Aurora is doing what we are doing. The City of Aurora's Division of Housing and Community Servicesparticipates in our convenings. There is a coalition called Change the Trend, which has a strong collaborative Network in the southwest metro area, but they do not serve Aurora. They are not a service provider per se, but bring service providers together to strengthen collaboration and mobilize for collective action. Aurora Health Alliance is building such a collaborative network through our convenings in and for the Aurora community. 15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?AHA has a monthly newsletter that is distributed to almost 3,000 people who agree that the healthcare system in Aurora can do better. These people are community advocates, work in healthcare or social service roles, etc. They represent over 50 organizations in Aurora. In this communication, AHA will highlight the unhoused cohort and will invite participation. Additionally, AHA staff and board will strategize specific organizations who are not yet participating, specifically healthcare organizations. AHA commits to engaging with Aurora@Home. AHA commits to continuing conversation with the City of Aurora.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

For as long as AHA is able and is positively contributing to the work being done in this area, we will continue to do so. Funding will allow us to dedicate more resources toward this effort than we otherwise would. Aurora Health Alliance was intentional about engaging with organizations supporting the homeless community. Over the course of six+ months in 2021, staff and board members at AHA had conversations with the city, with key healthcare organizations in Aurora,with organizations dedicated to the unhoused community, and many others about what the landscape of thisworkis and where it isgoing. AHA did not want to do work that another organization was already doing successfully. Rather, AHA wants to elevate the work that is being done by lending our expertise of facilitating inclusive, solutions-based conversations. By doing this in other areas, AHA has been able to break down organizational silos and find ways to achieve incremental progress in our mission to achieve equitable access and promote a healthier Aurora for everyone –this includes those in our city who are unhoused.

17. Name and position of the person that will overseeexecuting this project:

Name: Mandy Ashley

Title: Executive Director, Aurora Health Alliance

Phone: 605-321-7986

Email: mashley@aurorahealthalliance.org

Scope of Work

For

Aurora Warms the Night

Homeless Services

Funding stream requested: Marijuana

Amount requested: $ 207,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

COVID has caused us to completely change our model for the foreseeable future. As of October 26, 2020 East Colfax COVID cases have increased to nearly equivalent numbers as compared to this time last year. There continues to be difficulty in tracking and testing individuals living on the streets for COVID. However, with the nearly doubling of homeless individuals on the streets we believe that numbers continue to be significant.

With limited shelter space available for the entire homeless population in Aurora, this population is extremely vulnerable and resources have not met the outright increase in need. AWTN works in partnership with local emergency services, STRIDE and Tri-County Health to provide emergency shelter in the safest way possible. COVID has caused us to work even more closely with these agencies and Human Services to create a scalable motel model to provide safe and healthy places for these individuals to shelter from severe weather and longer term sheltering in motels. AWTN served more than 800 individuals last season. COVID has given us an opportunity to expand our offering to include Medical motel vouchers to this same population. This emergency funding concludes in December.

AWTN provides access to showers, laundry and other hygiene support systems that are difficult to find otherwise. Our shower trailer is in constant use and we take it all over the area to give people the opportunity to have a shower and to re-stablish cleanliness and appropriate cloting and case management when necessary.

2. What is your target population you would serve through this project?

x Individual Men

x Individual Women

x Families with Children

o Youth

x Veterans

x Elderly

o Domestic Violence

x Chronically Homeless

x Substance Misuse

x HIV/AIDS

x Mental Illness

o Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Main Goals:

- Move from a transactional to transformational organization where basic needs are the entry point to build relationships and community with purpose.
- Expand programs to include more organizations, individuals, and corporations to build capacity for reaching out to the population of people experiencing homelessness. This outreach will include both financial and human resources.
- Create a path to housing using our integrated team to find appropriate next steps to move clients into permanent/ supportive housing.
- Support and maintain contact with clients on a regular basis to ensure consistency in well-being, paying rent, bills, etc. while continuing to support mental health and other life challenges throughout our patient/provider relationship.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

AWTN uses the following practices: Housing First, Motivational Interviewing and Motivational Enhanced Therapy, Permanent Supportive Housing, Trauma Informed Care and ATRIUM

5. What will be/are the measurable outcomes, successes, goals, etc?

AWTN will provide emergency shelter, street outreach, and case management for 400-800 individuals identified and confirmed living on the streets in the coming 2021-2022 season.

Save $750,000 in taxpayer dollars annually between October 1 and April 30 that would normally result from hospital visits, detox and engagement with Law enforcement due to living conditions on the streets, particularly in the winter season.

Average of 60 regular attending guests x $11,500 average per person over a seven month period of sheltering.

Confirmed and healthy working partnerships with ACOT, local Law enforcement agencies, Social services providers, and local Faith communities building a community network of support for individuals living on the streets.

Aurora Warms the Night employs two housing specialist who work with people we filter into the program based on their ability to live on their own. We discovered a major gap in housing services in Aurora and we worked with Arapahoe County to develop this program. We are proud to be averaging 3-5 people being house per week. We always carry a case load of 20-25 people in the program and replenish as we qualify people during our outreach efforts.

6. How will you measure those outcomes, successes, goals, etc.?

All outreach and motel efforts are meticulously accounted for using Salesforce Database and Client Management.

7. What is the projected timeline for this project?

The timeline is ongoing and will continue to evolve based on the needs of the community. For the grant itself we are offering projections based on an annual evaluation.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

We advocate for the homeless and people struggling to find suitable shelter without regard to race, faith, or nationality. We strive to respect the culture and customs of the people we serve to preserve their humanity and dignity. We believe when communities are skilled and prepared to care for their most vulnerable, the entire community is lifted, and this problem can be overcome.

These and other aspects of what we do really set the stage for how we see ourselves and how we determine success.

Preventing people from becoming homeless is an outlying effort and though we focus primarily on people who are currently homeless the better we become as a community in finding solutions and growing programs the better we will be at preventing this from happening to others.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

These outreach efforts include partnerships with Stride Medical Clinics, the Salvation Army, PATH (Aurora Mental Health), dental services, daily meal services, and more. We currently provide showers and case management to the temporary tent shelter at the Salvation Army where we offer our services as part of the efforts to provide additional shelter opportunities.

During the pandemic in 2020 we were not able to use the trailer due to CDC guidelines. This season, we went above and beyond what we have done in the past to best serve an ever-growing population of homeless individuals on the E Colfax Corridor. Volunteers and team members work diligently to create opportunities to move clients onto next stages in their lives. In some cases, it's simply helping them fill out a Medicaid form and get an email address, and in other cases we are finding work and a new apartment for them. In all cases, we meet people where they are in the hopes of making strides to a better life. This has been transformational for our organization, as well.

As noted above, we expanded our services by creating a housing team whose sole job is to find suitable housing for clients. This expansion in services is

10. How many clients have been accepted into housing programs directly from your agency?

32

11. How will you verify income and qualifying factors for these funds?

AWTN used the HUD definition of income verification using the following guidelines.

"Annual Income" refers to annual (gross) income using one of the following definitions of "annual income" when calculating income and allowances for grant program assistance: 1. Annual income as defined in 24 CFR 5.609, referred to as "Part 5 annual income;" 2. Annual income as reported under the Census Long Form for the most recent decennial census; and 3. "Adjusted gross income" as defined for reporting purposes under the IRS Form 1040 long form.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

AWTN has been in operation since 2006. We connect people experiencing homelessness with basic needs and resources. We do this through five programs: Housing and Rent Support, Cold Weather Outreach, Daily Shower Trailer and Outreach Locations, Food and Hygiene Program, and summer/ winter lunches.

Our only changes from this overall plan of action is that our housing program has only been in operation for one year. All other services have been a staple for AWTN and the East Colfax community.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Our street Outreach Team serves all clients we encounter on the streets (875 thus far in 2021).

Last sheltering season we turned away only 6 percent of those needing shelter. These situations were related to clients who had broken the sheltering rules by damaging motel rooms or destroying property. Otherwise we were able to serve all who qualified.

Under our current funding for emergency sheltering, we must confirm COMITIS is full in order to shelter our clients. So we must turn away 90 percent of those we encounter in order to comply with the current funding stream. For the other 10 percent we make acceptations based on the severity of need and use donated funds to house those clients.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

MHBHC is the only other agency who does what we do to some extent, they have a street outreach team we collaborate with.

As far as motel vouchering, we are the only agency currently offering this service, however, we have been told that MHBHC has funding for those services as well.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

The most effective medium is our street outreach team to explain our offerings. Our homeless services team includes case managers so for the most part, we find people and offer our services while out on the streets and parks of East Colfax.

We also run a robust marketing and social media plan including blog, newsletter and participation in as part of the ACOT team. We communicate directly with our partner agencies on a daily basis.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

AWTN is strongly pursuing financial independence through Foundation Grants as well as individual donations as part of our new efforts to increase revenue. To date we have increased our outreach donation budget by 67 percent increase in overall donations. Additionally, AWTN has created long-term plans to open a motel style congregate shelter in the area we serve, to bring much needed services to meet the increased needs of the homeless population. These centers are part of an economic investment grant we are working on with funders.

17. Name and position of the person that will oversee executing this project:

Thomas Romero and Leah Oster
Executive Director, Deputy Director
414-378-3440
gabe@awtnco.org, leah@awtnco.org

Scope of Work
For
Bridge House/Ready to Work Aurora
Ready to Work
Funding stream requested: Marijuana
Amount requested: $ 464,200
Amount recommended for allocation: $144,000

1. Please describe the project need in the Aurora community and its urgency.

According to the City of Aurora website there are approximately 600 sheltered individuals experiencing homelessness in 2021. However, due to COVID, the city was unable to conduct an accurate Point-in-Time survey to determine the actual count of individuals, which is estimated to be much larger. Available shelter beds in the city account for less than 25% of the total number needed to shelter those who are unhoused on any given night. Unsanctioned encampments are being built across the city, but are subject to abatements and clean-ups. In addition, COVID exacerbates the problem as individual have limited places to shelter or seek assistance.

People of color, people with histories of incarceration, and people unable to find employment or housing due to resulting societal barriers of unequal access based on race or class represent the majority of participants in our RTW programs. We not only have a responsibility to serve them by providing our program resources to but to learn from their experiences to affect greater change.

Ready to Work Aurora offers a solution that offers immediate access to employment, housing and case management services. We continue our services after participants graduate the program to ensure that they retain stability with housing and employment.

Ready to Work is a successful intervention for those who are continuously in and out of shelter, jail and hospitals and are in need of more support than what emergency shelters can offer yet not chronic enough to qualify for government support such as housing vouchers or disability benefits. These individuals have the desire and capacity to work full-time and with the right support, can become self-sufficient. RTW provides that platform for success and a tremendous return on investment (ROI) for the community.

Reports

2. What is your target population you would serve through this project?
- o Individual Men
- o Individual Women
- o Families with Children
- o Youth
- o Veterans
- o Elderly
- o Domestic Violence

- o Chronically Homeless
- o Substance Misuse
- o HIV/AIDS
- o Mental Illness
- o Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Bridge House/Ready to Work Aurora believes in, respects and empowers people who are experiencing homelessness. We connect them to housing and employment opportunities so they can realize and embrace their future.

Bridge House's Ready to Work (RTW) Program provides a pathway to independence for adults experiencing homelessness. Ready to Work offers balanced and effective solution by offering 3 elements within 1 program:
1) Paid employment in a RTW owned social enterprise,
2) Dormitory-style housing in one of our RTW Houses in Aurora or Boulder, and
3) Case management support services which include addiction recovery, financial management and employment/housing counseling.

RTW is the only integrated, revenue-generating economic development and housing model in Colorado that offers a "work-first" approach to breaking insidious and expensive cycles of homelessness, addiction, and incarceration for the benefit of the individual and community. Bridge House opened Ready to Work Aurora in late 2018 with capacity to serve 50 people.

Our project plan encompasses the 3 phases of the lifecycle of a Ready to Work participant: Intern, Trainee and Aftercare.

<u>Intern</u>
Although the average time in the RTW program is 1 year, RTW participants and the community realize positive and immediate benefits as soon as clients join RTW. Upon entering the program, participants undergo a 2-4 week trial internship period where both they and RTW case managers assess whether RTW is a good fit. During this time, interns work unpaid in the RTW house providing light maintenance and meet with case managers. Since the onset of COVID, we have also provided housing to our interns in the RTW House so they do not have to sleep on the street or in a shelter. We are currently providing incentives to interns to get vaccinated.

<u>Trainee</u>
After interns transition to the trainee phase of the RTW program, they will be assigned to our social enterprise crew. RTW operates an Outdoor Landscaping operation that offers supplemental services to municipalities and business improvement districts. Through employment in these social enterprises, trainees build resumes, gain work skills, earn income and pay taxes. RTW grows the local economy, empowers people through work, and changes perceptions of homelessness.

Our current outdoor contracts include working with the Cities of Aurora Open Space, Parks & Rec, the Business Improvement Districts of Elmira and Colfax. Boulder. Social enterprise revenue is used primarily for trainee wages.

Our RTW House offers dormitory style housing for trainees. Living in RTW House provides a sense of community and positive living environment to support trainees' transition out of homelessness. While living in the house, trainees help maintain the property and are randomly drug-tested to ensure sobriety. All meals are provided to trainees while living in RTW House. Since our RTW Houses are congregate living facilities, the risk of virus transmission can be high. We are currently providing incentives to interns and trainees to get the vaccine.

Ready to Work has a team of specialized case managers – Transitional, Behavioral, Employment and Housing case managers, who each work with interns and trainees through all stages of their participation in the Ready to Work program and develop personalized plans to meet their needs and goals. Through our case management supportive services, trainees meet with case managers and participate in life-skills training such as financial management and addiction recovery to remove barriers to mainstream employment and housing. Trainees are required to establish a savings account to ensure financial stability after they graduate. Case managers continue help trainees address social, medical and mental needs that have previously inhibited them from reaching self-sufficiency because they have been experiencing repetitive trauma on the streets.

Licensed clinicians and Case managers with requisite degrees and certifications, and oftentimes lived experience, lead evidence-based treatment groups using cognitive behavioral therapy practices, which are fundamental to the success of trainees. These clinical groups include Relapse Prevention, Early Recovery Skills, Seeking Safety and Parents on a Mission. Additional community support groups available to trainees include Recovery in Christ, Life Ring, Alcoholics/Narcotics Anonymous, Mindfulness and Life Skills. Although each trainee has benefits through Medicaid, Bridge House also works with a medical doctor who visits the RTW House to provide ad hoc medical care to trainees and advises staff on treatments.

When trainees reach month 6 in the RTW program, our Employment specialist teaches our proprietary Ready to Work Employment Services class, which incorporates a job readiness curriculum known as "Blueprint For Workplace Success. The RTW Employment specialist also helps trainees set goals and create career development plans using assessment tools and self-reflection. Work supervisors regularly fill out Trainee Progress and Evaluation Reports to provide feedback to the trainee and case manager. At approximately month 9, trainees begin the process of finding full-time employment beyond RTW. Through skills assessments and one-on-one meetings, Employment specialists help trainees identify career paths that are most suitable to their personality and experience.

At month 10 or 11, trainees also begin meeting with our Housing Specialist to discuss permanent housing once they graduate from the program. Services include options for housing, filling out applications, and advice on living independently. Most clients do not have strong rental or credit histories. Building a track record of savings and rental history is a key component of RTW housing services. Our housing manager has relationships with local landlords, property management companies, and other groups who can assist our graduates with housing and funding.

Throughout the duration of the RTW program, we also provide internal opportunities for all case managers and trainees to interact as a group. Specifically, we have mandatory weekly house meetings

that provides a forum for all RTW trainees to share opinions and ask questions without fear of judgement. At every house meeting, case managers share tips and stories on housing, employment and living independently. These stories usually come from relevant issues that our graduates face after they leave the program.

Graduation/Aftercare

RTW participants graduate the program after they achieve full-time employment and permanent housing and fulfill program requirements of sobriety and workforce development training. RTW graduates find full-time employment in the medical, construction, property management, retail and nonprofit fields. Several graduates also work for Bridge House and Ready to Work Aurora.

We realize that our graduates have needs relevant to the amount of their time away from the program. Through our RTW Aftercare program, case managers connect with graduates through outreach as well as providing career advancement support, guidance and resources to assist them with their sobriety and success as they reintegrate back into their communities. Isolation and loneliness are typical feelings that graduates experience after leaving the RTW House. Graduates are invited to come back to the RTW House for Aftercare meetings and events or anytime they need community support.

Since the onset of COVID, we have seen an increased demand for supportive services as anxiety and addiction relapse are common for vulnerable communities during uncertain times. Our Aftercare case manager has been providing additional support both emotionally and financially to RTW graduates who have experienced financial burden or personal set-backs due to COVID. Interventions including access to a Ready to Work job, sobriety support, or emergency rental assistance is available to ensure that these individuals do not lose housing.

Ready to Work ensures a comprehensive and lasting intervention for participants. In 2020, 29 RTW Aurora participants graduated, achieving a 63% graduation success rate. Between January and November 2021, Ready to Work Aurora has already graduated 33 trainees. Over 80% of our graduates are still housed and employed 12 months after leaving the program.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Ready to Work Aurora uses a “work-first” model to end homelessness. Ready to Work was founded on the concept that when given the opportunity, adults experiencing homelessness can and will seize the opportunity to work. Over 80% of adults experiencing homelessness are unemployed. Even in a thriving economy, it is difficult to find work due to poor work histories, criminal convictions or addiction. RTW gives trainees immediate access to employment where they immediately earn a wage, save money and contribute to the economy. In addition to employment, safe, affordable dormitory style housing is provided at 20% of the cost of a traditional unit while our case managers offer a community of support that is sober and results-oriented.

Ready to Work’s holistic model of employment, housing and case management is similar to the analogy of a 3-legged stool. Each individual “leg” represents not unique, yet, when combined into one cohesive program, the stability and comprehensive access to income, safe housing and support is life changing.

We also believe employment is an important part of the solution to homelessness. Our approach to integrate adults experiencing homelessness into the workforce has not only economic benefits for the community but helps to create a career pathway off the street for RTW trainees.

5. What will be/are the measurable outcomes, successes, goals, etc?

The goal of the Ready to Work program is to meet adults experiencing homelessness where they are and offer them opportunities to transform their lives.
Our 2020 outcomes include:
Capacity: 50
Graduates: 29
Success Rate: 63%
Avg. Months in Program: 9.7
Nights of Housing: 14,045
Labor Hours Worked: 29,570

Ready to Work Aurora was named as 1 of 2 Denver winners of the 2020 Bank of America Neighborhood Builders Award. As an awardee, RTWA received a monetary award, a year of leadership training, a network of peer organizations across the U.S., and the opportunity to access capital to expand their impact.

RTW of RTW offers a cost-effective solution to homelessness and has a strong ROI. The annual cost for an adult experiencing homelessness can average $45,000 through use of hospitals, jails, and emergency services. However, the total one-time cost for each RTW participant is approximately $38,000, approximately 50% of which goes support wages for trainees. After graduating, participants are no longer a strain on community resources. We also estimate that each RTW graduate offers the economy a net gain per year of $28,000 to the community through rent, taxes and other economic impacts as a contributing member of society.

6. How will you measure those outcomes, successes, goals, etc.?
Ready to Work Aurora uses a Salesforce database to track progress with dashboards, reports and real-time access real-time data. Ready to Work Aurora uses several metrics to measure success of the RTW Program, e.g. number of applicants and trainees, intern-to-trainee conversion rate, success/graduation rate. Case managers also meet weekly to discuss every trainee and intern. Every interaction with trainees is documented and recorded. We track outputs such as drug test results, relationship issues, attendance at work, class and support groups and progress towards goals.

Monthly case management meetings with the Ready to Work Boulder case management team allows for shared best practices, guidance and consistency across the entire Bridge House organization.

7. What is the projected timeline for this project?
The Ready to Work Program was designed such that the average length of time in program is approximately 12 months. Admission to the RTW program is on a rolling basis, creating a population of interns and trainees at all stages of the program at any given time. Aftercare managers stay in touch

with graduates a minimum of monthly for the first year after exiting the program. After 12 months, the frequency decreases unless the graduate needs additional services.

Ready to Work is still in touch with several graduates who have been with the program since inception as the graduates know that we are always a resource they can turn to for guidance and assistance.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

Ready to Work Aurora takes many preemptive measures to ensure that our graduates stay housed after leaving the program. While in the Ready to Work Program, trainees meet with our case management team who provide housing education. At every house meeting, case managers share tips and stories on housing, employment and living independently. These stories usually come from relevant issues that our graduates face after they leave the program.

We have also provided Rapid Rehousing funds to our trainees upon graduation, to assist with the burden of move-in costs. We also provide financial assistance to graduates, to ensure that they stay housed.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Because of our strong Aftercare program, we are able to stay in touch with graduates. Through this program, we can track the progress of trainees and the retention of graduates as well as predict factors that lead to recidivism and substance use and pre-emptively intervene with support.

We also strongly advise our graduates to contact Ready to Work before they encounter issues. This allows us to develop a solution before their situations become dire and they face eviction.

10. How many clients have been accepted into housing programs directly from your agency?

Over the past two years, over 250 adults experiencing homelessness have applied and have been accepted to our Ready to Work Aurora.

11. How will you verify income and qualifying factors for these funds?

Our program only admits participants who are experiencing homelessness. Clients who enter the RTW program must fill out an application and self-report data. Every applicant to the program is unemployed and therefore has no stable income. Case managers also very documentation, benefits and income prior to entering the Ready to Work program.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Bridge House founded the award-winning RTW program in Boulder in 2012. In 2018, Bridge House successfully replicated the RTW program in Aurora. After 7 successful years operating in Boulder, RTW Aurora opened in late 2018 expanding RTW's presence in Metro Denver from a capacity of 44 in Boulder to 94 in the region.

Our leadership team is comprised of staff who have extensive backgrounds in developing and operating solutions addressing homelessness through workforce development, social enterprise, behavioral health and addiction. In addition, several staff members have lived experience with incarceration, addiction and homelessness. Bridge House intentionally hires staff at each of our locations who have solid ties to complementary agencies within the community.

Since 2015, over 300 RTW participants have graduated from the program with mainstream employment and permanent housing.

RTW and Bridge House continue to be recognized as a model that greatly contributes to the service and housing continuum in the state. Bridge House is a founding member of the Work Works America Affiliate Network

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

We have never turned away any clients due to lack of capacity. Should we find ourselves in a situation where we lack capacity, we would send the client to our Boulder location, if their space permits additional trainees.

We will refer out clients who are not a fit for the Ready to Work program due to a higher need of care, especially surrounding addiction or mental illness.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

What differentiates RTW and its high level of effectiveness is the combination of all 3 components in one program. Other agencies in the metro Denver area offer pieces of the Ready to Work model. However, RTW's methodology of immediate access to employment and earned revenue through its own social enterprises, housing and supportive services within 1 single program comprises a dynamic approach. The program is similar to the analogy of a 3-legged stool. Each individual "leg" of the program stool represents a strong foundation for self-sufficiency and is not unique. However, when combined into 1 cohesive program, the comprehensive access to income, safe housing and support is life changing. For example, Work Options for Women or Bayaud offer job training and transitional employment but they do not offer shelter. Supportive housing providers such as Colorado Coalition for the Homeless or VOA provide housing and supportive case management but not guaranteed paid work.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Ready to Work Aurora collaborates with many community partners for referrals as well as outreach. Our dedicated Community Relation Manager regular attends meeting with groups such as Change the Trend, and at the city and county government levels. We are referral partners with organizations such as Department of Corrections, Latino Coalition, Addiction and Mental Health services centers, Women's service centers, and various homeless service providers and shelters. We also make our presence known in the City through our social enterprise outdoor crew. Trainees wear bright green clothing, which prominently displays the RTW logo. Many interested parties will inquire about the program.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Our social enterprises provide a unique aspect of the model. RTW earned over $1.3M combined revenue across both RTW locations in 2020. RTW social enterprise earned revenue is used primarily for trainee wages and has the potential to grow to cover more program expenses.

As RTW continues to expand and secure additional contracts, revenue will increase accordingly. RTW's goal is to grow earned revenue to level that it will fund supportive services and housing expenses. RTW Aurora also continues to apply for and receive funding throughout the year from various foundations. We also want to strengthen our business plan, which includes developing a possible pay-for-success arrangement to help with long-term funding for RTW.

17. Name and position of the person that will oversee executing this project:
Name: Brenda Pearson
Title: Director of Development and Evaluation
Phone: 303-887-3664
Email: brenda@boulderbridgehouse.org

Second Contact:
Name: Paul Egan
Title: Ready to Work Program Director
Phone: 303-961-3925
Email: paul@readytoworkco.org

Scope of Work

For

Colorado Coalition for the Homeless

Expanded Services at Renaissance Veterans Apartments at Fitzsimons

Funding stream requested: Marijuana

Amount requested: $ 344,507

Amount recommended for allocation: $109,500

1. Please describe the project need in the Aurora community and it's urgency.

Colorado Coalition for the Homeless (CCH) newly constructed, manages, and operates Renaissance Veterans Apartments at Fitzsimons at 1753 North Quentin Street in Aurora. Since November 2020, this housing facility has provided permanent supportive housing exclusively to veterans experiencing or at extreme risk of homelessness. Fifty-six (56) one-bedroom and 3 two-bedroom apartments, suitable for veterans with small families, are available.

CCH designed and constructed Renaissance Veterans Apartments at Fitzsimons to help shrink a huge housing gap in the community. According to the 2020 Point-In-Time Report of Metro Denver Homeless Initiative (MDHI), 589 veteran households were experiencing homeless throughout the 7-county Metropolitan Denver Continuum of Care region on a single day in January. Only 28 of these veteran households (4.7%) were living in permanent supportive housing and almost one-third (28%) had no shelter at all.

Data from the National Coalition for Homeless Veterans indicates: 51% of homeless veterans live with disabilities, 50% have a serious mental illness, and 70% have substance abuse problems. For veterans experiencing homelessness, lack of family and/or social support networks compounds illness and disability.

In response to disability disparities experienced by veterans experiencing homelessness, CCH designed and constructed Renaissance Veterans Apartments at Fitzsimons with mobility-impaired veterans in mind. Forty percent of the apartments are fully accessible to people using mobility devices and the generous common areas include accessible parking spaces and outdoor paths, extra wide doorways and corridors, and good lighting throughout.

For residency at Renaissance Veterans Apartments at Fitzsimons, eligibility preference is given to veterans who are chronically homeless - having long histories of homelessness and one or more permanent disabilities. Many veterans move into their Fitzsimons apartments from the streets and live with chronic physical and/or mental health conditions, like post-traumatic stress disorder (PTSD) and/or substance use disorders.

Residents of Renaissance Veterans Apartments at Fitzsimons need intensive supportive services to help them maintain housing stability. Without intensive supportive services, the slightest mishap is likely to

lead a veteran resident who has experienced chronic homeless to return to the street and conclude it is impossible for them to stay stably housed.

CCH offers supportive services to all residents, including integrated primary health care, behavioral health care, and treatment for substance use disorders, some of which is provided in an on-site medical exam room. Residents receive individualized support through on-site case management, resident services coordination, and peer services in order to create a stable environment and to keep those who were once homeless in housing. On-site staff also provides employment services necessary to make successful transitions from streets to stable homes. Without a full array of intensive supportive services, many resident veterans would cycle back into homelessness.

The local VA Health Center provides some services to 30 resident veterans who receive rental assistance through HUD-VASH. CCH fills gaps in VA provided services and CCH provides all needed services for 29 resident veteran households who receive rental assistance through state controlled project-based housing vouchers. Rental assistance through state controlled project-based housing vouchers is focused on veterans who are not eligible for VA services.

Many of the currently provided CCH services are not supported by dedicated sources of funding. Through time limited resources available by the CARES Act, the City of Aurora provides CDBG-CV funding for COVID response case management, which will end without any possibility of renewal or continuation in June 2022. Continuation of other currently available services is entirely dependent on philanthropic contributions and donations. Furthermore, in the past year of operating Renaissance Veterans Apartments at Fitzsimons, CCH has recognized that resident veterans need access to more intensive services than was original planned. The proposed project is designed to: 1) ensure continual provision of needed services, and 2) expand services currently provided. Securing dedicated funding through the City of Aurora Marijuana Funds, as proposed in this application, will meet currently identified service needs. Without such dedicated funding, Renaissance Veterans Apartments at Fitzsimons would likely fall short of its intended purpose of ending homelessness for participant veterans.

2. What is your target population you would serve through this project?

☐ Individual Men

☐ Individual Women

☐ Families with Children

☐ Youth

√√ Veterans

☐ Elderly

☐ Domestic Violence

☐ Chronically Homeless

☐ Substance Misuse

☐ HIV/AIDS

☐ Mental Illness

√√ Other – Veterans experiencing or at extreme risk of homelessness

If you selected other above, please explain:

The proposed project will exclusively serve veterans experiencing or at extreme risk of homelessness, with preference given to veterans experiencing chronic homelessness.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Renaissance Veterans Apartments at Fitzsimons offers permanent supportive housing to veterans experiencing or at extreme risk of homelessness, with preference extended to veterans experiencing chronic homelessness. **Provision of permanent supportive housing is the project's stated objective toward reaching the goal of ending homelessness for veteran participants.**

All resident veteran households receive rental assistance, the amount of which varies by individual and equals total monthly rent minus 30% of each individual veteran household's adjusted monthly income. Thirty resident (30) veteran households receive rental assistance through the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program, which exists through a partnership of the U.S. Department of Housing (HUD) and the U.S. Department of Veterans Affairs (VA). Twenty-nine resident veteran households receive rental assistance through HUD issued Project Based Housing Vouchers that are made available through the Colorado Department of Local Affairs, Division of Housing.

The local VA Homeless Program refers veterans who receive HUD-VASH vouchers and become residents of Renaissance Veterans Apartments at Fitzsimons. At least half of the veterans who receive Project Based Housing Vouchers and become residents of Renaissance Veterans Apartments at Fitzsimons, are referred through the Metropolitan Denver coordinated entry system, OneHome. The remaining resident veterans receiving Project Based Housing Vouchers are referred from organizations throughout the community or from other CCH projects/programs.

Supportive and facility based services offered to each veteran are oriented toward maintaining housing stability and include:

- **Case Management** provided by a 1 FTE project case manager; this position seeks 0.5 FTE of the salary and related support through the proposed project. In addition, case management services are provided to HUD-VASH holders by the local VA Homeless Program. COVID response case management is currently provided through City of Aurora CDBG-CV funds, which will end without any possibility of renewal or continuation, in June 2022.
- **Resident Services** provided by a 1 FTE resident services coordinator who works to increase participants' access to and engagement in mental health and substance abuse treatment services through an interdisciplinary team approach. This position seeks 0.5 FTE of the salary and related support through the proposed project. The project's resident services coordinator is a liaison for CCH's property management staff and members of the on-site and off-site support and health care teams, as well as external partners. The resident services coordinator also promotes community engagement by providing resident veterans with incentives for displays of positive, health activity or behavior, such as completion of good deeds in the neighborhood, engaging in community activities, and adhering to community policies.
- **Housing Navigation** provided by a 0.4 FTE housing navigator will assist veterans through housing orientation and lease up at Renaissance Veterans Apartments at Fitzsimons, as well as ensure completion of HMIS data entry for all resident veterans.
- **Behavioral Health Services** are provided by an on-site 0.5 behavioral health clinician II. Veterans not eligible for VA services may access other behavioral health services through

CCH's Health Care for the Homeless Program. Veterans eligible for VA services may also access behavioral health services through the VA Eastern Colorado Health Care System. Behavioral health providers serving residents of Renaissance Veterans Apartments at Fitzsimons work in close collaboration, utilizing veteran approved exchanges of private health information when necessary.

- **Primary Health Care** provided by the VA Eastern Colorado Health Care System to veterans eligible for VA services.
- **Integrated Primary Health Care** provided by CCH's Health Care for the Homeless Program (primarily for veterans not eligible for VA services).
- **Employment Assistance** provided by an on-site 0.4 FTE vocational specialist include assessment, resume and job search assistance, as well as one-on-one basic employment skills training. This position seeks salary and related support through the proposed project. The vocational specialist will facilitate additional employment assistance available through other CCH projects such as the U.S. Department of Labor funded Homeless Veterans Reintegration Program (HVRP) and the Colorado Department of Human Services funded Re-Hire Colorado Program. An employment assistance fund accessed through the vocational specialist can cover employment related expenses such as work clothes, tools and other needed items to secure or perform a job.
- **Peer Support** is provided by a 0.5 FTE peer specialist with finding through September 30, 2022.
- **Project Administration and Staff Supervision** will be provided by a 0.05 FTE project director, a 0.10 FTE associate director, and a 0.15 FTE program manager. These staff members will oversee day-to-day implementation of the project, provide direct supervision to all project staff, ensure timely submittal of all required reports, monitor budget spend down and make adjustments as needed, monitor progress toward projected goals and objectives and implement adjustments to ensure successful outcomes.
- **Homeless Prevention Assistance** that is accessed through the case manager or residential services coordinator. May include covering the cost items needed but not planned for, such as eyeglasses or medication, the cost of which could result in inability to fully pay regular monthly expenses and potentially lead to loss of housing. May also include emergency rental assistance or contingency management reinforcement.
- **Transportation Assistance** available for bus tickets or passes that are accessed through the on-site case manager, residential services coordinator, behavioral health provider or vocational specialist.
- **Supplies** are available for new residents upon moving into Renaissance Veterans Apartments at Fitzsimons. 'Move-in baskets' include needed household items such as linens, kitchen equipment, hygiene items, and a few 'welcome home' snacks.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Primary among the many evidence-based practices utilized at Renaissance Veterans Apartments at Fitzsimons is:

- Housing First,
- Trauma Informed Care,
- Harm Reduction,
- Critical Time Intervention,
- Contingency Management, and
- Motivational Interviewing.

5. What will be/are the measurable outcomes, successes, goals, etc?

Goal 1: Facilitate housing stability at Renaissance Veterans Apartments at Fitzsimons and/or facilitate move-outs/exits to permanent housing destinations.

Objective 1.a: 80% of resident veterans will maintain housing stability at Fitzsimons for at least 12 months from moving in and/or move from Fitzsimons to permanent destinations.

Goal 2: Facilitate increased stability, as well as improved personal and social identify through employment.

Objective 2.a: 80% of resident veterans will be offered vocational assistance within 60 days of moving in.

Objective 2.b: 60% of resident veterans who engage in employment services provided through the project will increase their earned income within 12 months of moving in.

Goal 3: Facilitate increased levels of income or maintenance of existing income levels.

Objective 3.a: Within 12 months of moving in, 70% of resident veterans will increase or maintain their income level documented at intake.

Goal 4: Facilitate maintenance or acquisition of non-cash benefits.

Objective 4.a: Within 12 months of moving in, 77% of resident veterans will maintain the level of non-cash benefits documented at intake or acquire non-cash benefits, if documentation shows they were receiving none at intake.

Goal 5: Facilitate engagement in community activities.

Objective 5.a: 60% of resident veterans will engage in community activities at least 6 months after moving in.

Goal 6: Facilitate engagement in needed health care services/treatment, including behavioral health care services/treatment.

Objective 6.a: From 1/1/2022 to 12/31/2022, at least 60% of all resident veterans will engage in needed health and/or behavioral health care services/treatment.

6. How will you measure those outcomes, successes, goals, etc.?

Success meeting goals 1, 3, and 4 will be illustrated with HMIS data and HMIS reports documenting achievement of objectives 1.a, 3.a, and 4.a.

Success meeting goal 2 will be illustrated with data and reports from a specialized database designed and maintained by CCH's Department of Vocational Services. These data and reports will document achievement of objectives 2.a and 2.b.

Success meeting goal 5 will be illustrated with data and reports from a specialized database designed and maintained by CCH's Department of Residential Services. These data and reports will document achievement of objective 5.a.

Success meeting goal 6 will be illustrated with data and reports from two sources: 1) NextGen, CCH's electronic health records system; and 2) medical records available to CCH through partnership and collaboration with the VA Eastern Colorado Health Care System.

Success meeting all projected goals will also be measured by client satisfaction surveys that will be administered at least annually.

7. What is the projected timeline for this project?

The project will begin on January 1, 2022. At this start date, most proposed services will be fully implemented. All proposed services will be fully implemented by or before February 1, 2022.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

CCH and Renaissance Veterans Apartments at Fitzsimons prevent people from going to an unhoused situation by providing permanent supportive housing that does not limit the length of residency. Each veteran residing at Renaissance Veterans Apartments at Fitzsimons is eligible to be stably housed there for the rest of their life.

Coordination of efforts to assist resident veterans in maintaining housing stability and preventing exits to unhoused situations is facilitated by the Resident Services Coordinator. The Resident Services Coordination holds weekly meetings of the Housing Retention Committee, which is composed of staff members representing case management, property management, housing navigation, and project supervisors. At these weekly meetings, members focus on identification of issues that may jeopardize individual veteran resident's housing. Committee members work together to come up with ideas and assistance staff may provide to ensure veteran residents at risk of losing their housing have facilitated access to needed services in a timely manner, with the goal of maintaining housing stability.

CCH and Renaissance Veterans Apartments at Fitzsimons also offer services designed to facilitate housing stability by providing housing and by providing facilitated access to services designed to alleviate health and related issues that contribute to homelessness. These contributing issues include chronic illness or disease, behavioral health and/or substance use disorders, lack of income, and lack of community support.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

CCH built and implements Renaissance Veterans Apartments at Fitzsimons to increase permanent supportive options available to veterans experiencing or at extreme risk of homelessness. The addition of the facility's 59 units significantly increased affordable housing opportunities for veterans experiencing or at extreme risk of homelessness in Metropolitan Denver, consequently reducing the length of time veterans experiencing homeless are unhoused and preventing at-risk veteran households from becoming homeless.

Renaissance Veterans Apartments at Fitzsimons prevents veterans from returning to an unhoused option by providing veterans with permanent homes and by providing facilitated access to services designed to alleviate health and related issues that contribute to homelessness.

10. How many clients have been accepted into housing programs directly from your agency?

Since its opening one year ago (November 2020), Renaissance Veterans Apartments at Fitzsimons has processed 69 applications for housing. Currently, 55 veteran households (55 veterans and 6 members of veterans' families) reside at the apartment facility.

11. How will you verify income and qualifying factors for these funds?

All veteran residents must be homeless or at extreme risk of homelessness, veterans of the U.S. military, and must meet income eligibility guidelines for receipt of HUD issued housing vouchers. These income and qualifying factors are primarily verified by third-parties, however, self-declarations are of homelessness are accepted. Third-party verifications include:

- check-stubs or equivalent,
- written verification from providers of services to people experiencing or at risk of homelessness,
- formal notices of eviction,
- on-line or hard copy Report of Separation document (DD Form 214) that verifies discharge from the U.S. military due to reasons other than dishonorable, and
- other military discharge records.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

CCH has continually provided permanent supportive housing services for people experiencing or at-risk of homelessness since 1990 and since 2004, CCH has continually provided supportive housing services for which only homeless or extremely at-risk veterans are eligible.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Because applications for participation in Renaissance Veterans Apartments at Fitzsimons are accepted to match capacity of the project, no clients are turned away due to lack of capacity. However, as previously described, the need for permanent supportive housing among veterans experiencing or at extreme risk of homelessness is far from being met in the Metropolitan Denver Continuum of Care region.

Also, supportive services funding available for Renaissance Veterans Apartments at Fitzsimons is inadequate to provide the level of service and care needed by resident veterans. Because of limited resources available, there currently is a gap in meeting resident veterans' behavioral health needs and a gap in meeting the need for crisis response services at the facility.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Both in Aurora and in other municipalities of the MDHI Continuum of Care region, time limited, **transitional housing** with supportive services is available exclusively for veterans experiencing or at extreme risk of homelessness.

However, no **permanent supportive housing** exclusively for veterans experiencing or at extreme risk of homelessness is provided in Aurora other than at Renaissance Veterans Apartments at Fitzsimons. Throughout the entire 7-county MDHI Continuum of Care region, less than 20 permanent supportive housing units are targeted exclusively to homeless/at-risk veterans, other than Fitzsimons.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Demand for permanent supportive housing is extreme throughout the MDHI Continuum of Care region. CCH maintains housing waitlists for its supportive housing projects including Renaissance Veterans Apartments at Fitzsimons. As previously described, CCH collaborates with the local VA, as well as MDHI, community organizations providing services to homeless veterans, and other CCH programs to receive referrals of veterans desiring residency at Fitzsimons.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Rental assistance available through HUD-VASH and project-based housing vouchers is secure and sustained with no service gaps anticipated. Services supported by the VA and by CCH's Health Care for the Homeless Program are also secure and sustained with no service gaps anticipated.

CCH is seeking City of Aurora Marijuana funds to sustain and expand needed services as previously described. CCH maintains a 10 FTE Resource Development team that is extremely successful at acquiring resources to ensure services. This team will work to remedy service shortfalls due to gaps or cuts in available funding.

17. Name and position of the person that will oversee executing this project:

Name: Carrie Craig
Title: Vice President of Supportive Housing
Phone: 303-297-4070
Email: ccraig@coloradocoalition.org

Name: Aaron Crowder
Title: Director of Residential Services
Phone: 303-312-9988
Email: acrowder@coloradocoalition.org

Scope of Work

For

Comitis Crisis Center

Comitis ESG Funds

Funding stream requested: ESG

Amount requested: $ 83,828

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

Comitis provides the most comprehensive set of services for people experiencing homelessness in Aurora. There is no other service provider in the eastern part of the metro Denver region that provides low-barrier 30-day transitional housing, emergency shelter, cold-weather shelter, and day services to adults who are experiencing homelessness and active addiction without barriers to participation other than ensuring safety of self and others. Additionally, Comitis' emergency family shelter is the only shelter in the eastern metro region that provides emergency shelter to families with same-sex parents and/or single-father heads of household. Comitis is also a provider with expertise in serving transgender and gender nonbinary or nonconforming individuals who are experiencing homelessness. This is a population that often goes unserved. Nationally, nearly one in three transgender individuals (29%) report being turned away from a shelter because of their transgender status; 22% of those who stayed at a shelter reported experiencing sexual assault while experiencing homelessness; and 42% of transgender people experiencing homelessness have been forced to stay in a shelter living as the wrong gender. [1] Comitis is also the only shelter that has specialized services for individuals with substance use disorders who need treatment to promote their recovery. As a Housing First provider, Comitis is committed to meeting guests where they are, and therefore provides a critical safety net for people experiencing homelessness who may not be ready for or interested in engaging in other services that require minimum levels of sobriety or attendance. The act of helping someone access safe housing is life changing, as studies show that unsheltered people experiencing homelessness are at significantly higher risk of victimization than those who are accessing shelter and other supportive services. [2] However, for individuals who are ready to engage more fully and take steps to become permanently housed, Comitis and the other agencies within MHBHC's continuum of care are capable of delivering a comprehensive array of services including case management; employment services, including job training in the culinary industry; behavioral health care; and day services through ADRC, including benefits acquisition and support to become ready for permanent housing.

The urgent need for Comitis services is clear from data on people experiencing homelessness in the Denver metro area. The 2020 Point-In-Time (PIT) count for the Denver Metro area identified 6,104 people as literally homeless. The 2020 PIT for the City of Aurora found there were 389 people experiencing literal homelessness in the city, a 10% rise over 2019's PIT (389). It should be noted that 2019 PIT was an increase of 9% over 2018. However, as the MDHI report acknowledges, the PIT count is generally thought to significantly undercount people experiencing homelessness in an area. A more

accurate picture of homelessness in Aurora is illustrated by the fact that ***Comitis served 797 unique individuals in 2020 alone.*** This extensive need in Aurora is the key reason these services are so critical.

[1] National Center for Transgender Equality – Federal blueprint: Housing and homelessness. Retrieved from https://www.transequality.org/sites/default/files/docs/resources/NCTE%20Federal%20Blueprint%20Chapter%202%20Housing%20and%20Homelessness_0.pdf
[2] No door to lock: Victimization among homeless and marginally housed people. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/216287

2. What is your target population you would serve through this project?

✠ Individual Men

✠ Individual Women

✠ Families with Children

☐ Youth

✠ Veterans

✠ Elderly

✠ Domestic Violence

✠ Chronically Homeless

✠ Substance Misuse

✠ HIV/AIDS

✠ Mental Illness

✠ Other Disability

If you selected other above, please explain: Comitis serves LGBTQ+ community members.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Comitis seeks to provide a comprehensive approach to bring guests from homelessness to housed. This includes coordinating services in the same location to encourage guests to participate in those services. To start Comitis will provide ***30-day emergency shelter*** to adults and families. This length of stay enables them to stabilize and connect to housing case management. The adult shelter may house up to 40 individuals a night and the family shelter another 30. Comitis will also provide ***medical respite shelter*** to people discharged and referred from UCHealth who need follow-up care for up to five days. A registered nurse is available on staff for any questions. Comitis will provide ***transitional housing*** to TANF families from Arapahoe and Adams Counties, and to veterans and their families. Individuals who seek help with substance use may apply for the Comitis ***Opportunity for Recovery Unit*** where they will receive shelter, treatment and case management while engaged in recovery. During ***cold-weather activations*** Comitis will provide emergency shelter for up to 30 additional individuals. Everyone engaged in these services will be provided three meals a day, hygiene supplies and access to laundry services.

Housing and Employment Case Managers are available to help guests become housing ready, apply for housing assistance, find and get placed in permanent housing, assistance with job searches, determination of skills and best-fit employment, completion of applications and resumes, interview prep and workplace communication.

Culinary workforce program provides eight guests at a time to receive six months of culinary training by a professional chef and job and housing assistance after the program. The program uses the SPARK curriculum (beginning cooking/food safety), and Housed Working & Healthy leads it four days a week in a Fort Logan commercial kitchen. During their training these guests receive housing at Comitis.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Comitis utilizes Housing First, Critical Intervention, Progressive Engagement, Trauma Informed, and Harm Reduction principles.

5. What will be/are the measurable outcomes, successes, goals, etc?

The overall goal of ADRC and Comitis is to provide guests with the support to gain housing.
Based on 20120 service numbers, Comitis and ADRC aim to achieve the following measurable outcomes in the 12-month grant period:

Comitis will maintain a 97% occupancy rate by providing 49,000 shelter nights over the year. Staff will complete 52 VI-SPDATs and enter them in OneHome and support 288 diversions with HAP funding from the City of Aurora. In 2020 in the midst of the COVID-19 lockdowns, Comitis successfully moved 88 individuals into permanent housing. We have set a target of supporting 108 people in obtaining permanent housing and support another 36 people enter transitional housing. Comitis will

insure 100% of the children in transitional housing at the shelter are equipped for and enrolled in school.

6. How will you measure those outcomes, successes, goals, etc.?
Comitis tracks these outputs in HMIS and will be able to capture total bed-nights and meals provided, guest demographics and client-specific data within case management. Comitis' data specialist generates quarterly HMIS reports, which the leadership team uses to measure efficacy of program delivery. Comitis' evaluation also includes conducting exit surveys of guests who move into permanent housing. For its veterans and TANF families in transitional housing, Comitis collects employment outcomes, such as client placement date, type and wage of job, and duration. Comitis' safety is evaluated by the Colorado Department of Human Services, Tri-County Health Department and the Aurora Fire Department.

7. What is the projected timeline for this project? January 1 thru December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The program this funding would support does not prevent people from becoming unhoused. The guests that Comitis shelters are already unhoused at the time they begin to access our services.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Comitis not only provides people with immediate shelter, through case management and the workforce development program they work to connect them to resources that will help move them towards permanent stable housing.

10. How many clients have been accepted into housing programs directly from your agency?

In 2020 Comitis had 88 clients move into permanent housing. However, not all clients notify us, upon leaving, where they are moving to.

11. How will you verify income and qualifying factors for these funds?

Comitis' intake process requires that guests complete a U.S. Department of Housing and Urban Development (HUD) assessment that collects information about the individual's income and household. All of that data is uploaded into HMIS. The VI-SPDAT also verifies income and other factors, and guests complete that if they choose to receive case management. If a guest needs transportation assistance, the Regional Transportation District requires them to self-report their income before Comitis can issue bus tickets.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Comitis shares MHBHC's executive team (including the CEO), board of directors and finance department. This team has been instrumental in the growth and development of Comitis services. Comitis has served this population for 51 years and leverages its location in a high-density area of homelessness on Colfax Avenue to provide emergency shelter and transitional housing to about 150 people a night, 365 nights a year. This has led to a great understanding of practices that help these individuals achieve stability. For example, after learning that many adults who had experienced long-term homelessness needed more intensive housing case management and job supports, Comitis launched intensive housing case management. When Comitis' data revealed that many of its guests had substance use and/or mental health issues, it launched the ORU so they could access behavioral health treatment on-site. The ORU operates at full capacity and continues to add wraparound services.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Comitis does not turn away any clients because as the only provider in Aurora with 24/7 drop-off and service options it has an obligation to serve individuals experiencing homelessness. Comitis' beds operate on a lottery system, but it does not turn away anyone without helping them secure shelter or offering them other services. As a part of MHBHC's comprehensive continuum of care, staff can offer support to any person who requests services, even those who are not guests at Comitis. For example, at Aurora Day Resource Center (ADRC), guests can get the following services: two meals a day; a haircut; laundry; hygiene kits; basic need items (socks, hats, gloves and coats); medical and dental care; a shower; case management; housing navigation and employment support; access to a computer; professional clothing; a place to store important documents or medications in a locked, fireproof box; a place to rest or wait for a medical appointment on the Anschutz campus; help obtaining documents including birth certificates, Colorado IDs and Social Security cards; an address to receive mail; and help obtaining benefits and government programs, e.g., TANF, SNAP, financial help toward housing using Housing Aurora Partnership (HAP) funding, etc. At the Colfax Community Network, another MHBHC subsidiary, guests with children can take parenting classes and enroll their children in the afterschool educational program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Comitis is the only 24/7 shelter in Aurora, and combined, Comitis and ADRC provide: 1) access to basic needs services seven days a week; 2) access to a 30-day stay in emergency shelter; 3) transitional housing for TANF families; 4) transitional housing for veterans; 5) a recovery shelter for people with substance use disorders; 6) access to housing and employment support services and case management; 7) a cold-weather activated emergency shelter; 8) access to behavioral health treatment and recovery supports; and 9) access to services through the Street Outreach team even if/when an individual prefers to live on the street. However, when the need exceeds capacity, staff

refers TANF families to Family Tree for transitional housing, victims of domestic violence to Gateway Domestic Violence Services for emergency shelter and/or transitional housing, and others to the Denver Rescue Mission and the Salvation Army for emergency shelter, as well as the Aurora Housing Authority so people can be added to its waitlist for housing. The Asian Pacific Development Center (APDC) provides behavioral healthcare to immigrants/refugees, and Comitis refers those individuals to APDC.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Many of Comitis' guests learn about the program through the Street Outreach team or MHBHC or one of its sister agencies. Additionally, families receiving TANF are referred to Comitis by the Arapahoe County and Adams County Departments of Human Services. Additional referrals come from Aurora@Home contacts, MDHI, Arapahoe/Douglas Works!, the Center for Work Education and Employment, the Aurora Police Department and United Way's 211 phone line. In addition to these methods, Comitis use social media (Facebook 6,830 followers] and Instagram [320 followers]) and email blasts to local, county and state officials who work in the field of homeless services and child welfare. As soon as a storm that will reduce the temperature below 20 degrees or in the twenties when precipitation is announced, Comitis uses a direct texting system so guests receive information directly when it has activated its cold-weather shelter.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

MHBHC is committed to these services and commits in-kind resources to reduce the need for additional fundraising as much as possible. Examples of leveraged support include a portion of MHBHC's chief executive officer's time, operational support, the cost of background checks for employees, office supplies, curriculum and professional development training. Additionally, all therapeutic interventions including group, one-to-one, case management and peer supports are reimbursable through Medicaid, so MHBHC will leverage this funding to drive sustainability of the program. Each year, MHBHC's development team creates a development plan to review and address any anticipated gaps in the annual operational budget, as well as opportunities for growth. The plan is vetted through the development committee and finance committee, both of which consist of financial and fundraising professionals. Finally, the plan is presented to the board of directors for approval. Progress toward the plan is tracked during each board meeting to ensure financial goals are being met. In the event that a source of grant funding becomes no longer available, the development plan is amended to create a funding plan to address the gap, whether through foundation support, a fundraising event or other means to ensure continuity of this important programming.

17. Name and position of the person that will oversee executing this project:
Name: Robert Dorshimer
Title: CEO

Phone: 720.975.0155
Email: rdorshimer@mhbhc.org

Scope of Work
For
Comitis Crisis Center
Comitis ADRC MJ Funds
Funding stream requested: Marijuana
Amount requested: $ 818,089.89
Amount recommended for allocation: $750,000

1. Please describe the project need in the Aurora community and its urgency

The urgent need for ADRC services is clear from the data on people experiencing homelessness in the Denver metro area. The 2020 Point in Time (PIT) count for the Denver Metro area identified 6,104 people as literally homeless. The 2020 PIT for the City of Aurora found there were 389 people experiencing literal homelessness in the City, a 10% rise over 2019's PIT (389). It should be noted that the 2019 PIT was an increase of 9% over 2018. However, as the MDHI report acknowledges, the PIT count is generally thought to significantly undercount people experiencing homelessness in the area. A more accurate picture of homelessness in Aurora is illustrated by the fact that **the ADRC served 1,382 guests in 2020.** However, that is overshadowed by the ADRC Caper for the July through September 2021 period when the ADRC served 2,009 unique individuals as recorded in HMIS. This extensive need in Aurora is the key reason these services are so critical.

2. What is your target population you would serve through this project?

✠ Individual Men

✠ Individual Women

☐ Families with Children

☐ Youth

✠ Veterans

✠ Elderly

☐ Domestic Violence

✠ Chronically Homeless

✠ Substance Misuse

✠ HIV/AIDS

✠ Mental Illness

☐ Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

As a program of Comitis, the ADRC works to provide a comprehensive approach to bring guests from homelessness to housed. The ADRC is Aurora's only 7 day/week service center for people experiencing homelessness. To start, adults coming to the ADRC have access to basic essential services including 3 meals a day, hygiene items, showers, laundry services, and cold weather clothing. Guests can also receive mail at the ADRC and access computers. But the Aurora Day Resource Center provides much more than basic services. Guests have access to mental health services. Mile High Behavioral Healthcare's staff nurse is available for clients and other staff provide HIV and Hepatitis testing. UC Health's School of Nursing also provides physical health care on a regular basis. No Smiles Left Behind provides free dental treatments. The ADRC provides recliners to guests who are unwell or who work nights and need to rest during the day. Women experiencing homelessness often find themselves a distinct minority so the ADRC has set aside a Ladies Lounge where women guests can relax removed from the male guests.

From January through March of 2022 the ADRC will be open 24/7, providing cold weather shelter for guests who would otherwise be exposed to the elements. After March 30, the ADRC will continue to activate overnight on an as-needed basis when cold weather alerts are called. During cold weather sheltering the ADRC is the main staging area and source of assistance for ACOT, the Aurora Police Department and the Aurora Street Outreach teams. When guests come to the ADRC for cold weather activations they not only receive a hot meal and sleeping accommodations but clinical staff and peer recovery coaches are available to meet and provide them with insight into the resources available to them. They can assist guests who are uncomfortable in a crowded milieu and make appointments with case managers for those who would like to move ahead with recovery or obtaining housing.

ADRC case managers assist clients with setting goals and accessing services. They are often the first step for those who wish to work on their recovery from substance use through the Comitis Opportunities for Recovery Unit. The employment case managers can assist with helping them define their skills, develop a resume, improve their interview skills and even outfit them with clothing for interviews and ultimately for work. They can also recommend them for participation in the Comitis Culinary Workforce Development Program.

During COVID, CDC and State of Colorado protocols required the ADRC to shut down much of the programming run by volunteers. That included therapeutic drum circles, yoga, Alcoholic Anonymous meetings, art therapy, acupuncture and MAT treatments. We are looking forward to bringing that programming back in 2022.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

The ADRC utilizes Housing First, Harm Reduction and Trauma Informed Care,

5. What will be/are the measurable outcomes, successes, goals, etc?

The overall goal of the ADRC is to provide guests with safety and security while they obtain the tools they need to gain stable housing. Goals for 2022 include:

The ADRC will provide services to 2,500 unique individuals
Case managers will provide assistance to 250 individuals
3,000 Volunteer hours will be donated for a total of 1.5 FTEs
12 Individuals will be provided bus tickets through Homeward Bound Program
Provide 5,000 bednights of cold weather activation sheltering

6. How will you measure those outcomes, successes, goals, etc.?

The ADRC tracks these outputs in HMIS and will be able to provide numbers of unique individuals served, guest demographics and client-specific data within case management. The Comitis' data specialist generates quarterly HMIS reports, with the leadership team uses to measure efficacy of program delivery.

7. What is the projected timeline for this project? January 1-December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The program this funding would support does not prevent people from becoming unhoused.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Through case management the ADRC works to connect them to resources that will help move them towards permanent stable housing.

10. How many clients have been accepted into housing programs directly from your agency?

We received the following recommendation in an email from MDHI regarding VI-SPDATS at the ADRC.

> "We recommend that ADRC does not administer VISPDATs to clients. ADRC staff aren't meeting with the clients regularly and they are not developing case management plans. The location also doesn't have the spaces to protect the client's privacy as the VISPDAT is very personal. We're recommending that clients that need a VISPDAT be redirected and put in contact with staff at Comitis that do provide case management and have private spaces to administer the assessment. I've CC'd our OneHome program coordinator, Bethany, to this email if you have any questions. You can also just reach out to me."

Based on MDHI's recommendation the staff at the ADRC no longer conducts VI-SPDAT surveys. All VI-SPDAT's are submitted through Comitis.

11. How will you verify income and qualifying factors for these funds?

The ADRC's intake process requires that guests complete a U.S. Department of Housing and Urban Development (HUD) assessment that collects information about the individual's income and household. All of that data is uploaded into HMIS. If a guest needs transportation assistance, the Regional Transportation District requires them to self-report their income before Comitis can issue bus tickets.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

As a program of the Comitis Crisis Center, the ADRC shares MHBHC's executive team (including the CEO), board of directors and finance department. This team has been instrumental in the growth and development of the ADRC services. The ADRC has only been in operation for four years and the nation has been in a global pandemic for almost two years of that operation. As the only daily resource center in Aurora, the ADRC management and board was determined to continue to provide services throughout the pandemic. When large segments of the population we serve were unable to get any employment, the ADRC, with the City of Aurora's assistance, was instrumental in bringing additional emergency shelter for the expanding homeless population.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The ADRC does not turn away any clients because as the only provider in Aurora with 7 day a week services it has an obligation to serve individuals experiencing homelessness.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposings?

There is no single agency outside of the Mile High Behavioral Healthcare programs where clients can receive this compendium of services in one location. They can receive mental healthcare service through Aurora Mental Health and the Colorado Crisis Center. Before clients had access to physical healthcare at the ADRC they routinely accessed the UC Health Center emergency room. Clients still access the UC Health Center but now for more emergency or crisis interventions.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Many of ADRC's guests learn about the program through the Street Outreach team or MHBHC or one of its sister agencies. Additional referrals come from Aurora@Home contacts, the Aurora Police Department and United Way's 211 phone line. In addition to these methods, the ADRC uses social media (Facebook 6,830 followers] and Instagram [320 followers]) and email blasts to local, county and state officials who work in the field of homeless services and child welfare. As soon as a storm that will reduce the temperature below 20 degrees or in the twenties when precipitation is announced, the ADRC uses a direct texting system so guests receive information directly when it has activated its cold-weather shelter.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

MHBHC is committed to these services and commits in-kind resources to reduce the need for additional fundraising as much as possible. Examples of leveraged support include a portion of MHBHC's chief executive officer's time, operational support, the cost of background checks for employees, office supplies, curriculum and professional development training. Additionally, all therapeutic interventions including group, one-to-one, case management and peer supports are reimbursable through Medicaid, so MHBHC will leverage this funding to drive sustainability of the program. Each year, MHBHC's development team creates a development plan to review and address any anticipated gaps in the annual operational budget, as well as opportunities for growth. The plan is vetted through the development committee and finance committee, both of which consist of financial and fundraising professionals. Finally, the plan is presented to the board of directors for approval. Progress toward the plan is tracked during each board meeting to ensure financial goals are being met. In the event that a source of grant funding becomes no longer available, the development plan is amended to create a funding plan to address the gap, whether through foundation support, a fundraising event or other means to ensure continuity of this important programming.

17. Name and position of the person that will oversee executing this project:
Name: Robert Dorshimer
Title: CEO
Phone: 720.975.0155
Email: rdorshimer@mhbhc.org

Scope of Work
For
Comitis Crisis Center
Colfax Community Network
Funding stream requested: Marijuana
Amount requested: $630,935.02
Amount recommended for allocation: $275,000

1. Please describe the project need in the Aurora community and it's urgency.

According to the Colorado Department of Education, in the 2017–2018 school year, Aurora Public Schools had 1,844 homeless students—the third-highest rate for a school district in the state. This is an alarming 113% increase from the previous year (867). With more than 200 eligible students in CCN's partner elementary schools, CCN currently only has capacity to serve 20 students at a time.

CCN serves families living primarily in the original Aurora community in Adams and Arapahoe counties, which have significant numbers of students served by the McKinney-Vento Homeless Education Program—3,992 and 2,770 students, respectively. Combined, that comes to 6,762 students experiencing homelessness—30% of the 22,369 students in this program throughout Colorado. [1] This number is staggering, showing the great need for CCN to support its community.

There is a strong need for out-of-school programs focused on literacy, academic performance and socio-emotional support specifically tailored to the unique needs of children experiencing homelessness. These children experience significant stress due to the lack of a permanent residence, unstable income of their parents, traumatic life events and other social determinants of health disproportionately impacting children experiencing poverty. [2] For example, many children experiencing homelessness do not read at grade level, have underdeveloped socio-emotional skills, have more absences than students in stable housing and are typically not engaged with a caring adult. Homeless students have two times as many learning disabilities as other children and are more than twice as likely to drop out of high school in Colorado. [2]

In addition to serving children, CCN is a resource for its low-income community. Aurora's cost of living continues to rise, and many families who were living on the precipice of homelessness before COVID-19 are now even closer to the edge or homeless. Many low-skill jobs have had hours cut or been eliminated. In Adams and Arapahoe counties, the accommodation and food services industry has lost the most jobs (7,589 in Adams County and 9,755 in Arapahoe County) because of COVID-19. [3] The households in the neighborhood surrounding CCN have a 25% lower income level than the average Aurora family and house a large number of people of color and immigrants. In 2019, CCN had 1,425 visits to its food bank, 246 visits related to housing, 69

employment visits, and 216 clients looking for assistance with IDs. It provided 1,229 bus tickets. In the first three quarters of 2021 CCN's has already experienced 1,198 visits to its food bank. CCN's services are critical for these families, who are living precariously and have been further destabilized by COVID-19. Social isolation, crime exposure, school closures, job losses, uncertainty about where they will live and heightened health risks caused by the state of their housing are exacerbating children's trauma and creating additional family stressors that increase children's risk of abuse and neglect.

[1] KIDS COUNT in Colorado!: Creating a path forward for Colorado's Kids (2020). Retrieved from https://www.coloradokids.org/data/publications/kids-count-in-colorado-creating-a-path-forward-for-colorados-kids/

[2] Bassuk, E., & Friedman, S. (2005). Facts on trauma and homeless children. National Child Traumatic Stress Network Homelessness and Extreme Poverty Working Group. Retrieved from https://www.nctsn.org/sites/default/files/resources/facts_on_trauma_and_homeless_children.pdf

[3] Urban Institute. Where low-income jobs are being lost to COVID-19. Retrieved from https://www.urban.org/features/where-low-income-jobs-are-being-lost-covid-19

2. What is your target population you would serve through this project?

- ✠ Individual Men
- ✠ Individual Women
- ✠ Families with Children
- ✠ Youth
- ✠ Veterans
- ✠ Elderly
- ✠ Domestic Violence
- ✠ Chronically Homeless
- ✠ Substance Misuse
- ✠ HIV/AIDS

✠ Mental Illness

☐ Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

CCN operates under a family preservation model and offers it's services free of charge to clients. They also provide multiple levels of intervention for each family, using a two-generation approach. CCN provides case management for individuals to obtain housing. In 2021 CCN has supported 68 families in obtaining housing. The CCN case manager also provides employment assistance to help individuals prepare, search for and obtain employment and a computer lab to allow individuals to look for employment and housing and apply for benefit programs.

The CCN Family Resource Center is open twice a week with access to a food pantry, ID vouchers and bus tickets. In 2021 CCN has expanded its food pantry offering to include more culturally relevant options as well as fresh produce, meat and dairy items.

The afterschool/summer program picks the children up at their schools and staff deliver the children directly to their parents at their homes at the end of the day. The afterschool program delivers 10 hours of weekly academic support with a focus on literacy and STEM activities in the new STEM lab installed in 2021. Twice a week, staff leads social-emotional therapeutic groups for students. Children also engage in physical activity, learn life skills, and have responsibilities related to the space and meals. The students receive a light meal after school and food boxes are provided to the students families. Students often participate in preparing the meal to help them learn how to cook nutritional meals. During school breaks students participate in full-day holiday break programming.

In 2022 CCN will initiate a Junior Leadership Program. The current children's program for afterschool ages out at 11 years of age leaving children going into Middle school with no place to continue to develop and get ready for High School. These children are living in spaces that put them at high risk due to their vulnerability and are in need of continued support and development of social skills, life skills and academic support. The Junior Leadership program will provide access to middle school children in the 7th and 8th grade to begin with a leadership training designed to help them learn how to analyze their own strengths and weaknesses. It will support the students with setting goals, building self-esteem, confidence, and motivation to put them into practice in real life situations. Through a variety of in person, service and hands on experiences the students will develop skills that include how to manage time, work as a team and be able to create and present different information through presentations including the use of technology. The program will be offered two days a week with adult supervision.

Every Friday CCN reaches out to the families living in the motels along the Colfax corridor to provide supplies and to assist them in obtaining resources and supports available locally.

CCN employs a two-generation approach to family preservation through a variety of family supports and activities. These include community nights where families can gather together for a meal and activities. CCN also conducts classes for parents such as parent-child bonding and family budgeting.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing First, Harm Reduction, Progressive Engagement, Criticical Intervention, Trauma Informed Care and the Pyramid Plus Approach which is a social-emotional evidence based practice.

5. What will be/are the measurable outcomes, successes, goals, etc?

CCN has set targeted goals for 2022 in the following three areas:

1. An average of 110 unduplicated individuals will be served each month, and CCN will achieve the following outputs:

- Complete 20 VI-SPDATs and enter them into the OneHome Coordinated Entry Program
- Support 100 people with obtaining or retaining housing
- Refer 30 people to shelter
- Support 100 people with employment services
- Provide resources to 100 families residing in motels
- Serve 30 children per session (40 per year) through its afterschool and summer programs
- Serve 5 children per year in the Junior Leadership Program

2. Children served will show improvements in academic performance and engagement in school, demonstrated through the following measures:

- 85% will demonstrate measurable increases in their literacy skills.
- 75% will show progress toward grade-level reading.
- 80% will demonstrate increased attendance.

3. Children will experience social and personal growth, demonstrated through the following measures:

- 100% will participate in enriching opportunities designed to increase their life skills.
- 90% will demonstrate improved behavior both in and out of school through the implementation of strategies to improve and maintain appropriate behavior for all students.
- 85% will demonstrate an increase in self-esteem and social skills.

6. How will you measure those outcomes, successes, goals, etc.?

CCN is currently in the process of adding HMIS tracking. All information on case management activities will be tracked through HMIS. Services provided through the Family Resource Center are tracked weekly in an excel spreadsheet. The children's outcomes are tracked through the EPIC

Literacy testing program. Children's social and personal growth are determined by surveys completed by their teachers and parents.

7. What is the projected timeline for this project? January 1-December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

CCN provides tangible supports to families that are currently housed but struggling financially through its food pantry, transportation supports and the family food boxes that are distributed. By providing employment supports CCN assists individuals to obtain or improve their employment situation providing them with greater financial stability. The CCN case manager assists families in accessing supports such as TANF and SNAP benefits. Through its reciprocal arrangements with Comitis, CCN is able to refer people and families, providing them with immediate shelter.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

The supports that CCN outlines in question 8 will all apply to this scenario.

10. How many clients have been accepted into housing programs directly from your agency?

So far in 2021 CCN has moved 68 families into permanent housing.

11. How will you verify income and qualifying factors for these funds?

CCN strives to be low barrier to entry. Once an individual chooses to receive case management or afterschool program services at CCN, they complete a registration form, which asks them to disclose information about their housing, transportation and children's coping skills. If a client asks for a bus ticket, the Regional Transportation District (RTD) requires them to self-report their income. Once a client begins to receive case management, CCN's case manager collects demographic information to learn if they qualify for any government benefits or programs. All of the children served are designated as homeless by their school's McKinney-Vento liaison, and all of the children served qualify for free or reduced-price lunch.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

CCN has been delivering all activities described in this proposal for 20 years and has always focused on serving families living in the motels along East Colfax Avenue. In that time, it has remained flexible, and some programs have expanded and contracted to accommodate needs. Because of COVID-19, CCN expanded its food bank and prepared grab-and-go bags of food that people could take quickly without contact with others. This spring, it expanded its educational program to support children forced to attend school online because of COVID-19.

It is traditional at CCN to host a family holiday event at Christmas for anyone in the local community.

In May 2016, CCN became a subsidiary organization of MHBHC. Along with providing CCN's accounting services, MHBHC also provides oversight to CCN through a management agreement that includes a shared executive team, board of directors and finance department. Through this shared administrative structure, CCN operates as a program of MHBHC while maintaining its own 501(c)(3) designation. Additionally, CCN clients benefit from the direct connectivity to behavioral health programming that is provided through MHBHC—a dually licensed mental health and substance use disorder provider. From MHBHC, CCN staff also receives extensive professional development and support to deliver culturally competent, trauma-informed services that are uniquely tailored to children and families experiencing homelessness.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

CCN does not turn away any clients. As a member of MHBHC's comprehensive continuum of care, it can offer support to any person who requests services. For example, CCN can provide support through their Family Resource Center for parents until a space becomes available for their child to receive academic support through the afterschool or education program. CCN provides food, case management, housing and employment support to all who request it and can refer clients to Comitis for emergency shelter when needed. It can refer adults to the Aurora Day Resource Center to get help with basic needs, e.g., hygiene items, mail, showers, access to clothing and a computer lab.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

MHBHC, CCN's parent organization, has been providing behavioral health services to people experiencing homelessness for 60 years. This has allowed MHBHC to remain abreast of the new and emerging needs and modify its array of services to proactively meet those needs. As part of that continuum, CCN's sister agency, the Aurora Day Resource Center, is available to help single people who are experiencing homelessness with their basic needs. Sister agency Comitis Crisis Center provides transitional shelter, a substance use recovery unit, case management, and housing and employment assistance. (More about these services is described below.) CCN's partnership with Aurora Public Schools also allows it to ensure that it is providing needed services that are not being duplicated by other providers. Currently, CCN's afterschool program is the only program within APS that specifically serves elementary-age children experiencing homelessness while also providing comprehensive support to their families. The services CCN provides to children are age-appropriate, and learning takes place in a vibrant, tactile environment that encourages play but also has nooks for quiet reading. The program is two-generational, and parents participate in parenting classes (when COVID-

19 allows reopening) and a homework club. Within APS, some schools operate "Compass," a general academic program, but it does not include any mentorship or socio-emotional development and does not include building relationships with caring adults—services at which CCN excels. The Boys and Girls Club offers an afterschool program for elementary youth but does not provide transportation—something every child experiencing homelessness needs. CCN provides transportation from its four primary partner elementary schools to CCN and then returns children to their homes providing a warm hand off directly to their parents. CCN has a strong relationship with the club and refers students in middle and high school to its program.

There are two other food pantries in the area where CCN operates, The Village Exchange Center and Ansar Pantry. The Village Exchange Center's food outreach operates for the immigrant families in its programs, and Ansar Pantry is only open on Saturday mornings. Neither of these programs alone is sufficient to meet the great needs of the community. CCN's pantry is open two morning a week and offers housing, employment, ID voucher assistance and bus tickets in addition to food.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Most of CCN's participants learn about the program through the team that visits motels along East Colfax Avenue every week, through Comitis or they learn about it through their child's McKinney-Vento liaison at their school. At the beginning of every school year, CCN's staff meets with these liaisons to provide information about CCN's services and establish a contact. CCN staff and the liaisons update each other multiple times during the school year for increased continuity. In addition to these methods, CCN uses its social media (Facebook, Instagram) and sends email blasts with information about CCN's programs to donors, volunteers and local, county and state officials who work in the field of homeless services and child welfare.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

CCN's services will continue to be needed as long as there are families along East Colfax Avenue who struggle to put a roof overhead. Although CCN's programs fall outside of many funders' priority areas, MHBHC is committed to maintaining these services as part of its continuum of care. MHBHC will explore funding from state and local grants, local foundation assistance, federal assistance for children and Medicaid to support this program, as well as integrating the programming into MHBHC's suite of services once the funding has ended.

17. Name and position of the person that will oversee executing this project:

Name: Robert Dorshimer
Title: CEO
Phone: 720.975.0155
Email: rdorshimer@mhbhc.org

Scope of Work

For

Comitis Crisis Center

Aurora Street Outreach

Funding stream requested: Marijuana

Amount requested: $ 241,932.57

Amount recommended for allocation: $200,000

1. Please describe the project need in the Aurora community and it's urgency.

The Denver/Aurora area is a place rife with people experiencing homelessness because of the intersections of I-70, I-25 and I-76 and the high numbers of people attracted to the area because of its lifestyle, urban amenities, job market, and proximity to the mountains, nearly year-round sunshine, and legalized marijuana. The COVID pandemic only increased the number of people experiencing homelessness.

The urgent need for ADRC services is clear from the data on people experiencing homelessness in the Denver metro area. The 2020 Point in Time (PIT) count for the Denver Metro area identified 6,104 people as literally homeless. The 2020 PIT for the City of Aurora found there were 389 people experiencing literal homelessness in the City, a 10% rise over 2019's PIT (389). It should be noted that the 2019 PIT was an increase of 9% over 2018. However, as the MDHI report acknowledges, the PIT count is generally thought to significantly undercount people experiencing homelessness in the area. In 2020 the Comitis Street Outreach team made over 900 contacts with homeless individuals. It should be noted that in the third quarter of 2020 (July through September) the number of contacts was double the contacts from the second quarter. A direct result of COVID.

A key Street Outreach target area, Colfax Avenue, is known among service providers as the "homeless highway," as it is marked by large numbers of homeless families and single adults, motels, drug dealers, human traffickers and sex workers. However, Street Outreach connects with people wherever they are located including greenbelts, parks, doorways, alleys, vehicles, temporary shelters and under bridges. Many of the people Street Outreach interacts with are vulnerable due to physical and mental health concerns and may be highly unstable. COVID-19 moved even more people closer to homelessness. Aurora's cost of living continues to rise, and many families who were on the precipice of homelessness before COVID-19 are now even closer to the edge, or homeless. Many low-skill jobs have had hours cut or been eliminated. In Adams and Arapahoe counties, the accommodation and food services industry has lost the most jobs of any industry (7,589 in Adams County and 9,755 in Arapahoe County) because of COVID-19. [1] With incomes reduced or lost, rent money is a luxury. In August 2021, the average rent in North Aurora, where Street Outreach operates, was $1,125. [2] A full-time minimum-wage worker earns $1,776/month. Many workers in no, or low-skilled industries (food service, retail, hospitality) have lost significant income because of COVID-19, and the jobless rate has grown exponentially in the pandemic.

[1] Where low-income jobs are being lost to COVID-19. Retrieved from https://www.urban.org/features/where-low-income-jobs-are-being-lost-covid-19

[2] Rent Café. (2020). Aurora, CO rental market trends. Retrieved from https://www.rentcafe.com/average-rent-market-trends/us/co/aurora/

2. What is your target population you would serve through this project?

✠ Individual Men

✠ Individual Women

✠ Families with Children

✠ Youth

✠ Veterans

✠ Elderly

✠ Domestic Violence

✠ Chronically Homeless

✠ Substance Misuse

✠ HIV/AIDS

✠ Mental Illness

☐ Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Street Outreach is vital in connecting people to homeless services in Aurora. The causes of homelessness vary from person to person though many common reasons include: loss of job, domestic violence, divorce or substance usage. Street Outreach works with people in their unique circumstances to help them obtain services and be successful at finding permanent housing. On example of the progressive work that Street Outreach does is Rick Chunn who had experienced homelessness for 7 years. Street Outreach worked with Rick for over a year. During that time the Street Outreach Team assisted Rick in getting his State ID, Birth certificate, and Social Security card. They did the VI-SPDAT with him and contacted Volunteers Of America. The VOA and Street Outreach worked together to make sure Rick attended meetings with his VOA case worker and mental health professional by providing reminders and transportation. Through their combined efforts, Rick was approved for food stamps and a VOA monthly check for financial assistance. He was also approved for Section 8 housing. They helped Rick get off the streets and for the first time in 7 year Rick has a roof over his head. Without the involvement of the Street Outreach team, Rick would not be a City of Aurora success story.

On another occasion, the Street Outreach team had been working with Deb Koch and her special needs son Cody for over a year. Deb had been experiencing homelessness for 2 years when Street Outreach helped her complete a VI-SPDAT and get this information entered into the One Home system. Through that process they were approved for housing. Deb then had the tasks of getting her Birth Certificate, ID, and Social Security card in order to be housed. Street Outreach assisted her with transport and follow up care. Once she had all of the documents together the search for her home begun. Street Outreach assisted with the search and transportation. In the meantime the MHBHC secured them a hotel stay and was reimbursed through HAP fund. Working together we were able to finally get Deb and Cody into a home.

Street Outreach received a request from one the of Care Navigators at Comitis asking they check on a woman that had called them located at I-225 and Chambers and, if possible, transport her back to Comitis for shelter. Once at the location the team found Crystal who had been living with her mother and step-father. Her step-father was abusive and had kicked her out of the home leaving her in a vulnerable situation for negative outcomes. The Street Outreach team explained the resources available to her through the ADRC and Comitis. She agreed to be transported to Comitis and was linked to a Housing Case Manager for services. Finding someone quickly providing them with trauma-informed care and getting them linked to services greatly enhances the person's chance of avoiding chronic homelessness.

Street Outreach will provide case management and progressive engagement for people experiencing unsheltered homelessness. This case management will provide services to clients who are service-resistent and who will benefit from being met where they are at. The goal being housing. Outreach workers build rapport by meeting people in their space and this opens the door to case management and services that they may otherwise never receive.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Street Outreach uses a client-centered, trauma-informed approach, emphasizing harm reduction (i.e., meeting individuals where they are, without imposing requirements, and delivering services to mitigate harm, e.g., “clean your works” kits for IV drug users). Through its parent organization, MHBHC, all staff are trained on how to promote a culture of safety, empowerment and healing so that guests who have experienced trauma can be served in a way that does not re-traumatize them. Street Outreach will also use a progressive engagement case management model. All services are client-centered, meaning guests may accept or reject services.

5. What will be/are the measurable outcomes, successes, goals, etc?

The overall goal of the Comitis Street Outreach program is to provide guests with support while living in camps, vehicles or streets and to connect them with services that will ultimately lead to housing. Based on 2020 service numbers, the Street Outreach program aims to achieve the following measurable outcomes in the 12-month grant period:

- Provide 900 encounters with persons experiencing homelessness
- Provide 500 encounters with local community members
- Distribute 400 survival kits
- Distribute 500 hygiene kits
- Refer 100% of clients to shelter services
- Engage in case management with 100 individuals
- Assist in housing 15% of case management clients

6. How will you measure those outcomes, successes, goals, etc.?

Street Outreach will track their encounters in HMIS and via a spreadsheet. A dual system is necessary since a number of the clients that Street Outreach approaches are not willing to provide any information about themselves making it impossible to enter them into the HMIS system.

The distribution of materials to clients is also tracked in excel spreadsheets.

7. What is the projected timeline for this project?

January 1-December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The clients Street Outreach serves are already in an unhoused situation before they begin accessing services.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Connecting clients to services and case management at Comitis and the ADRC will help move them towards permanent stable housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Street Outreach program does not directly engage in housing. They assist clients in completing VI-SPDATs through services at Comitis. They refer clients to emergency shelter at Comitis or during cold weather activations transport clients to shelter at Comitis or ADRC. Once they have connected clients to services at ADRC or Comitis, the Care Navigators and Case Managers at those locations work with clients to move them toward employment and permanent housing..

11. How will you verify income and qualifying factors for these funds?

All Street Outreach clients are unhoused and presumed to be low income. Guests who are willing are entered into HMIS complete an intake process that requires that guests complete a U.S. Department of Housing and Urban Development (HUD) assessment that collects information about the individual's income and household. All of that data is uploaded into HMIS. If a guest needs transportation assistance, the Regional Transportation District requires them to self-report their income before Comitis can issue bus tickets.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

As a program of the Comitis Crisis Center, the ADRC shares MHBHC's executive team (including the CEO), board of directors and finance department. This team has been instrumental in the growth and development of the Aurora Street Outreach services. The current program has been in existence since 2017 and has continued to serve clients and the community throughout the pandemic, adding a second Street Outreach Team to accommodate the growing population of unhoused individuals.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Street Outreach does not turn anyone away, as a part of MHBHC's comprehensive continuum of care, staff offer support to any person who requests services. At the same time, staff is respectful of requests to not be approached. At Street Outreach's sister program, ADRC, guests can get the following services: two meals a day; a haircut; laundry; hygiene kits; basic need items (socks, hats, gloves and coats); medical and dental care; a shower; case management; housing navigation and employment support; access to a computer; professional clothing; a place to store important documents or medications in a locked, fireproof box; a place to rest or wait for a medical appointment on the Anschutz campus; help obtaining documents including birth certificates, Colorado IDs and Social Security cards; an address to receive mail; and help obtaining benefits and government programs, e.g., TANF, SNAP, financial help toward housing using Housing Aurora Partnership (HAP) funding, etc. Street Outreach staff can obtain emergency shelter for clients at Comitis.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Comitis, Street Outreach and ADRC offer the most comprehensive services available to address homelessness in Aurora. The Comitis Street Outreach team is the only daily outreach in the City of Aurora. Comitis is the only 24/7 shelter in Aurora, and combined, Comitis and ADRC provide: 1) access to basic needs services seven days a week; 2) access to a 30-day stay in emergency shelter; 3) transitional housing for TANF families; 4) transitional housing for veterans; 5) a recovery shelter for

people with substance use disorders; 6) access to housing and employment support services and case management; 7) a cold-weather activated emergency shelter; 8) access to behavioral health treatment and recovery supports; and 9) access to services through the Street Outreach team even if/ when an individual prefers to live on the street. However, when the need exceeds capacity, the Street Outreach staff through Comitis Case Managers refers TANF families to Family Tree for transitional housing, victims of domestic violence to Gateway Domestic Violence Services for emergency shelter and/or transitional housing, and others to the Denver Rescue Mission and the Salvation Army for emergency shelter, as well as the Aurora Housing Authority so people can be added to its waitlist for housing. The Asian Pacific Development Center (APDC) provides behavioral healthcare to immigrants/ refugees, and Comitis refers those individuals to APDC. There is no drop-in day shelter other than ADRC in Aurora.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

A large part of the Street Outreach program is community engagement. Street Outreach staff pay personal calls to local businesses in areas where homeless individuals have traditionally congregated to introduce themselves and explain their services and how they can be reached. They have also been invited to speak to local community groups. Because they work closely with the local service agencies and the Aurora Police Department they receive referrals directly from those groups. MHBHC and Comitis promotes this program to the community through social media, a weekly email blast and to other local media outlets such as TV and Print.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?
MHBHC is committed to these services and commits in-kind resources to reduce the need for additional fundraising as much as possible. Examples of leveraged support include a portion of MHBHC's Chief Executive Officer's time, operational support, the cost of background checks for employees, office supplies, curriculum and professional development training. Additionally, all therapeutic interventions including group, one-to-one, case management and peer supports are reimbursable through Medicaid, so MHBHC will leverage this funding to drive sustainability of the program. Each year, MHBHC's development team creates a development plan to review and address any anticipated gaps in the annual operational budget, as well as opportunities for growth. The plan is vetted through the development committee and finance committee, both of which consist of financial and fundraising professionals. Finally, the plan is presented to the board of directors for approval. Progress toward the plan is tracked during each board meeting to ensure financial goals are being met. In the event that a source of grant funding becomes no longer available, the development plan is amended to create a funding plan to address the gap, whether through foundation support, a fundraising event or other means to ensure continuity of this important programming.

Name: Robert Dorshimer
Title: CEO
Phone: 720-975-0155
Email: rdorshimer@mhbhc.org

Scope of Work
For
Comitis Crisis Center
Comitis MJ Funds
Funding stream requested: Marijuana
Amount requested: $ 1,174,129.46
Amount recommended for allocation: $600,000

1. Please describe the project need in the Aurora community and its urgency.

Comitis provides the most comprehensive set of services for people experiencing homelessness in Aurora. There is no other service provider in the eastern part of the metro Denver region that provides low-barrier 30-day transitional housing, emergency shelter, cold-weather shelter, and day services to adults who are experiencing homelessness and active addiction without barriers to participation other than ensuring safety of self and others. Additionally, Comitis' emergency family shelter is the only shelter in the eastern metro region that provides emergency shelter to families with same-sex parents and/or single-father heads of household. Comitis is also a provider with expertise in serving transgender and gender nonbinary or nonconforming individuals who are experiencing homelessness. This is a population that often goes unserved. Nationally, nearly one in three transgender individuals (29%) report being turned away from a shelter because of their transgender status; 22% of those who stayed at a shelter reported experiencing sexual assault while experiencing homelessness; and 42% of transgender people experiencing homelessness have been forced to stay in a shelter living as the wrong gender. [1] Comitis is also the only shelter that has specialized services for individuals with substance use disorders who need treatment to promote their recovery. As a Housing First provider, Comitis is committed to meeting guests where they are, and therefore provides a critical safety net for people experiencing homelessness who may not be ready for or interested in engaging in other services that require minimum levels of sobriety or attendance. The act of helping someone access safe housing is life changing, as studies show that unsheltered people experiencing homelessness are at significantly higher risk of victimization than those who are accessing shelter and other supportive services. [2] However, for individuals who are ready to engage more fully and take steps to become permanently housed, Comitis and the other agencies within MHBHC's continuum of care are capable of delivering a comprehensive array of services including case management; employment services, including job training in the culinary industry; behavioral health care; and day services through ADRC, including benefits acquisition and support to become ready for permanent housing.

The urgent need for Comitis services is clear from data on people experiencing homelessness in the Denver metro area. The 2020 Point-In-Time (PIT) count for the Denver Metro area identified 6,104 people as literally homeless. The 2020 PIT for the City of Aurora found there were 389 people experiencing literal homelessness in the city, a 10% rise over 2019's PIT (389). It should be noted that 2019 PIT was an increase of 9% over 2018. However, as the MDHI report acknowledges, the PIT count is generally thought to significantly undercount people experiencing homelessness in an area. A more

accurate picture of homelessness in Aurora is illustrated by the fact that ***Comitis served 797 unique individuals in 2020 alone.*** This extensive need in Aurora is the key reason these services are so critical.

[1] National Center for Transgender Equality – Federal blueprint: Housing and homelessness. Retrieved from https://www.transequality.org/sites/default/files/docs/resources/NCTE%20Federal%20Blueprint%20Chapter%202%20Housing%20and%20Homelessness_0.pdf
[2] No door to lock: Victimization among homeless and marginally housed people. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/216287

2. What is your target population you would serve through this project?

- ✠ Individual Men
- ✠ Individual Women
- ✠ Families with Children
- ☐ Youth
- ✠ Veterans
- ✠ Elderly
- ✠ Domestic Violence
- ✠ Chronically Homeless
- ✠ Substance Misuse
- ✠ HIV/AIDS
- ✠ Mental Illness
- ✠ Other Disability

If you selected other above, please explain: Comitis serves LGBTQ+ community members.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Comitis seeks to provide a comprehensive approach to bring guests from homelessness to housed. This includes coordinating services in the same location to encourage guests to participate in those services. To start Comitis will provide ***30-day emergency shelter*** to adults and families. This length of stay enables them to stabilize and connect to housing case management. The adult shelter may house up to 40 individuals a night and the family shelter another 30. Comitis will also provide ***medical respite shelter*** to people discharged and referred from UCHealth who need follow-up care for up to five days. A registered nurse is available on staff for any questions. Comitis will provide ***transitional housing*** to TANF families from Arapahoe and Adams Counties, and to veterans and their families. Individuals who seek help with substance use may apply for the Comitis ***Opportunity for Recovery Unit*** where they will receive shelter, treatment and case management while engaged in recovery. During ***cold-weather activations*** Comitis will provide emergency shelter for up to 30 additional individuals. Everyone engaged in these services will be provided three meals a day, hygiene supplies and access to laundry services.

Housing and Employment Case Managers are available to help guests become housing ready, apply for housing assistance, find and get placed in permanent housing, assistance with job searches, determination of skills and best-fit employment, completion of applications and resumes, interview prep and workplace communication.

Culinary workforce program provides eight guests at a time to receive six months of culinary training by a professional chef and job and housing assistance after the program. The program uses the SPARK curriculum (beginning cooking/food safety), and Housed Working & Healthy leads it four days a week in a Fort Logan commercial kitchen. During their training these guests receive housing at Comitis.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Comitis utilizes Housing First, Critical Intervention, Progressive Engagement, Trauma Informed, and Harm Reduction principles.

5. What will be/are the measurable outcomes, successes, goals, etc?

The overall goal of ADRC and Comitis is to provide guests with the support to gain housing.
Based on 20120 service numbers, Comitis and ADRC aim to achieve the following measurable outcomes in the 12-month grant period:

Comitis will maintain a 97% occupancy rate by providing 49,000 shelter nights over the year. Staff will complete 52 VI-SPDATs and enter them in OneHome and support 288 diversions with HAP funding from the City of Aurora. In 2020 in the midst of the COVID-19 lockdowns, Comitis successfully moved 88 individuals into permanent housing. We have set a target of supporting 108 people in obtaining permanent housing and support another 36 people enter transitional housing. Comitis will

insure 100% of the children in transitional housing at the shelter are equipped for and enrolled in school.

6. How will you measure those outcomes, successes, goals, etc.?

Comitis tracks these outputs in HMIS and will be able to capture total bed-nights and meals provided, guest demographics and client-specific data within case management. Comitis' data specialist generates quarterly HMIS reports, which the leadership team uses to measure efficacy of program delivery. Comitis' evaluation also includes conducting exit surveys of guests who move into permanent housing. For its veterans and TANF families in transitional housing, Comitis collects employment outcomes, such as client placement date, type and wage of job, and duration. Comitis' safety is evaluated by the Colorado Department of Human Services, Tri-County Health Department and the Aurora Fire Department.

7. What is the projected timeline for this project? January 1 thru December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The program this funding would support does not prevent people from becoming unhoused. The guests that Comitis shelters are already unhoused at the time they begin to access our services.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Comitis not only provides people with immediate shelter, through case management and the workforce development program they work to connect them to resources that will help move them towards permanent stable housing.

10. How many clients have been accepted into housing programs directly from your agency?

In 2020 Comitis had 88 clients move into permanent housing. However, not all clients notify us, upon leaving, where they are moving to.

11. How will you verify income and qualifying factors for these funds?

Comitis' intake process requires that guests complete a U.S. Department of Housing and Urban Development (HUD) assessment that collects information about the individual's income and household. All of that data is uploaded into HMIS. The VI-SPDAT also verifies income and other factors, and guests complete that if they choose to receive case management. If a guest needs transportation assistance, the Regional Transportation District requires them to self-report their income before Comitis can issue bus tickets.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Comitis shares MHBHC's executive team (including the CEO), board of directors and finance department. This team has been instrumental in the growth and development of Comitis services. Comitis has served this population for 51 years and leverages its location in a high-density area of homelessness on Colfax Avenue to provide emergency shelter and transitional housing to about 150 people a night, 365 nights a year. This has led to a great understanding of practices that help these individuals achieve stability. For example, after learning that many adults who had experienced long-term homelessness needed more intensive housing case management and job supports, Comitis launched intensive housing case management. When Comitis' data revealed that many of its guests had substance use and/or mental health issues, it launched the ORU so they could access behavioral health treatment on-site. The ORU operates at full capacity and continues to add wraparound services.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Comitis does not turn away any clients because as the only provider in Aurora with 24/7 drop-off and service options it has an obligation to serve individuals experiencing homelessness. Comitis' beds operate on a lottery system, but it does not turn away anyone without helping them secure shelter or offering them other services. As a part of MHBHC's comprehensive continuum of care, staff can offer support to any person who requests services, even those who are not guests at Comitis. For example, at Aurora Day Resource Center (ADRC), guests can get the following services: two meals a day; a haircut; laundry; hygiene kits; basic need items (socks, hats, gloves and coats); medical and dental care; a shower; case management; housing navigation and employment support; access to a computer; professional clothing; a place to store important documents or medications in a locked, fireproof box; a place to rest or wait for a medical appointment on the Anschutz campus; help obtaining documents including birth certificates, Colorado IDs and Social Security cards; an address to receive mail; and help obtaining benefits and government programs, e.g., TANF, SNAP, financial help toward housing using Housing Aurora Partnership (HAP) funding, etc. At the Colfax Community Network, another MHBHC subsidiary, guests with children can take parenting classes and enroll their children in the afterschool educational program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Comitis is the only 24/7 shelter in Aurora, and combined, Comitis and ADRC provide: 1) access to basic needs services seven days a week; 2) access to a 30-day stay in emergency shelter; 3) transitional housing for TANF families; 4) transitional housing for veterans; 5) a recovery shelter for people with substance use disorders; 6) access to housing and employment support services and case management; 7) a cold-weather activated emergency shelter; 8) access to behavioral health treatment and recovery supports; and 9) access to services through the Street Outreach team even

if/when an individual prefers to live on the street. However, when the need exceeds capacity, staff refers TANF families to Family Tree for transitional housing, victims of domestic violence to Gateway Domestic Violence Services for emergency shelter and/or transitional housing, and others to the Denver Rescue Mission and the Salvation Army for emergency shelter, as well as the Aurora Housing Authority so people can be added to its waitlist for housing. The Asian Pacific Development Center (APDC) provides behavioral healthcare to immigrants/refugees, and Comitis refers those individuals to APDC.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Many of Comitis' guests learn about the program through the Street Outreach team or MHBHC or one of its sister agencies. Additionally, families receiving TANF are referred to Comitis by the Arapahoe County and Adams County Departments of Human Services. Additional referrals come from Aurora@Home contacts, MDHI, Arapahoe/Douglas Works!, the Center for Work Education and Employment, the Aurora Police Department and United Way's 211 phone line. In addition to these methods, Comitis use social media (Facebook 6,830 followers] and Instagram [320 followers]) and email blasts to local, county and state officials who work in the field of homeless services and child welfare. As soon as a storm that will reduce the temperature below 20 degrees or in the twenties when precipitation is announced, Comitis uses a direct texting system so guests receive information directly when it has activated its cold-weather shelter.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

MHBHC is committed to these services and commits in-kind resources to reduce the need for additional fundraising as much as possible. Examples of leveraged support include a portion of MHBHC's chief executive officer's time, operational support, the cost of background checks for employees, office supplies, curriculum and professional development training. Additionally, all therapeutic interventions including group, one-to-one, case management and peer supports are reimbursable through Medicaid, so MHBHC will leverage this funding to drive sustainability of the program. Each year, MHBHC's development team creates a development plan to review and address any anticipated gaps in the annual operational budget, as well as opportunities for growth. The plan is vetted through the development committee and finance committee, both of which consist of financial and fundraising professionals. Finally, the plan is presented to the board of directors for approval. Progress toward the plan is tracked during each board meeting to ensure financial goals are being met. In the event that a source of grant funding becomes no longer available, the development plan is amended to create a funding plan to address the gap, whether through foundation support, a fundraising event or other means to ensure continuity of this important programming.

17. Name and position of the person that will oversee executing this project:

Name: Robert Dorshimer
Title: CEO
Phone: 720.975.0155
Email: rdorshimer@mhbhc.org

Scope of Work

For

Comitis Crisis Center

Comitis PS Funds

Funding stream requested: Public Saftely

Amount requested: $ 262,025

Amount recommended for allocation: $137,300

1. Please describe the project need in the Aurora community and it's urgency.

Comitis provides the most comprehensive set of services for people experiencing homelessness in Aurora. There is no other service provider in the eastern part of the metro Denver region that provides low-barrier 30-day transitional housing, emergency shelter, cold-weather shelter, and day services to adults who are experiencing homelessness and active addiction without barriers to participation other than ensuring safety of self and others. Additionally, Comitis' emergency family shelter is the only shelter in the eastern metro region that provides emergency shelter to families with same-sex parents and/or single-father heads of household. Comitis is also a provider with expertise in serving transgender and gender nonbinary or nonconforming individuals who are experiencing homelessness. This is a population that often goes unserved. Nationally, nearly one in three transgender individuals (29%) report being turned away from a shelter because of their transgender status; 22% of those who stayed at a shelter reported experiencing sexual assault while experiencing homelessness; and 42% of transgender people experiencing homelessness have been forced to stay in a shelter living as the wrong gender. [1] Comitis is also the only shelter that has specialized services for individuals with substance use disorders who need treatment to promote their recovery. As a Housing First provider, Comitis is committed to meeting guests where they are, and therefore provides a critical safety net for people experiencing homelessness who may not be ready for or interested in engaging in other services that require minimum levels of sobriety or attendance. The act of helping someone access safe housing is life changing, as studies show that unsheltered people experiencing homelessness are at significantly higher risk of victimization than those who are accessing shelter and other supportive services. [2] However, for individuals who are ready to engage more fully and take steps to become permanently housed, Comitis and the other agencies within MHBHC's continuum of care are capable of delivering a comprehensive array of services including case management; employment services, including job training in the culinary industry; behavioral health care; and day services through ADRC, including benefits acquisition and support to become ready for permanent housing.

The urgent need for Comitis services is clear from data on people experiencing homelessness in the Denver metro area. The 2020 Point-In-Time (PIT) count for the Denver Metro area identified 6,104 people as literally homeless. The 2020 PIT for the City of Aurora found there were 389 people experiencing literal homelessness in the city, a 10% rise over 2019's PIT (389). It should be noted that 2019 PIT was an increase of 9% over 2018. However, as the MDHI report acknowledges, the PIT count is generally thought to significantly undercount people experiencing homelessness in an area. A more

accurate picture of homelessness in Aurora is illustrated by the fact that ***Comitis served 797 unique individuals in 2020 alone.*** This extensive need in Aurora is the key reason these services are so critical.

[1] National Center for Transgender Equality – Federal blueprint: Housing and homelessness. Retrieved from https://www.transequality.org/sites/default/files/docs/resources/NCTE%20Federal%20Blueprint%20Chapter%202%20Housing%20and%20Homelessness_0.pdf
[2] No door to lock: Victimization among homeless and marginally housed people. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/216287

2. What is your target population you would serve through this project?

✠ Individual Men

✠ Individual Women

✠ Families with Children

☐ Youth

✠ Veterans

✠ Elderly

✠ Domestic Violence

✠ Chronically Homeless

✠ Substance Misuse

✠ HIV/AIDS

✠ Mental Illness

✠ Other Disability

If you selected other above, please explain: Comitis serves LGBTQ+ community members.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Comitis seeks to provide a comprehensive approach to bring guests from homelessness to housed. This includes coordinating services in the same location to encourage guests to participate in those services. As the most comprehensive provider of services for people experiencing homelessness in Aurora, Comitis is also the most available and accessible for law enforcement. Anytime that the Aurora Police Department (APD) encounters someone needing services for homelessness, they can simply connect them with Comitis rather than spending valuable APD time and resources searching for services from other providers. This extensive level of availability and accessibility, combines with daily communication with PAR officers and ongoing partnerships, ensures that Comitis services are structured to support APD's ability to provide for the safety of the public regardless of the time or day of the week. For instance, in 2020 Comitis accepted 100% of all APD drop-offs and referrals comprising 184 individuals. They also provided 305 bednights to individuals dropped off during 30 Cold Weather Alerts.

Comitis services include a ***30-day emergency shelter*** for adults and families. This length of stay enables them to stabilize and connect to housing case management. The adult shelter may house up to 40 individuals a night and the family shelter another 30. Comitis will also provide ***medical respite shelter*** to people discharged and referred from UCHealth who need follow-up care for up to five days. A registered nurse is available on staff for any questions. Comitis will provide ***transitional housing*** to TANF families from Arapahoe and Adams Counties, and to veterans and their families. Individuals who seek help with substance use may apply for the Comitis ***Opportunity for Recovery Unit*** where they will receive shelter, treatment and case management while engaged in recovery. During ***cold-weather activations*** Comitis will provide emergency shelter for up to 30 additional individuals. Everyone engaged in these services will be provided three meals a day, hygiene supplies and access to laundry services.

Housing and Employment Case Managers are available to help guests become housing ready, apply for housing assistance, find and get placed in permanent housing, assistance with job searches, determination of skills and best-fit employment, completion of applications and resumes, interview prep and workplace communication.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Comitis utilizes Housing First, Critical Intervention, Progressive Engagement, Trauma Informed, and Harm Reduction principles.

5. What will be/are the measurable outcomes, successes, goals, etc?

The overall goal of Comitis is to provide guests with the support to gain housing. Based on 20120 service numbers, Comitis aims to achieve the following measurable outcomes in the 12-month grant period:

Comitis will provide emergency shelter to 100% of individuals referred to or dropped off by APD or other law enforcement. Those individuals will all receive other services needed such as food and clothing. Comitis will provide emergency shelter to 100% of appropriate UCHealth referrals. Over 700 people living in encampments and/or experiencing street homelessness in Aurora will be connected to services and resources through the Aurora Street Outreach team rather than relying on APD for this support/connection. Al Comitis staff will receive de-escalation and crisis-management training to reduce the number of calls to APD from the shelter. Decrease APD interventions in dismantling or moving encampments. Comitis will provide shelter to 100% of individuals referred to Comitis cold weather shelter unless at capacity as well as accepting 100% of individuals referred by ACOT team.

6. How will you measure those outcomes, successes, goals, etc.?

Comitis tracks these outputs in HMIS and will be able to capture total bed-nights and meals provided, guest demographics and client-specific data within case management. Comitis' data specialist generates quarterly HMIS reports, which the leadership team uses to measure efficacy of program delivery.

7. What is the projected timeline for this project? January 1 thru December 31, 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The program this funding would support does not prevent people from becoming unhoused. The guests that Comitis shelters are already unhoused at the time they begin to access our services.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Comitis not only provides people with immediate shelter, through case management and the workforce development program they work to connect them to resources that will help move them towards permanent stable housing.

10. How many clients have been accepted into housing programs directly from your agency?

In 2020 Comitis had 88 clients move into permanent housing. However, not all clients notify us, upon leaving, where they are moving to.

11. How will you verify income and qualifying factors for these funds?

Comitis' intake process requires that guests complete a U.S. Department of Housing and Urban Development (HUD) assessment that collects information about the individual's income and household. All of that data is uploaded into HMIS. The VI-SPDAT also verifies income and other factors, and guests complete that if they choose to receive case management. If a guest needs

transportation assistance, the Regional Transportation District requires them to self-report their income before Comitis can issue bus tickets.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Comitis shares MHBHC's executive team (including the CEO), board of directors and finance department. This team has been instrumental in the growth and development of Comitis services. Comitis has served this population for 51 years and leverages its location in a high-density area of homelessness on Colfax Avenue to provide emergency shelter and transitional housing to about 150 people a night, 365 nights a year. This has led to a great understanding of practices that help these individuals achieve stability. For example, after learning that many adults who had experienced long-term homelessness needed more intensive housing case management and job supports, Comitis launched intensive housing case management. When Comitis' data revealed that many of its guests had substance use and/or mental health issues, it launched the ORU so they could access behavioral health treatment on-site. The ORU operates at full capacity and continues to add wraparound services.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Comitis does not turn away any clients because as the only provider in Aurora with 24/7 drop-off and service options it has an obligation to serve individuals experiencing homelessness. Comitis' beds operate on a lottery system, but it does not turn away anyone without helping them secure shelter or offering them other services. As a part of MHBHC's comprehensive continuum of care, staff can offer support to any person who requests services, even those who are not guests at Comitis. For example, at Aurora Day Resource Center (ADRC), guests can get the following services: two meals a day; a haircut; laundry; hygiene kits; basic need items (socks, hats, gloves and coats); medical and dental care; a shower; case management; housing navigation and employment support; access to a computer; professional clothing; a place to store important documents or medications in a locked, fireproof box; a place to rest or wait for a medical appointment on the Anschutz campus; help obtaining documents including birth certificates, Colorado IDs and Social Security cards; an address to receive mail; and help obtaining benefits and government programs, e.g., TANF, SNAP, financial help toward housing using Housing Aurora Partnership (HAP) funding, etc. At the Colfax Community Network, another MHBHC subsidiary, guests with children can take parenting classes and enroll their children in the afterschool educational program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Comitis is the only 24/7 shelter in Aurora, and combined, Comitis and ADRC provide: 1) access to basic needs services seven days a week; 2) access to a 30-day stay in emergency shelter; 3) transitional housing for TANF families; 4) transitional housing for veterans; 5) a recovery shelter for people with substance use disorders; 6) access to housing and employment support services and case

management; 7) a cold-weather activated emergency shelter; 8) access to behavioral health treatment and recovery supports; and 9) access to services through the Street Outreach team even if/when an individual prefers to live on the street. However, when the need exceeds capacity, staff refers TANF families to Family Tree for transitional housing, victims of domestic violence to Gateway Domestic Violence Services for emergency shelter and/or transitional housing, and others to the Denver Rescue Mission and the Salvation Army for emergency shelter, as well as the Aurora Housing Authority so people can be added to its waitlist for housing. The Asian Pacific Development Center (APDC) provides behavioral healthcare to immigrants/refugees, and Comitis refers those individuals to APDC.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Many of Comitis' guests learn about the program through the Street Outreach team or MHBHC or one of its sister agencies. Additionally, families receiving TANF are referred to Comitis by the Arapahoe County and Adams County Departments of Human Services. Additional referrals come from Aurora@Home contacts, MDHI, Arapahoe/Douglas Works!, the Center for Work Education and Employment, the Aurora Police Department and United Way's 211 phone line. In addition to these methods, Comitis use social media (Facebook 6,830 followers] and Instagram [320 followers]) and email blasts to local, county and state officials who work in the field of homeless services and child welfare. As soon as a storm that will reduce the temperature below 20 degrees or in the twenties when precipitation is announced, Comitis uses a direct texting system so guests receive information directly when it has activated its cold-weather shelter.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

MHBHC is committed to these services and commits in-kind resources to reduce the need for additional fundraising as much as possible. Examples of leveraged support include a portion of MHBHC's chief executive officer's time, operational support, the cost of background checks for employees, office supplies, curriculum and professional development training. Additionally, all therapeutic interventions including group, one-to-one, case management and peer supports are reimbursable through Medicaid, so MHBHC will leverage this funding to drive sustainability of the program. Each year, MHBHC's development team creates a development plan to review and address any anticipated gaps in the annual operational budget, as well as opportunities for growth. The plan is vetted through the development committee and finance committee, both of which consist of financial and fundraising professionals. Finally, the plan is presented to the board of directors for approval. Progress toward the plan is tracked during each board meeting to ensure financial goals are being met. In the event that a source of grant funding becomes no longer available, the development plan is amended to create a funding plan to address the gap, whether through foundation support, a fundraising event or other means to ensure continuity of this important programming.

17. Name and position of the person that will oversee executing this project:

Name: Robert Dorshimer
Title: CEO
Phone: 720.975.0155
Email: rdorshimer@mhbhc.org

Scope of Work
For
Driven By Our Ambitions
Enlightenment (mental health services and mentoring)
Funding stream requested: Marijuana
Amount requested: $ 110,000
Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

According to the Colorado Children's Campaign, Colorado children have become more racially and economically diverse over the last 20 years. Children of color (Those who identify as American Indian/Alaksa Native, Asian, Black and Hispanic/Latino) has greatly increased with 41 percent of the child population as of 2017. Further, children of color face many more barriers to health, education, and economic security than their white peers due to historical and current policies and practices that limit opportunity based on race and ethnicity.

These barriers early in their lives affect our children as they become teens. Youth of color make up 16 percent of all youth in the general population, however 30 percent of juvenile court referrals, 38 percent of youth in residential placement, and 58 percent of youth admitted to state adult prison (Youth.gov). Additionally, African Americans and other youth of color who are placed in the juvenile system are further victimized by the system due to their mental health issues that are often triggered by poverty, family instability, and racism, and often are what put them behind bars (Keys 2009, 1). Each year 4.2 million youth and young adults experience homelessness and approximately 1 million young people become involved with the youth court, probation, and incarceration systems (Coalition for Juvenile Justice 2021). Youth experience homelessness after being released from the system for many reasons including not being able to return to their family's home because of restrictions, lack of employment skills, lack of support, behavioral health issues, or due to family conflict and unwillingness to let youth return home. These challenges force them to return to the streets and potentially back into the system.

Through partnership with My Brother's and Sister's Keeper Colorado (MBSKCO), DBOA is working to break the intergenerational cycle of disadvantages for African Americans and other communities of color. People of color are more likely to be arrested and committed to jail than their white counterparts which creates a cycle for that person's life and generations after them. DBOA focuses on prevention and providing resources and services to young people of color to break the cycle and keep them out of the system and off the streets. DBOA's founder, Daniel Sampson, has seen firsthand how youth in the Aurora community are affected by these cycles. Through conversations, he learned how there is lack of support for youth and young adults in the community who are struggling with finding safe spaces and not engaging in illegal activity. Further investigation found there were more issues happening in the community revolving around mental health and lack of prevention services to youth of color. Today, DBOA aims to establish intervention, preventative, mentoring, and therapy services for clients and their families to allow them to receive ample support, guidance, and critical information. These tools will guide them on a path to surpass their goals and ambitions while working to grow our clients towards being productive citizens. DBOA addresses mental health and instability while empowering youth to

become self-sufficient and thus breaking the cycle of homelessness and being in the juvenile and/or prison systems.

2. What is your target population you would serve through this project?

- ☐ **Individual Men**
- ☐ **Individual Women**
- ☐ **Families with Children**
- ☐ **Youth**
- ☐ **Veterans**
- ☐ **Elderly**
- ☐ **Domestic Violence**
- ☐ **Chronically Homeless**
- ☐ **Substance Misuse**
- ☐ **HIV/AIDS**
- ☐ **Mental Illness**
- ☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

DBOA program's help keep youth and young adults off the streets and out of the juvenile justice system. DBOA focuses on providing access to mental health services, prosocial activities, employment and educational support, mentoring, as well as providing parenting training. Each of these services are designed to provide youth the skills, support, and stability needed to stay off the streets and become self-sufficient. The main focus of DBOA is to mentor youth to promote a healthier lifestyle and reduce risk factors. Research has shown mentoring youth reduces the use of alcohol and drugs, improves school attendance, academic achievement, social skills and peer relationships. The use of mentoring improves youths' confidence, well-being, and helps keep them off the streets and out of the system with the support of their mentor. In addition to mentoring, there are a variety of workshops and group sessions to help youth where needed. Some of these include:

Conflict Resolution Workshop:

This 10-week bi-weekly workshop serves as a mental health support for homeless clients that struggle with conflict resolution, relationship building, cultural competencies and communication skills. There is a heavy focus on social emotional skills and how to identify triggers that cause conflict in the workforce as well as personal life. Because we are all human, everyone experiences degrees of depression and anxiety so this educational workshop will also focus on self-care and personal development. There are numerous hands-on activities and dialogue-based discussions that will inform healthier ways to deal with conflict, employee retainment, and self-sufficiency.

Substance Awareness Workshop:

This once-a-month workshop is about the education of substance awareness and the dangers of forming a psychological dependency/addiction. There will be numerous activities to provide understanding as to how substances influences decision making, physical and mental health. The design of this workshop is geared towards creating a support group environment to help workforce clients develop healthier coping skills for stress and self-care. Since substance abuse/addiction and use are common in society, it is often overlooked and misunderstood as to how it influences our moods and self-sufficiency.

Charismatic Yoga: Trauma Informed Yoga

Weekend program creating a safe space for black and brown people of diverse/trauma backgrounds to develop healthy healing and self-love habits with yoga, meditation, and wellness practices. Encouraging faith and building confidence while providing tools to love and heal self and help love and heal our communities.

Art Therapy:

This mindfulness-based art therapy group will meet once a week for ten weeks with approximately 10 at risk youth. During these sessions, youth will examine core conflicts at the source of their dysregulation and be able to describe situations, thoughts, feelings and actions associated with their dysregulation. They will also learn how to implement coping skills and strategize how to regulate themselves and reduce their overall frequency, intensity, and consistency of dysregulation. Art therapy will help youth learn and implement interpersonal and communication skills to reduce isolation as well as increase awareness of mind-body connection and their own personal strengths.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

THERAPEUTIC TREATMENT MODALITIES

- Anger Management: The process by which a person learns how to identify stressors, take necessary steps to remain calm, and handle tense situations in a constructive, positive manner.
- Cognitive-Behavioral Therapy: Is a problem-focused form of behavioral treatment that helps people see the relationship between beliefs, thoughts, and feelings, and subsequent behavior patterns and actions. Through CBT, people learn that their perceptions directly influence their responses to specific situations. In other words, a person's thought process informs his or her behaviors and actions.
- Holistic Therapy: An integrative approach grounded in psych synthesis, focuses on the relationship between mind, body, and spirit, attempting to understand and address the ways issues in one aspect of a person can lead to concerns in other areas.
- Client-Centered Therapy: This form of humanistic therapy deals with the ways in which people perceive themselves consciously rather than having a therapist try to interpret unconscious thoughts or ideas. There are many different components and tools used in person-centered therapy including active listening, genuineness, paraphrasing, and more.
- Psycho-Spiritual Therapy: Utilizes both traditional psychological theories of human growth and a spiritual approach to support the individual on their journey. This spiritual approach recognizes and accesses higher consciousness using tools such as meditation, imagery, metaphor, visualization, creative arts, awareness, intuition, and inner attunement, all of which are used in the pursuit of understanding.
- Reality Therapy: Focuses on the current issues affecting a person seeking treatment rather than the issues that person has experienced in the past, and it encourages that person, through therapy, to change any behavior that may prevent him or her from finding a solution to those issues. This type of therapy encourages problem solving, and it is based on the idea that people experience mental distress when their basic psychological needs have not been met.

- Motivational Empowerment Therapy: A directive, person-centered approach to therapy that focuses on improving an individual's motivation to change. Those who engage in self-destructive behaviors may often be ambivalent or have little motivation to change such behaviors, despite acknowledging the negative impact of said behaviors on health, family life, or social functioning.
- Existential Therapy: Style of therapy that places emphasis on the human condition. Existential psychotherapy uses a positive approach that applauds human capacities and aspirations while simultaneously acknowledging human limitations.
- Gestalt Therapy: Places emphasis on gaining awareness of the present moment and the present context. Through therapy, people learn to discover feelings that may have been suppressed or masked by other feelings and to accept and trust their emotions.
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5. What will be/are the measurable outcomes, successes, goals, etc?

DBOA's goal is to work with 200 youth and their families to reach 350 total annually for the grant period. At the end of the program:

- 90% of youth will have an increased ability to solve problems or to engage the appropriate adults to support them
- 85% of youth will report more comfort in having conversations with their parents/caregivers
- 85% of youth will have an increased awareness of resources to address mental health
- 85% of youth will agree or strongly agree they are better able to cope with stress and problem solving
- Police contact will decrease by half than for youth who are enrolled in DBOA programming

Other successes of the mentoring and workshops include:

- Youth making positive decisions and surpassing their goals and ambitions. We already have success of participants in the program who were mentored, became independent, went to college and now are partnering with DBOA to help other youth make better decisions by being a role model.
- The ultimate success for DBOA is being able to have youth go through the program and come out successful to then become role models and/or mentors for youth currently participating in the program

6. How will you measure those outcomes, successes, goals, etc.?

Program evaluation is measured in two ways: Each youth and their primary caregiver complete a pre-assessment, which is then completed quarterly if the youth stays engaged in our programs. These assessments provide insight into how our services are benefiting our youth and their families and allow us to adjust service implementation if needed. As a youth leaves our program, we also have them complete a Discharge Assessment. Through the Discharge Assessment we ask if we can continue to check in, invite them to join one of our Mentor Training programs, and ask if they have anyone, they would like to refer to our programs.

Mentors also complete quarterly assessments to help us evaluate their commitment, views on programming we offer, and to identify any gaps they might be observing. Starting in the Spring of

2022, we will also provide an online link to a survey so our program collaborators can share their opinions of our program and any insight they might have to help us improve programming.

7. What is the projected timeline for this project?

The timeline will be Summer 2022 – Spring 2023 with evaluation at the end of the calendar year to current clients and staff.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

Through the support of DBOA and their mentor, a youth should have access to resources and opportunities that will help prevent them from going to an unhoused situation. Our goal with the program is to make sure youth have what they need to live self-sufficient and successful lives.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Our mentors will help our clients with job readiness, resume building, and assist with applications for housing. While we cannot provide direct shelter for our clients; our goal is to provide the skills and resources needed to prevent being unhoused or being unhoused for a long period of time.

10. How many clients have been accepted into housing programs directly from your agency?

DBOA has not tracked exactly how many clients have accepted into housing programs. However, our clients from DYS and ACDHS have been able to obtain housing vouchers through our relationships with Mile High United Way, Colorado Chafee and local housing authorities' programs with our guidance.

11. How will you verify income and qualifying factors for these funds?

DBOA will use the same metrics the state of Colorado and human service agencies identify as qualifiers.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

DBOA has been implementing these activities since its founding in 2014. With the use of this funding, we can begin to expand and provide more mentoring and support to more youth in the community. DBOA employs behavioral health counselors who have experience with at-risk youth and can provide support to youth experiencing homelessness and mental health issues.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Ample amounts of clients are unable to be served in Adams County and parts of Arapahoe County due to capacity restraints.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Aurora Youth Options (AYO) provides mentoring to middle and high school aged students, but they do not provide mental health services like DBOA nor serve youth involved with juvenile justice systems.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

We currently rely on our community partners and referrals to let the public know our program is available, however, we would like to implement other outlets such as advertisements and being included in newsletters from community partners.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

DBOA's main source of funding comes from contracts with government agencies and behavioral health centers to provide services to youth and we continue to seek out referrals. We are also actively applying for grants to continue to expand DBOA's programs. Our plan for sustainability is to have a steady stream of income from contracts to help with gaps in funding cycles from grants.

17. Name and position of the person that will oversee executing this project:

Name: Daniel Sampson
Title: CEO
Phone: 720-556-5257
Email: sampsond@dboaprep.com

Scope of Work

For

Family Tree

Generational Opportunities for Long-term Success (GOALS)

Funding stream requested: Marijuana

Amount requested: $ 106,540

Amount recommended for allocation: $106,540

1. Please describe the project need in the Aurora community and its urgency.

The demand for affordable housing for adults and families struggling to overcome and end homelessness is critically high throughout the Denver metro area, and has been exacerbated by the COVID-19 pandemic. For families who are experiencing or at-risk of experiencing homelessness, the average time required to locate safe and stable housing can take up to three months. For many people in our community, the wait is much longer because they are unemployed, under-employed or have other significant barriers to overcome before they begin seeking housing options. The GOALS Program is located in Arapahoe County and prioritizes services for households from the City of Aurora and Arapahoe County, the third most populous county in the state. According to the Arapahoe County Poverty Report, renters on average spend 52% of their monthly income on rent, while the recommended threshold is only 30%, and many families are one life-event away from experiencing homelessness. Poverty and homelessness are often multigenerational issues. Studies show, for example, that children/youth raised in poverty often live in poverty throughout their adult lives. (Urban Institute, 2015) When parents rely on federal assistance programs, their children's likelihood of also receiving assistance as they become adults rises by six percentage points after five years and 12 percentage points after ten years on assistance (Dahl, et al., "Family Welfare Cultures," Quarterly Journal of Economics, 2014).

Arapahoe County's population is 656,590 with median income $32,731 and poverty rate of 8.1%. Thirty-four percent of persons experiencing homelessness in Arapahoe County, captured in the 2020 Homeless Point in Time Count, were households with children. Homelessness often is accompanied by poverty, stress, and instability. As a result, children and youth in homeless situations frequently must overcome many challenges, including educational. For children and youth experiencing homelessness, school provides stability, support, and hope for the future.

With a waitlist of 53 people and a program that lasts 4-9 months, the needs of families in the Aurora community to access services are urgent. Marijuana funds through the City of Aurora would increase the capacity of Family Tree GOALS to assist families in meeting their self-sufficiency goals more quickly and move into safe and stable housing. This would decrease the length of stay at GOALS, allowing Family Tree to serve more families.

Since opening in August 2019, GOALS has served over 36 households whose family incomes are $10,000 or less upon intake (78%). 75% of residents comprised single-parent households with 93% being female-headed; 38% of children/youth served are under age 4; and 35% of residents have identified as African American/Black, 26% Caucasian/White and non-Hispanic/Latino, 15% Hispanic/Latino, 18% mixed race

and 6% as other; 97% of families at GOALS are living on incomes at 200 percent of or below the federal poverty line. During the program design, families at-risk-of or experiencing homelessness in Arapahoe County provided critical guidance regarding physical space, programmatic offerings, community partners, and operating guidelines. Families identified permanent housing and stable income as their top two priorities, followed by on-site assistance with mental and physical health, child development and childcare. This community co-design continues through Family Voice Meetings and client leadership in the program.

2. What is your target population you would serve through this project?

☐ **Individual Men**

☐ **Individual Women**

■ **Families with Children**

☐ **Youth**

☐ **Veterans**

☐ **Elderly**

■ **Domestic Violence**

■ **Chronically Homeless**

■ **Substance Misuse**

☐ **HIV/AIDS**

■ **Mental Illness**

■ **Other Disability**

If you selected other above, please explain: Physical disability

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Family Tree GOALS opened in August of 2019 in response to a need in Arapahoe County to provide a 2Gen residential program for families experiencing homelessness. The GOALS program offers a new and innovative service model which is based on the work of Ascend at the Aspen Institute along with extensive research and planning with the Center for Policy Research and Arapahoe County Human

Services. Each family residing at GOALS has a private room and access to common living areas, bathrooms and kitchens, offering a safe place while they work with Family Tree and community partners to develop long-term goals for stability and economic independence. Residency in the program is up to nine months depending upon unique family needs, with follow-up and support offered for one year after leaving the residential portion of the program.

In order to achieve intended outcomes, Family Tree GOALS administers the following activities in collaboration with our on-site Community Partners:

- Family Navigators assist with housing, monitor progress toward each family's self-sufficiency plan, and offer resources to break barriers towards economic independence. This includes encouraging adults to meet with a job readiness and career planning specialist from Arapahoe/Douglas Works! Workforce Center to ensure families do not remain unemployed or underemployed.

- To address health goals, each family develops a Wellness Recovery Action Plan (WRAP) to help increase self-awareness about their mental well-being and support networks. Stress-awareness and reduction, mindfulness activities and various types of treatment for mental health and substance use issues, are available on site through community partners.

- Children and youth will be enrolled into the future on-site childcare center, and are currently enrolled in neighborhood child care centers and/or the Cherry Creek School District or their home school district, as appropriate.

- Family-service projects and Family Voice Meetings provide opportunities for skill development, leadership, input and feedback on program protocols and policies, as well as social connections. Families also have opportunities to receive training and support from community partners on a variety of topics such as parenting, financial management, career development, child safety, mental health, and education.

- Family Navigators conduct VI-SPDATs (Vulnerability Index and Service Prioritization Decision Assistance Tool) on each household to determine their vulnerability and risk level for purposes of coordinated entry and housing placement.

- Upon exit, families are surveyed to determine progress toward domains in the 2Gen model: increasing economic assets, social assets, emotional well-being, and psychological well-being. Families will continue to have access to ongoing services while transitioning and stabilizing in the community for up to twelve months post exit.

Family Tree GOALS will work with our partners on systems-level strategies that reduce structural barriers to services and address disparities. Examples include assuring that families do not get lost in the referral process to community resources and facilitating quick access to services to eliminate delays. GOALS navigators will also work directly with schools to connect families with McKinney-Vento liaisons who support children experiencing homelessness, so they may be assured of their educational rights and remove any barriers these students may face in succeeding in school.

During the grant period 50 households (approximately 160 individuals) will receive shelter and supportive services at GOALS.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Family Tree's best practice service delivery is client-centered, strengths-based, and trauma-informed. The client-centered and strengths-based approach enhances the relationship between the service provider and participant, fostering a sense of partnership and empowerment. Trauma-informed care is the industry standard, and by ensuring our staff are equipped to recognize when clients have experienced trauma, we are poised to support our clients in overcoming challenges.

Evidence-based motivational interviewing, an empathetic approach that recognizes and considers that making life changes are difficult and therefore leverages clients' strengths, helps individuals and families become well-positioned to attain housing stability. Further, Family Tree administers a 2Gen approach working to alleviate poverty through services integration that focuses on addressing the needs of the adults, the children and the whole family. This model integrates child-focused services, parent and caregiver services, and adult-focused services.

5. What will be/are the measurable outcomes, successes, goals, etc?

2021-22 Program Outcomes:

- 50% of households exiting the program will move into safe, stable housing.
- 75% of individuals will maintain or increase income (including TANF, child support, benefits).
- 85% of children in residence will be engaged with school or quality early childhood education services.

2021-22 Client Feedback Survey Outcomes:

- 90% of survey respondents report Family Tree GOALS staff helped them learn new skill.
- 90% of survey respondents report Family Tree GOALS staff respected their culture, values and beliefs.
- 90% of survey respondents report Family Tree GOALS staff acted in a respectful and professional manner.
- 90% of survey respondents report GOALS staff and programming helps them feel physically safe.

6. How will you measure those outcomes, successes, goals, etc.?

The GOALS program is based on extensive research and planning with the Center on Policy and Research (CPR). CPR provides technical assistance and hosts the shared GOALSConnect database. Additionally, Family Tree has developed a relevant and aligned data impact strategy along with data collection tools, data management and program evaluation practices to measure success and track client progress toward goals. This effort was developed with input from team members and validated with feedback from the people we serve. We collect client demographic and program-specific data in a

Client Services Summary dashboard which provides insight into trends across the agency and allows us to analyze intersectional and disaggregated data to determine where disparities may exist.

The Client Feedback Survey records client feedback about their experience with Family Tree GOALS, and is administered when clients exit a program. The survey assesses how the GOALS service model is perceived by clients and looks at five core values of trauma informed practice.

Family Tree has recently implemented a series of Post-Exit Surveys (at 6, 12 and 24 months after engagement). These surveys assess the extent to which outcomes have been reached and maintained after engagement, and includes how clients perceive Family Tree contributed to these outcomes. Analysis of the data helps Family Tree better understand if the impact of our services is sustainable. Post-exit survey questions include: Did working with GOALS help you find/obtain housing? Did working with GOALS help you increase your income in any way? Did working with GOALS help you understand better where to go if you need to access resources or get help in your community? In this fiscal year, we will create baselines for this tool in order to establish future goals.

The Client Support Tool is used to assess the strengths and needs of a client when they enter Family Tree, and the change experienced while receiving services. Data is used to inform client support/services and help capture client/family movement toward stability. It is structured as a coaching tool and is designed to be delivered using a client-driven, strengths-based approach. The GOALS team reviews the Client Support Tool results with the program residents every month to identify needed program enhancements or changes, to help improve opportunities for client success.

7. What is the projected timeline for this project?

January – December 2022

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

Within Family Tree, we follow the Housing First evidence-based model. Family Tree helps clients secure scattered-site housing units, keeping households within communities where they have already established roots, preventing further disruption to a child's education. In addition, the agency has extensive experience with landlord recruitment to provide housing for those with multiple barriers, as well as some emergency rental assistance funds to prevent evictions and homelessness. Family Tree also assists with housing navigation and utilizes a voluntary services model based on the needs and efforts of each program participant. Finally, Family Tree administers a 2Gen approach for households with children to promote long-term stability, economic independence, and to help break cycles of poverty, homelessness and trauma.

GOALS provides case management to families for up to one year after they exit the program. Former residents can also access the community partners on campus as needed. Thus, families that may need additional resources such as mental health, substance use, employment and/or school/child care resources still have someone to assist them in connecting to these supports. The issues addressed by these resources are typically the resources that combine to create a situation which has led to homelessness in the past.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. Family Tree GOALS was designed to assist adults, children and families that have experienced homelessness and who need an array of comprehensive services (residential, educational, employment and life-skills and others) to help them address various contributory factors to homelessness. Many of these services are co-located on the GOALS campus, reducing barriers to access and facilitating movement toward self-sufficiency goals. Family Tree GOALS tracks length of time unhoused. The average length of stay at GOALS during the 2020-2021 fiscal year was 96 days. When families leave GOALS, they receive case management follow up and support for one-year post-exit to help sustain progress on their goals and prevent returning to an unhoused option.

10. How many clients have been accepted into housing programs directly from your agency?

Last year, 550 individuals received Family Tree case management and support through Family Tree's Homelessness Program, including Rapid Re-Housing and Permanent Supportive Housing programs. Most housing program vacancies utilize our community's Continuum of Care (CoC) coordinated entry process. However, due to a lack of comparable database or DV survivors or noncompliance issues with Federal Educational Rights and Privacy Act (FERPA) for our school-based grants, we are able to identify households outside of coordinated entry. This process has been approved by our CoC. Only eight units from one project are referred directly from Family Tree programs outside of coordinated entry.

11. How will you verify income and qualifying factors for these funds?

Clients are who experiencing homelessness, have children under the age of 18 and are TANF eligible for GOALS. Residents complete an Arapahoe County Certification of Emergency Assistance form.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Family Tree has been serving individuals and families within Metro Denver since 1976 and providing housing and family stabilization services since 1989. With over 30 years of experience supporting thousands of individuals with navigation services through our homelessness and residential programs, Family Tree has the depth of leadership and staff experience and community relationships to implement the GOALS program activities. Additionally, Family Tree has been successfully delivering SafeCare® Colorado services, a nationally-recognized 2Gen in-home support program for parenting, child safety, and child health since 2014. Family Tree's experience in homelessness and family services has positioned us well to manage the GOALS program for the past two years. Building on experience from our other residential housing programs (Roots of Courage and House of Hope), Family Tree GOALS has worked intentionally to engage the voice, experience and leadership of clients in the design, implementation and continuous improvement processes of the program. The GOALS program facilitates weekly Family Voice Meetings where residents share ideas for projects, advocate for program guideline changes and discuss community concerns. This information helps us tailor services and further develop the program in ways that meet community needs. For example, the top two needs expressed by families are: 1) skills to help their children cope and learn during COVID-19 and 2) assistance with increasing social capital through connections and engagement with the community, including service projects led by residents.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

During FY2021, we turned away 2,693 survivors of domestic violence due to capacity constraints in our DV shelter, Roots of Courage, an average of 224 each month. GOALS currently has a waitlist of 53 families and our other residential facility, House of Hope, receives daily calls requesting shelter.

Our Homelessness Program (HP) receives the vast majority of our clients through a Coordinated Entry system. In addition to the clients referred through this system, HP has received 1,271 (nearly 320 per month) phone calls since July 1, 2021, requesting rental/housing assistance and/or other related resources.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

While there are other agencies providing residential services to individual and families experiencing homelessness in Aurora and the metro region, to our knowledge, Family Tree GOALS is the first, and only, structured attempt in the Denver metro area that assesses the needs of parents and child(ren) experiencing homelessness, and utilizes and reports on the impacts and interventions using a 2Gen framework. The GOALS program offers a new and innovative service model and is based on extensive research and planning.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Family Tree shares information about the GOALS program through the Family Tree website, the Arapahoe County website and other GOALS partner websites, social media channels (Facebook and Instagram), and in our Family Tree monthly newsletter which is received by over 7,300 individuals. Staff attend various meetings and share information with community partners and other similar organizations in an effort to address the needs of families experiencing homelessness in Aurora. Family Tree's CEO, Scott Shields, sits on the Governing Board for Aurora@Home and the VP of Residential Services participates in monthly Operations committee meetings where she gives updates about GOALS regularly. Many of the member organizations of this collaborative refer to GOALS and are well aware of the program. Family Navigators from GOALS participate in navigators meetings facilitated by the Family Navigator from Aurora@Home as well so there is much communication about GOALS with other programs.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

To provide for long-term sustainability and success, Family Tree revised its strategic approach and direction, backed by a comprehensive planning process. Those goals include: I) Deliver mission-driven, client-centered services that result in a positive impact in our community; II) Enrich the organizational culture that embodies Family Tree's mission, vision, and values to attract and retain passionate and highly-skilled team members; III) Increase and strengthen community engagement to

support programmatic and financial initiatives; IV) Ensure a sustainable infrastructure and financial foundation upon which the organization will flourish and evolve. These goals were derived to enhance our impact both internally as an organization, but also with the broader goal of focusing efforts on community transformation. We feel our objectives and actions will assist the organization in continuing to adapt to the changing needs of our community.

Family Tree is committed to continually diversifying and growing our restricted and unrestricted funding. In addition, to ensuring the financial health and vitality of the agency as a whole, the fund development plan prioritizes securing additional unrestricted revenue with a focus on increased giving from individuals, corporations, and foundations to further diversify and increase revenue while decreasing our reliance on governmental funding. By focusing on diverse sources of income, increasing funding and maintaining adequate operating reserves, we are able to sustain our programs between any single source's funding cycles.

17. Name and position of the person that will oversee executing this project:

Name: Susie Street
Title: Vice President of Residential Services
Phone: 303-403-5889
Email: sstreet@thefamilytree.org

Scope of Work
For
Gateway Domestic Violence Services
North Emergency Domestic Violence Shelter
Funding stream requested: Marijuana
Amount requested: $ 275,420
Amount recommended for allocation: $200,000

1. Please describe the project need in the Aurora community and it's urgency.

Between 2016 and 2019, the Aurora Police Department responded to double the number of domestic violence incidents and three times as many felony domestic violence aggravated assaults as in prior years. Over 3,000 documented reports of domestic violence are made to police departments in Arapahoe County each year. Additionally, growing financial stress and isolation due to COVID-19 have exacerbated the risk of domestic violence.

According to the Census, there are approximately 142,798 women above the age of 18 in the City of Aurora. The National Coalition Against Domestic Violence (NCADV) states that 1 in 4 women experience severe intimate partner violence in their lifetime. According to that statistic, approximately 35,699 adult women in the City of Aurora could require comprehensive shelter and care for domestic violence.

Gateway acknowledges people of all genders experience domestic violence. Gateway has extensive experience serving men seeking emergency shelter due to domestic violence. The National Coalition Against Domestic Violence (NCADV) states that 1 in 9 men experience severe intimate partner violence in their lifetime. As such, approximately 15,615 men the City of Aurora could require comprehensive shelter and care for domestic violence. Additionally, those who are transgender and non-binary are more likely to experience severe intimate partner violence in comparison to cis-gender individuals.

Gateway is the only organization providing shelter specifically for domestic violence survivors in the City of Aurora filling a vital and unduplicated need in the service area. To ensure we provide inclusive, equitable care to all victims of domestic violence Gateway's employees undergo extensive trainings. As such, Gateway is equipped with addressing the diverse and evolving needs of individuals experiencing domestic violence providing a highly effective combination of shelter and comprehensive services.

2. What is your target population you would serve through this project?

☐ Individual Men

☐ Individual Women

☐ Families with Children

☐ Youth

☐ Veterans

☐ Elderly

X Domestic Violence

☐ Chronically Homeless

☐ Substance Misuse

☐ HIV/AIDS

☐ Mental Illness

☐ Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Gateway is respectfully requesting funding to support our North Emergency Domestic Violence Shelter. After completing an initial phone screen and if there is space available, new clients are greeted by an Advocate and initial needs are discussed in a trauma informed approach. During the following week, victims meet with Gateway's Housing Specialist to begin the steps they need toward securing permanent housing. Funds will go towards the general operation of the shelter and salaries for North Shelter staff members who respond to crisis calls and provide ongoing case management. Funding will support Gateway as we work to achieve the following goals:

Goal 1: To provide quality services in a safe and confidential environment for all adults and children.

Objective 1: Provide 3,500 units of bed nights of emergency shelter.

Goal 2: To empower adults and children in developing violence-free lives

Objective 2a: Provide 3,600 units of case management and advocacy, connecting clients to extensive services.

Objective 2b: Field 6,000 crisis calls requesting emergency shelter, information, services, referrals, and safety planning.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Gateway's emergency shelter and services utilize Critical Intervention and Trauma Informed evidence-based practices. Victims served at the North Emergency Domestic Violence Shelter are in imminent danger and receive services based in Critical Intervention practices. Additionally, our case management programming utilizes a Trauma Informed approach of meeting victims where they are and working alongside victims in creating their future goals.

5. What will be/are the measurable outcomes, successes, goals, etc?

Outcome: To prevent and eliminate intimate partner violence through counseling, residential care, and empowering people for social change.

Gateway will measure outcomes, successes, and goals by using Safety First which is a method of ensuring victims are in a safe environment. Additionally, Gateway's case management services will measure the following to ensure program effectiveness: number of victims provided safety planning, increased self-sufficiency of victims, number of victims assisted with applying for resources, number of victims able to obtain permanent housing.

6. How will you measure those outcomes, successes, goals, etc.?

Gateway will measure the outcomes, successes, and goals of outcomes through MOVERS and through case management contacts. This information will be tracked through CAFE starting in January 2022. The results of will be reviewed by Program Directors and the Director of Program & Services to identify gaps.

7. What is the projected timeline for this project?

The North Emergency Shelter has been in operation for over 40 years and will continue this work throughout the year.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

No victim leaves Gateway without housing, Gateway refers victims to our Extended Stay Program and Hotel Program as needed. Because of our collaboration with the City of Aurora and MHDI, Gateway has a voucher program to connect victims to accessible permanent housing. Victims can now stay in our housing beyond the Extended-Stay 90-day period and Hotel Program. Additionally, Gateway refers victims to other safe houses. Aside from the voucher program, Gateway also refers victims to other transitional housing programs.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Gateway reduces the length of time victims are unhoused by providing 1) extended-stay for housing and Hotel Program, 2) resources to transitional housing and housing vouchers, 3) opportunities for victims seeking employment to secure housing, and 4) assistance with applications for benefits such as TANF (Temporary Assistance for Needy Families) and Food Stamps.

10. How many clients have been accepted into housing programs directly from your agency?

In 2020, 87 clients and their families left Gateway to move into a positive housing choice. This was 37.5% last year. COVID-19 limited housing options. Since our collaborative voucher program began in September of 2021, 25 victims have applied for a voucher and 14 have been accepted to date.

11. How will you verify income and qualifying factors for these funds?

Gateway verifies victims' income and benefits through HMIS entrance and exit forms. Gateway currently utilizes HMIS entrance and exit forms to complete the CAPER and track this data.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Since 1979, Gateway Domestic Violence Services has successfully provided caring, comprehensive services and safe shelter to adults and dependent children fleeing domestic violence. Gateway is known as the local expert on domestic violence in Aurora. Currently there are four staff members who have been with the organization for at least 20 years. Their commitment and wisdom are shared with fresh staff members.

For oversight responsibilities, Gateway's Executive Director, Karmen Carter, joined the team in August of this year. Mrs. Carter has over 23 years of experience leading organizations including The Blue Bench (formerly RAAP) and Judi's House. During her 17 years working in the field of Sexual Assault prevention and care Mrs. Carter gained an understanding of the dynamics of intimate partner violence and its lifelong impact. Karmen holds invaluable experience in being a strong leader who drives the vision and works in partnership with the Board of Directors in cultivating a strategic direction; being financially responsible with limited resources while working to grow resources; serving as a strong advocate and spokesperson; and building and sustaining relationships with community members and stakeholders. Karmen's values of compassion, integrity, and respect along with her ability to make difficult yet smart business decisions are the right fit for Gateway currently.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Unfortunately, Gateway currently has turned away approximately 152 families and 681 adults due to lack of capacity in the last 6 months.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Gateway is the only organization providing shelter specifically for domestic violence survivors in Aurora, filling a vital and unduplicated need in the service area.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Gateway currently utilizes Aurora @ Home contacts and referrals from MDHI. Also, Gateway receives referrals from human services, law enforcement, community-based agencies, and other domestic violence programs. Gateway promotes our work to the public through promotional posters on various bus stops. Lastly, Gateway has a robust social media presence and distributes monthly newsletters to the general public.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Gateway is rebuilding the Development Team to include a Development Coordinator and a Grant Manager. Gateway has always received strong support from the community. A new fundraising plan will be developed in 2022 to focus on increasing giving from individuals, foundations, churches, and civic groups. Additionally, every board member financially contributes to the organization each year. Gateway believes that there is good potential to continue to build a diverse funding base.

17. Name and position of the person that will oversee executing this project:

Name: Karmen Carter
Title: Executive Director
Phone: 303-577-7923
Email: kcarter@gatewayshelter.org

Scope of Work
for
Restoration Christian Ministries
Safe Outdoor Space
Funding stream requested: Marijuana
Amount requested: $799,900
Amount recommended for allocation: $200,000

1. Please describe the project need in the Aurora community and it's urgency.

Virtually every municipality in the United States is struggling to effectively address the public health, safety, and budgetary impacts of unsheltered homelessness. While homelessness in Aurora predated the COVID-19 pandemic, the pandemic, as well as the situations it presented, left hundreds of individuals without a place to go. While service providers and frontline professionals worked tirelessly to address the health risks, increased unhoused population, and social services needed, the City of Aurora is still facing a significant population of unhoused neighbors who are in great need of a safe, clean, and service rich place to live.

The COVID-19 pandemic forced emergency shelter providers to reconfigure their congregate shelters and diminished the maximum number of people allowed to sleep there at night. In addition to reconfiguring congregate shelter options, the CDC also recommended that municipalities not move encampments of people in order to prevent the spread of the virus. Unsanctioned Camping and unsheltered homelessness present tremendous stressors and costs to the City of Aurora, CO, both in financial and human terms. While the City has worked tirelessly to provide cold weather options, additional motel sheltering, and even leased a warehouse to provide overflow options, many of the unhoused neighbors are still in need. In order to address the public health concerns, and unsanctioned encampments seen across Aurora, CO, Restoration Christian Ministries (RCM) proposes utilizing their property for an unhoused safe space.

Safe spaces allow unhoused neighbors to have a housing first, resource rich secure environment. The safe space model ensures access to basic human needs, as well as resources and services that allow for each individual, couple, or family to move toward stability within their own community.

2. **What is your target population you would serve through this project?**

X Individual Men

X Individual Women

Families with Children

Youth

X Veterans

X Elderly

Domestic Violence

Chronically Homeless

Substance Misuse

HIV/AIDS

Mental Illness

Other Disability

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Model

While many areas have created safe spaces for those in need within their community, basic structures are all the same.

- The space is secured and staffed 24 hours a day with a minimum of two staff members at a time.
- A formal referral process for selecting residents is in place, utilizing street outreach already in existence within the communities.
- All residents are given the opportunity to participate in housing intake surveys so that they can be entered into the coordinated assessment system.
- Bathrooms, showers, food, water, and sanitation stations are provided
- Harm reduction is engaged with each program
- Safe Space residents meet weekly as a community to go over updates, needs, and volunteer opportunities on site
- During inclement weather warming features can be provided (such as heating blankets, hand warmers, and extra blankets)
- Each resident has their own individualized outdoor shelter unit. All belongings must go inside of this unit.
- Each shelter unit has electrical capabilities for phone charging and heating
- Community space is provided
- Food is provided for residents

Insurance

RCM's General Liability Insurance Policy will be updated to cover the Safe Space operations.

Fencing

Fencing to secure the site will be installed surrounding the Safe Space. The fence would provide a single secure point of entry and exit with appropriate ingress and egress for emergencies. The point of entry would be staffed 24 hours per day by program staff.

Duration

Restoration Christian Ministries proposes an ongoing contract to run a Safe Space for Aurora's unhoused community members. As the need for this service continues to grow, RCM hopes to assist in filling a gap in service, while assisting our most vulnerable neighbors in obtaining resources, basic human necessities, and long-term supportive housing options.

Staffing/Security Plan

The site will be staffed 24 hours/day by program staffing. Staff will be trained in de-escalation, trauma-informed care, and crisis response. Crisis plans will be in place, with a goal of utilizing mental

health and service providers as a first response to all non-violent or life threatening situations. RCM will also meet frequently with the Aurora Police department, and work closely with local service providers to ensure the safety of staff, residents, and the community at large.

Prioritization for Service

Unhoused neighbors not accessing existing services or resources. These neighbors will be screened for COVID-19 and Protective Action before being adminited. RCM proposes working with outreach workers across Aurora, to create a streamlined referral system. Residents must be willing to uphold the low barrier responsibilities protocols which include, but are not limited to: no substances or violence on site. Children will not be allowed on site, and any families that seek to stay at the Safe Space will be referred to hotel/motel stays or alternative programs established to serve minors.

On Site Provider

The core of any successful Safe Space is the resource and service provision. RCM will release a Request for Proposals (RFP) to hire a provider partner. The provider partner will fill the role of providing staffing, case management, resource connection, basic medical connection, and safety net program referrals. Outside of the main service provider on site, RCM in partnership with already established organizations, will provide volunteer medical care, dental care, community education opportunities, drug and substance abuse counseling and workforce training opportunities for those residents who are interested.

Infrastructure

The site will not exceed 50 shelter units or 60 people. RCM plans to start with 30 units leaving the potential to expand to 50 units at a later date. Initially, RCM will utilize ice fishing tents with wooden bases created by Engineers Without Borders. Coleman brand ice tents have the highest rating, though all tents will need to utilize tarping as we enter cold weather months. Later, pending availability of additional funding, RCM would like to transition to Pallet shelters.

Each individual sheltering unit will be placed a minimum of 5 feet from each other to ensure fire safety per City of Aurora regulations. Electricity will be provided for camping lamps, cell phone charging, and heated blankets. Further discussion with the City of Aurora's Fire Department will determine if any single heating unit can be utilized (also depends on the shelerting unit type). Handicap accessible shelters will be provided on site.

A management trailer will be on site for the two on-duty staff members. While staff is required to walk the site, and the door is to remain open at all times, this will provide shelter for administrative duties. Portable toilets (1x10 resident ratio) will be on site, including accessible units. Portable hand washing stations, drinking water, trash disposal, shower/laundry (use of truck) will be on site.

Food will be provided on site through partnerships with the Salvation Army, Food Bank of the Rockies, and through community vendors when necessary. Three meals will be provided daily.

Resident Intake Process

Intake for all residents will be completed in full. Wellness screenings, overview of policies, rights, and responsibilities, and an overview of basic information for HMIS will be completed upon entry. All

residents must sign a use agreement whereby residents acknowledge understanding and agreement to abide by all policies, rights, and responsibilities. Knowing that individuals with trauma hear every third word, a second day follow up will occur with all residents to ensure understanding of the rule, policies, and agreements on site.

COVID Policies and Procedures

Residents who are not vaccinated are asked to wear masks. Hand washing stations and sanitation will be available throughout the tents. Staff/volunteers will wear PPE at all times. Staff will disinfect the community areas, bathrooms, and high touch surfaces 3x daily. Cleaning products are also available for residents to utilize within their own individualized shelters.

Staff and residents will be asked to not attend work or volunteer shifts if they are exhibiting any COVID or FLU symptoms. If a resident is feeling ill, they will be offered testing on site for COVID-19, and referred to medical professionals if a positive test occurs. If a resident tests positive, notification to all residents, staff, and volunteers will be handed out. Community areas will be closed for 10 days, with food distribution being done for shelter consumption. Mask wearing will be highly enforced, and cleanings will occur every hour until a 10 day period has passed.

Project Management

The RCM team has hired project managers from Project Moxie (Kathleen Van Voorhis, Jennifer Lopez, and Matt Lynn). Project Moxie will assist with planning, operations creation, contracting, permitting, community engagement and education, good neighbor agreement solidification, and implementation of the Safe Space project. Sub-contractors, such as architects, electricians, and planners, will also be utilized through the Project Moxie team.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

RCM utilizes a housing first service model

5. What will be/are the measurable outcomes, successes, goals, etc?

In addition to the quarterly reports in HMIS, RCM will track, analyze and report:

- Number of participants daily, weekly and monthly
- Demographic data of program participants (e.g. target group, race/ethnicity, age range, gender, family status, etc)
- Number and source of referrals to/from RCM programs
- Participant's involvement in other RCM outreach services
- Participant's history of use of financial assistance, safe parking, camping
- Key trends

6. How will you measure those outcomes, successes, goals, etc.?

The goal of RCM's program is to continue to provide wrap-around resources that support housing, community, and economic development. Believing deeply in the housing first model, RCM knows that the first step to finding stability is to know where you can sleep at night. RCM is measuring this metric by marking the number of unique individuals it assists with housing related issues. Performance Measurement Surveys and Program participant surveys and feedback will be used to determine which services, programs and efforts are the most effective.

7. What is the projected timeline for this project?

The proposed timeline to operate the Safe Space with residents is for 1 year from the start of service. Phase 1, Site Set-up and launch will begin upon receipt of funding approval and run until June 30, 2022. Phase 2 Ongoing Operations will continue for one year with the option to extend another year pending satisfactory performance.

Because of RCM's commitment to addressing homelessness in Aurora, RCM has done a lot of pre-work in preparation for engaging in this project: (1) We have already incurred the cost of clearing and leveling a major portion of our vacant land; (2) Estimates for portions of the work have already been obtained; (3) We have confirmed availability of shelters with the company, Pallet Shelter; (3) We have begun collaboration with the Salvation Army to provide initial site operations from December 31, 2021 through June 30, 2022 and cross-train RCM staff in best practices; and (4) We have begun collaboration and positioned with other partners to provide complementary services.

Phase 1 SOS Site Set-up and launch

Project Moxie (Kathleen Van Voorhis) will set-up and coordinate project meetings, provide follow-up support with vendors, volunteers and funders and provide any other necessary support to RCM leadership to accomplish the following:

Complete set-up of an SOS site which requires the following:

- Completion of city permitting
- Site design with architectural support
- Set-up of electrical sources and other utilities needed to safely run the site
- Set-up of showers and bathroom facilities
- Acquisition and set-up of tents or pallet shelters
- Fencing or security design measures
- Set up of community space and staff space onsite
- Assistance with development of operations
- Assistance with an RFP for a service provider partner, selection of provider and assistance with service contracts
- Development of staffing plan and financial budgets
- Identification and set-up of food services
- Development of service agreements with partner agencies

- Assistance with resident selection for the site and resident guidelines and releases
- Confirmation of security plan
- Support with staff training and ongoing operations support
- Assistance with project messaging and community engagement/meetings if needed.

Phase 2: Ongoing Project Support

Once the SOS is established and operating the team will move to weekly team meetings, problem solving and technical assistance. The team assumes this support will not exceed 25 hours a month and will fluctuate depending on the final staffing model for RCM and the service provider partner.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

This program does not prevent people from going to an unhoused situation but rather provides them with safe accommodations should they find themselves in a homeless situation.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. The safe space model has been utilized across the country. A few locations who have seen great success with this model. Safe Outdoor Space models began gaining momentum nationally over the 2010's as communities across the country grappled with rising numbers of unhoused individuals and a lack of shelter and housing resources. The idea is that if people are going to be unsheltered there are ways to provide safe spaces, access to bathroom facilities and provision of case management to increase health, safety, and housing access points for those sleeping outside.

10. How many clients have been accepted into housing programs directly from your agency? 2

11. How will you verify income and qualifying factors for these funds?

Applicants for financial assistance must provide all requested information and meet all defined eligibility criteria in order to receive assistance. RCM will require completion of an application for Request for Assistance to verify eligibility. Applicants must:

- Be an Aurora, CO resident
- Have experienced a COVID-19-related income loss
- Be income-eligible for the grant funding
- Provide proof of applying for unemployment compensation
- Provide proof of who lives in the household (must be the ID's or the lease showing all
- household members) along with names, ages and relationship of members in household

- Provide proof of income for every member of the household (i.e. pay stubs, social security award letters, proof of child support, or proof of other income).
- Provide a current signed lease or mortgage statement.
- Provide landlord or mortgage company contact information. Landlord/Mortgage company must be willing to provide a W9 and accept payment from RCM.
- Attest if anyone in the household receives assistance from other programs such as:
  - Colorado Works /TANF cash assistance
  - Low-Income Energy Assistance (LEAP)
  - Food Assistance (SNAP)
  - Women, Infants and Children (WIC) Program
  - Child and Adult Care Food Program
  - Housing voucher or cash assistance

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

RCM currently operates a Safe Parking program and has engaged Project Moxie, an affordable housing/homeless services programming consulting firm, proposes to provide consulting and project management services to RCM in Aurora Colorado as part of their efforts to establish and manage a Safe Outdoor Space in Aurora Colorado. Kathleen VanVoorhis, Director of Community Strategy, will lead this effort and is bringing her recent experience in establishing the SOS initiative in Denver to this effort. Jenn Lopez and Matt Lynn will provide project support as needed.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

10+ per month

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

Salvation Army currently operates a safe outdoor space in Aurora. In Denver, CO, Earthlinks, Inc., and the Colorado Village Collaborative ran the first safe spaces during the height of the COVID-19 pandemic.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

RCM's Community Liaison staff will notify the various faith-based and human services

organizations and government agencies providing services within Aurora that our program is available. We will join the Aurora @ Home collaboration and MDHI. RCM currently serves as a Food Distribution site for Food Bank of the Rockies and One Place. We will leverage these programs and partnerships with the Interfaith Alliance, Aurora Interfaith Community Services, the Safe Parking Initiative, Safe Open Spaces and the 18th Judicial District Attorney's One Place Resource Fair for added visibility.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

RCM's ability to operate this project for a minimum of one year is premised in its long-term and holistic vision for the Aurora Community. This vision includes the addition of affordable housing, which was added with the goal of ending homeless in Aurora. Since its inception in 1999, RCM has provided financial assistance, food, counseling, job opportunities and other support services to our unhoused neighbors in Aurora. RCM has taken and will continue to take the necessary steps to formalize and expand its services to this demographic. These steps are being materialized by RCM establishing formal partnerships to strengthen our ability to improve outcomes and placements into permanent housing and connect Aurora's unhoused individuals and families with resources to help return to a posture of self-sufficiency.

Grant funds will be used to provide the housing/infrastructure components that can be leveraged longer term. RCM will engage other ministries in the Aurora community for financial partnerships to ensure the sustainability of the program as these ministries have a vested interest in solving homelessness in our City. Additional funding for staff and services can be augmented via contributions from Restoration Christian Fellowship's undesignated funds as an outreach service from the church to community.

17. Name and position of the person that will oversee executing this project:

Name: Derrick Washington
Title: Executive Director, RCM
Phone: (720) 530-6993
Email: Derrick.Washington@rcfministries.org

Scope of Work

For

Colorado Safe Parking Initiative

Aurora Safe Parking

Funding stream requested: Marijuana

Amount requested: $ 174,910

Amount recommended for allocation: $150,000

1. Please describe the project need in the Aurora community and its urgency.

According to the Metro Denver Homeless Initiative's (MDHI) 2020 Point in Time (PIT) survey, a snapshot of those experiencing homelessness in a community on a single night, Aurora has a growing number of unsheltered people experiencing homelessness. PIT surveys focus particularly on people experiencing homelessness who are unsheltered. The 2019 PIT Count for the City of Aurora found 389 people experiencing homelessness, 30 of whom were unsheltered, and 54 newly homeless. In 2020, the total count was 427, with 61 indicating they were unsheltered. These numbers are much lower than those indicated by Lana Dalton, Aurora Homelessness Program Manager. Aurora has 150 shelter beds which are generally at capacity, leaving hundreds of Aurora residents experiencing homelessness unsheltered.

Unregulated ad hoc car camping, especially in urban areas, is neither safe nor healthy. It can generate trash and sanitation problems, and people sheltering in vehicles (PSV) are often victims of crime. As Aurora has experienced, housed residents are often uncomfortable with PSV on their street and may ask police to intervene. Being awoken in the night and asked to move along can be a traumatic experience for PSV, who face many other challenges in daily life. In addition to poor sleep, these challenges include access to bathrooms, showers, and laundry; pet care; vehicle maintenance; lack of access to healthy, affordable food and the ability to prepare food. Many people sheltering in vehicles are newly homeless and may be unaware of unconnected to services. Many are employed or seeking employment, which can make it particularly difficult to access services during regular daytime business hours.

Although the existing system of shelter and support assists many in the unhoused community, limited availability of shelter space, safety concerns, and the inability to access shelter space with a spouse, family, support animal, or pet make the shelter system untenable for some. This leads individuals and families to choose sheltering in their vehicle which provides storage for all their possessions; personal privacy; autonomy; and transportation to work and school. Sheltering in vehicles is illegal in many places, and in Aurora has been the focus of legislative action, and therefore these individuals often strive to "hide in plain sight" and do not connect with services. Without intervention and support, many fall deeper into homelessness and may eventually end up on the streets. Vehicular homelessness is an urgent and growing issue in Aurora, and throughout the Denver metro area (DMA).

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain: CSPI serves people experiencing homelessness with a variety of physical, health and mental disabilities.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

CSPI's goal is to provide those who are unsheltered and living in their vehicles with a safe place to park while they secure housing, (SafeLot). With this funding, CSPI will conduct outreach to unsheltered individuals in Aurora, targeting those residing in vehicles and connect them to a full range of services. CSPI activities in Aurora include outreach and intake, supporting the existing SafeLot at Restoration Christian Fellowship Church, and developing up to two additional SafeLots to meet current and emerging needs. Working with community leaders, congregations, service providers, and other landowners, CSPI will recruit and plan these new SafeLots, including at least one that can accommodate RVs.

Through a centralized intake process via phone, email, or in person, CSPI staff responds to requests for assistance within seven to 10 days, assesses immediate needs and provides resources and referrals. Once assigned to a SafeLot, participants (guests) are greeted by the host who may provide additional services such as secure storage for personal belongings, hot meals, showers, etc. A case manager contacts each guest to provide individualized professional case management and supportive services including housing search and placement, employment, substance abuse services, and health/mental health care. Services are offered remotely or on-site during times when guests are in residence.

In addition to service navigation and connection to housing, CSPI works with SafeLot hosts and partners to meet additional guest needs such as referral to motels and/or alternate shelters for winter weather or car repair emergencies; benefits enrollment; food, including hot meals; hygiene through the provision of water and toilets (including ADA compliant restrooms); laundry; gas cards, towing and car maintenance; and companion animal supplies and services. CSPI seeks partners to provide these additional services for free or at a reduced cost whenever possible. In addition to providing services, CSPI also tracks applicant and guest data and evaluates the effectiveness of SafeLots. With a better baseline understanding of PSV, their employment and health status, CSPI can be more effective in outreach strategies and service provision.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Built on the belief that with prompt intervention, most PSV can transition back to employment or stabilize their income and achieve housing and other goals without falling deeper into homelessness, CSPI seeks to address housing inequities by investing in and leveraging community services for PSV. Modeled after successful programs on the west coast, CSPI uses evidence-based strategies to address the housing issues faced by SafeLot guests, working to increase their access to housing options and supportive services for housing stability. Following the "Housing First" model, based on the tenet that housing is a basic right and should be provided without prerequisites, CSPI is committed to a harm reduction approach that values an individual's choice in terms of their own needs and readiness for services. CSPI works to provide and encourages the use of supportive wraparound services, including permanent housing, employment, healthcare, substance abuse, and mental health services. In all guest interactions, CSPI uses a trauma-informed approach. Trauma is a common experience for PEH and can impact physical and mental health and employment outcomes.

5. What will be/are the measurable outcomes, successes, goals, etc?

In operation since 2020, Colorado Safe Parking initiative (CSPI) addresses homelessness by connecting unhoused individuals and families to services and permanent affordable housing as quickly as possible. CSPI's goal is for at least 35% of those it serves annually to secure stable housing. According to HUD's 2018 Annual Homelessness Assessment Report Part 2 released in September of 2020, in the Rocky Mountain Region on average 35% of people transition from emergency shelter or transitional housing to permanent housing. CSPI's goal is to meet or exceed that success rate.

Best practice research has identified successful activities to assist guests in reaching this desired outcome and are reflected in the services CSPI provides to SafeLot guests. The goal is for SafeLots to provide safety and security for people and their property, increased access to services and employment and/or education opportunities, and improved rest which can lead to better outcomes and increased physical and mental health.

Furthermore, to best meet the needs PSV, CSPI strives to provide services to communities with greater needs. Systemic inequities contribute to housing insecurity and homelessness, and these inequities are felt disproportionately by Black, Indigenous, and other people of color (BIPOC) and those with marginalized identities. Consistently, BIPOC populations are represented in DMA PIT and HMIS data at higher percentages than in the general census population. The Black/African American community is the most impacted, representing 24% (HMIS), and 21% (PIT) of PEH compared to 5.3% of the general census population. CSPI recognizes there is a significant unmet need and strives to provide services accordingly.

6. How will you measure those outcomes, successes, goals, etc.?

Data is collected through intake, exit surveys, and surveying SafeLot hosts. Outputs such as the number of safe parking referrals, number served and on wait lists, and demographic information is collected from people seeking safe parking during initial contact. This information allows CSPI to better understand the scope and scale of the need for services targeted to PSV and gauge the need for additional SafeLots. Once people are residing in a SafeLot, guest surveys gather information about the circumstances that led to the decision to shelter in their vehicles, as well as education level, employment status, and number of months sheltering in vehicles at the time of intake. This information helps deepen CSPI's understanding of the circumstances that led guests to sheltering in their vehicles. Exit surveys capture self-reported information on wellbeing and experience of the SafeLot, unmet needs, and next steps – including access to housing. CSPI also tracks the number of meals, safety, and sanitation provided, vehicles registered and maintained, case management, welfare and sanitary services used, connection to social services made, and other direct and indirect services accessed - such as motel/hotel vouchers during severe winter weather.

7. What is the projected timeline for this project?

In 2022 CSPI will:

- Reach out to potential sites for additional safe parking lots and develop relationships with property owners
- Provide checklists and how-to information to site hosts as they develop their SafeLot
- Connect site hosts and service providers for housing navigation, food, and other support services

- Outreach to potential guests, increasing outreach to high-risk communities such as Black/African Americans, women, seniors, and Spanish-speaking communities.
- Collect demographic and background information during intake and assessment calls and collect real time data on demographics and needs.
- Train staff and enter data in HMIS and OneHome. The SafeLot in Aurora opened in July, tracked data will be added once staff training is complete. The CAPER included in this application does reflect data from Aurora at this time.
- Evaluate the overall and individual effectiveness of safe parking programs.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The households CSPI supports through the SafeLot program are already unhoused and residing in vehicles.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

The SafeLot program provides safety and sanitation and an opportunity to get a "good nights' rest". This allows people to maintain the assets they have, such as employment, with the hope that they will be able to return to housing quickly. To support this, CSPI provides case management services at every SafeLot to assist guests in housing navigation, medical and mental health services, benefits, and employment acquisition. This case management support reduces the time households are unhoused and assists in maintaining housing.

10. How many clients have been accepted into housing programs directly from your agency?

As a relatively new program, CSPI has limited data on exits from SafeLots to housing. Currently CSPI, in addition to collecting information in HMIS, is developing a database to track data specific to SafeLots. Information collected at intake and SafeLot entry and exit is in the process of being compiled. Based on a first year of operation evaluation conducted by the University of Denver's Graduate School of Social Work's Center for Housing and Homeless Research (CHHR), 45% of SafeLot guests completing an exit survey reported securing permanent or temporary housing, with one third indicating they went from a SafeLot into their own home. CSPI's goal is to exceed the HUD standard of 35% of guests exiting into permanent housing. SafeLots provide an optimal setting for outreach case management. A Denver Outreach worker described SafeLots as an outreach worker's dream as it provides regular access to participants for providing support, referrals, and goal achievement.

11. How will you verify income and qualifying factors for these funds?

CSPI's target outreach audience is PSV. During the intake process, CSPI conducts a brief interview to determine that participants meet HUD's homeless and unsheltered definition: *individuals who lack a fixed, regular, and adequate night-time residence, i.e., an individual or family with a primary nighttime residence that is a public or private place not designed for long-term accommodation for people such as a car, park, abandoned building, bus or train station, airport or camping ground*. CSPI identifies their immediate needs and provides access to services. CSPI's service eligibility guidelines are minimal to provide a low barrier to entry for the program. A household must be sheltering in their vehicle and that

vehicle must be operational. CSPI employs a housing first, trauma-informed philosophy, eliminating as many barriers as possible to accessing a SafeLot while simultaneously offering a space for safe overnight parking. Additional requirements for SafeLots can include reviewing a potential guests' backgrounds, their commitment to site rules, and vehicle licensing and insurance. If a PSV cannot be accommodated in a SafeLot, CSPI's goal is to offer a referral to best available services.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Founded in 2019 by two community members with lived experience of homelessness, CSPI was sparked by conversations with people living in their vehicles. In early 2019, Rochelle Brogan and Chelsey Baker-Hauck gathered with concerned citizens of the seven-county DMA and began exploring safe parking as a potential program. At that time, CSPI began networking with service providers and advocacy organizations, such as MDHI, conducted a needs assessment, and began an advocacy initiative. A community-based regional task force was formed and studied the approach to safe parking successfully implemented on the west coast. Based on this work, CSPI's first lot began accepting guests in March 2020.

CSPI Since programming began in 2020, CSPI has successfully provided services to PSV. Serving as coordinating body that bring together a diversity of stakeholders, CSPI leads a synchronized effort to achieve the common goal of supporting PSV until they can achieve permanent housing. Throughout its formation and ongoing work, CSPI shares information, builds relationships and partnerships, and involves stakeholders in planning and making decisions with the goal of improving the outcomes of policies and programs. Through the collaboration with CHHR, the experiences and needs of people sheltering in vehicles informed core program development. Working with CHHR, CSPI sought to understand and measure the impact of safe parking from a variety of perspectives. CHHR's evaluation of CSPI's first year of operation, provided insights about guest demographics, needs, outcomes, and experiences. Evaluation findings indicated SafeLots have a positive impact on access to housing. Data indicated most SafeLot guests began sheltering in their vehicles due to unaffordable housing and loss of employment and viewed staying in their vehicles as a temporary housing solution. Guests reported financial needs as the primary reason for sheltering in vehicles and the primary barrier to accessing a more stable housing situation. CSPI evaluation findings showed that guests were able to connect to services and resources such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) during their stay at a SafeLot. On average, guests reported that they sheltered in their vehicle for approximately ten months, averaging 3.8 months at a SafeLot. Forty-five percent of SafeLot guests completing an exit survey reported securing permanent or temporary housing, with one third indicating they went from a SafeLot into their own home.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

To date approximately 11% of outreach contacts are referred to a SafeLot. SafeLots are not always an option for a variety of reasons: lots may be full, are not close enough to work or care providers, or are not a good fit for the individual seeking services. Engagement and services are offered to all, however, and case management is provided to households indicating an interest in developing a case plan with a focus on obtaining stable housing. Currently CSPI connects with approximately 50% of PSV who reach out for information. Of those, 100% access referrals and resources through the intake process, and 30% of those develop a plan and access services through a case manager.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no other agencies providing targeted outreach services to PSV in Aurora or the DMA. CSPI is the only agency providing these services. HOPE (Homeless Outreach Providing Encouragement) has been a partner in this work and also provides SafeLot services in Longmont.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

CSPI reaches out to potential SafeLot guests through social media, earned media, website, referral by other organizations and first responders, and by distribution of flyers in laundromats and other locations frequented by PSV. Potential guests in Aurora can apply for safe parking via our website, email, or phone. Aurora residents can call CSPI's hotline or submit a request for services on our website and the Outreach & Intake Coordinator will respond as quickly as possible. In addition to English, CSPI's outreach is offered in Spanish using flyers, social media, and a Spanish-language phone line.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

CSPI is in the process of assessing all its potential sources of revenue and building a fundraising plan that sets reasonable growth goals over the next several years to sustain and grow the organization. CSPI has considered both the reliability and long-term potential of various revenue sources, and the cost and staff time involved in raising funds and determined that grants/contracts and individual donors are its strongest sources of revenue. Over the course of 2021 CSPI has developed a fundraising strategy and identified a solid base of corporate/foundation/government grant sources and potential individual donors.

In 2022, CSPI's projected budget reflects most funding coming from government (51%) and foundation funding (41%). Engaging city, state and federal governmental agencies that administer funding programs targeted to assist people experiencing homelessness (PEH) is a crucial piece of the CSPI funding pie. Engaging donors is also an important strategy with the potential to grow exponentially over time. Individual giving has already been effective with church communities that are SafeLot hosts or have a social justice focus.

17. Name and position of the person that will oversee executing this project:

Name: Linda Barringer
Title: Program Manager

Phone: 303-619-2003
Email: linda@colosafeparking.org

SCOPE OF WORK

The Salvation Army (TSA)

Housing Assistance Program

Funding stream requested: ESG

Amount requested: $150,404

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding. Lastly, due to COVID, our communities are experiencing a huge labor shortage. The Salvation Army's Housing Assistance program will meet Aurora's need for assistance in locating and obtaining affordable housing, employment development, resume building, financial education and employment retention.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and employment guidance.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. There is a second proposed SOS location that we plan to extend these services to.

After analyzing initial outcomes and comparing to current case management work and SOS partnerships, we've identified the need to add a specific housing assistance element to the overall work of Salvation Army's active SOS site and the proposed second SOS site. This Housing Assistance Program will expand the case management team to include an Employment Navigator and a Housing Navigator to each site. The specialized expertise of each of these positions will allow for greater reach and more comprehensive success within the services offered to SOS clients.

Housing Navigation, Employment Services, and Case Management will work to either resolve or mitigate any barriers to housing for each individual by collaborating with individuals to increase their income, further their education, increase their financial literacy, obtain access to mental health support and medical treatment (as needed), address any substance misuse/abuse issues and increase the household's overall self-sufficiency.

Housing Navigation will recruit and network with landlords, negotiate leasing terms, and advocate for the individual based on their strengths. The Employment Navigator will work to assist the individuals who are able to work develop and/strengthen their resume, practice and improve their interviewing skills and help connect them to appropriate work attire for their chosen profession. The Employment Navigator will assist the individual find programs that assist with the purchase of needed tools or equipment for specialized labor positions. Additionally, the Employment Navigator will support the individual with any issues that may arise at their place of employment. As the Employment Navigator builds their employer network, they will be able to act as the employer's liaison, like the function of a housing navigator.

To strengthen the outcomes of individuals gaining employment, our partner Key Bank offers free financial education courses and banking services. To encourage clients to retain and properly allocate financial resources, the Employment Navigator will coordinate with Key Bank to enroll clients in the available courses.

In alignment with best practices of the Housing First model, the program uses the Progressive Engagement mode. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. Eligible clients can receive up to six months varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

In addition to these two positions each site will add a part-time Human Resources and part-time Accounts Payable clerk. These team members will maintain the SOS' and the Housing Assistance Program's administration, staffing, and accounting elements to assist three programs to operate seamlessly.

This proposed project respectfully requests $150,404 in ESG funds. Of these funds $64,803 will be used equipment, rentals, and monthly services for the additional operation of a specific Housing Assistance Program and $48,000 for furnishings, computers, office supplies, and shelter supplies. Indirect costs associated with these operations are $37,601 of this request. Other funding requests will complement this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by Aurora Mental Health Center and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals connected to internal and external support services, the number of individuals which gain housing and employment and the number of individuals who retain both their jobs and their housing. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:

85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment within 6 months of working with Employment Navigator
60% of Employment Navigator clients successfully complete one financial education course within 2 months of gaining employment
85% of individuals retain 30% more of their income after completing 2 financial education courses

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline for this project is January through December of 2022. At the end of the initial year of funding from this grant, the SOS Housing Assistance program intends to respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at through this Housing Assistance Program are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically

works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

For example, TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This proposal will meet the funding objectives of supporting people in crisis and providing them short-term assistance, through its crisis centered customer service, assessment, and warm referrals to appropriate resources.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. From the current SOS program specifically, two clients have moved on to other housing programs and 14 were housed utilizing the Aurora Flex Fund.

11. How will you verify income and qualifying factors for these funds?

TSA's SOS case managers contact the head of household to schedule a program intake and orientation. She/he informs the individual or head of household of the required and recommended documents for intake such as Verification of Homeless Status, photo ID, Social Security cards, birth certificates, and any possible income verification. For those in need of eviction prevention, individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and/or utility shut off notice. A determination is made about the ability to make rent payments going forward. Using an ESG compliance checklist at intake, case managers collect copies of all required documents. Case files are retained in a secure location for at least seven years after the intake date.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual

needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations in addition to Rodeway Inn (operated by The Gathering Place and Catholic Charities), feeding up to 900 people a day at non-congregate locations.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing

Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency? The Salvation Army often turns households away from shelter services due to the limited capacity of shelters. Eviction Prevention/Homeless Prevention funded programs turn households' way from services when they do not meet the criteria for assistance per the regulations of the funding source.

The Warehouse SOS currently turns away approximately 5-10 people per week for shelter due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora. In addition to missing out on sheltering services, the individuals who are turned away also miss out on essential case management and connections to housing and employment. Expansion of this housing assistance program at two Safe Outdoor Spaces would exponentially increase individuals access to both sheltering and to direct assistance for housing and employment.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

In Aurora, TSA's Housing Now program provides similar support for families. The primary difference in execution of services between that program and this proposed Housing Assistance program through the SOS' is that Housing Now clients are primarily those who are eligible for rapid rehousing assistance. This contrasts with those who have been chronically homeless or who have more barriers to independent living.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided

informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Housing Now- Aurora Rapid Rehousing

Funding stream requested: ESG

Amount requested: $81,470

Amount recommended for allocation: $81,470

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 sheltered individuals experiencing homelessness in Aurora in 2021 and that Aurora is 7,500-8500 units short in affordable housing options. MDHI reported that unsheltered individuals rose from 4,543 in 2020 to 5,530 in 2021 in the greater Denver metropolitan region. Due to COVID restrictions, the PIT count wasn't able to be completed this year, although it is hard to imagine these numbers would not have continued to rise based on the conditions created by the pandemic and the continued increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance drawing to an end, our communities and our nation will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to housing expanding. More and more individuals and families are relocating to Colorado in hope of fresh start, making the competition for "affordable" rental units fierce. Landlords and property managers have become fearful of renting to households they consider "high risk" after losing millions of dollars in rent due to the pandemic. Many rental units are now requiring double and triple security deposits in addition to requiring a household have an income of three times the rent. Finally, with FMR not keeping up with rising housing costs, a housing voucher does not guarantee housing anymore. The need for an experienced, successful and well-developed rapid rehousing program in Aurora is now of the utmost importance. The Salvation Army's Housing Now program will meet Aurora's need for this program.

2. What is your target population you would serve through this project?

☐ **Individual Men**

☐ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The main goal of the Housing Now program is to house families and seniors that are currently unhoused by providing progressive case management, community partnership and rental assistance for permanent housing. Referrals are made through OneHome, the Continuum of Care's coordinated entry system. Housing Now works with families to identify and understand their strengths and barriers to housing, work to assist households increase their income, provide community resource referrals and conduct regular case management in the office or at a family's home. The Housing Navigator and Case Manager will work to either resolve or mitigate any barriers to housing. Housing Navigation will accomplish this by recruiting and networking with landlords, negotiating leasing terms, advocating for the household based on their strengths and explaining the financial benefits of participating in our program. Case management will accomplish this by collaborating with households to increase their income, further their education, increase their financial literacy, obtain access to mental health support, address any substance misuse/abuse issues and increase the household's overall self-sufficiency. A common barrier to housing is employment, and these households will work an Employment Navigator to increase their ability to obtain and maintain employment. The Employment Navigator also recruits and networks with staffing agencies and local employers for direct connection to potential employers. When clients placed in housing find themselves struggling to maintain their rent independently, the Case Manager will use diversion techniques to empower clients to explore their resources to self-resolve and put newly learned housing maintenance strategies to work.

In alignment with the best practices Housing First model, the program uses the Progressive Engagement model for Rapid rehousing. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. Clients can receive up to six months varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

This proposed project is respectfully requesting $81,470.00 in ESG funds for the Rapid Rehousing Case Manager ($67,395) and indirect costs at a rate of 25.5% ($14,075) for the Housing Now Aurora Rapid Rehousing Program. Other funding requests for Housing Now will complement this funding and provide comprehensive rapid rehousing services.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing Now uses the Housing First model, Progressive Engagement, Trauma Informed Care and Harm Reduction. The Housing First model is the foundation of the Housing Now rapid rehousing program: a low-barrier program allows staff to serve households regardless of their income, disability status, education level, employment status, citizenship status and/or sobriety. Housing Now's staff meets households where they are at and works to address the issues that contributed to their unhoused circumstance once in housing. Case managers incorporate a Progressive Engagement model, treating no two households exactly the same. Progressive engagement refers to a strategy of providing as light a touch as possible with financial services (averaging 3-6 months) and support services to reduce dependency on the homeless system and enable a quick end to

homelessness. This model enables staff to believe in families' abilities to stabilize with initial, light-touch interventions, and then respond accordingly when further supports are needed. Staff are trauma-informed in their work, knowing that trauma and prolonged states of crisis greatly contribute to a person's ability to engage in long-term planning, manage their mental and physical health and maintain healthy, interpersonal relationships. Through incorporating a trauma-informed care into the program, staff can better match clients to the services needed for stabilization. Finally, the program works from a Harm Reduction approach: understanding and valuing peoples inherit right to make decisions for themselves and provide options when those choices have the potential to lead to harm. The program provides all standard services and resources that are best practices in Rapid Re-housing interventions.

5. What will be/are the measurable outcomes, successes, goals, etc?
Our program tracks specific outcomes including the number of families housed per month, the number of households that maintain housing for 90 days, 180 days and 1 year and any increases in income. Success is defined as each family housed, maintaining housing for above listed lengths of time and each increase in income.

Specific outcomes include:
85% of households remain permanently housed one year after rapid rehousing intervention
85% of households obtain or retain income

Housing Now also collects demographic data on each household member and conducts assessments to measure a household's psychosocial and economic status. The Self-Sufficiency Matrix is conducted at intake and every three months during program participation to evaluate a household's life domains and ability to thrive independently in the world. This allows the Case Manager and family to collaborate to determine focus areas for improvement in a housing stabilization case plan and financial interventions to help meet their overall housing stabilization goals. The Herth HOPE Index is also conducted at intake and every three months during program participation to assess a household's level of hopefulness. Copious research shows that hopefulness is directly correlated with person's willingness to engage in change behaviors, which is essential when learning the skills needed for self-sufficiency and stabilization. Any improvement in life domains and hopefulness is also defined as a success. Finally, after successful completion of our program, Case Managers make contact with families at 3-, 6-, 9-, and 12-months to monitor and ensure ongoing stabilization. Ongoing success is defined as each family maintaining housing for the previously listed lengths of time in housing.

6. How will you measure those outcomes, successes, goals, etc.?
All services and assessments are recorded in The Salvation Army's internal database, WellSky. Housing Now evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys and HMIS, and through regular team discussion of outcomes. Housing Now compiles and reviews monthly reports to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed.

Additionally, WellSky and HMIS enables staff to monitor client progress, modify programming, make same-point-in-time comparisons, detect trends, prevent duplication of services, discourage fraud and collaborate more efficiently with other human services providers. Case Managers maintain detailed paper and electronic records of each family served. HMIS data also informs on the progress of housing and related programs. Reports on data quality, program performance and outcomes are pulled from both platforms and analyzed for program success and areas for growth. The Program Director pulls

reports while the Denver Metro Social Services Director and the HMIS team individually and collectively review reports and determine process measures to improve data quality as well as improve reported outcomes. Finally, Housing Now surveys clientele as to satisfaction with services rendered.

7. What is the projected timeline for this project?
Housing Now's rapid rehousing program in Aurora was initially started in 2019, and this grant award will allow us to continue to implement and expand the program over the next year (1/1/2022-12/31/2022).

8. How does the agency and this program be able to prevent people from going to an unhoused situation?
The Salvation Army specializes in programming for unhoused people not only in the Denver metropolitan area but also worldwide. It owns and operates emergency shelters, housing and eviction prevention programs throughout the US. Housing Now has a component to its program specific to preventing unhoused situations, which expanded tremendously in response to the pandemic. Housing Now and The Connection Center manage several grants that enable it to keep people housed-- ESG, ESG-CV, DOLA, HOST, CSBG, CBDG and ERAP funds.

The Housing Now program follows a family for one year once housed. During this year, Case Managers are able to implement the housing stability case plan and financial interventions created at intake. Any new issues or crises that arise during program participation are addressed to prevent a family from returning to unhoused circumstances. By partnering with The Salvation Army's Connection Center program, Housing Now can ensure warm referrals are made for an array of social services internally and externally. The more connectivity made to appropriate services, the greater the likelihood of households maintaining housing and gaining independence. Further, The Connection Center staffs experienced and trained Case Managers that directly help those who are unhoused by locating an appropriate emergency shelter (both TSA shelters and other local shelters) and administering the VI-SPDAT for entry into OneHome. The Connection Center also houses the Search & Connect program that works to locate and connect OneHome's rapid rehousing referrals to the Case Mangers at Housing Now. The Connection Center Case Managers also work with and provide precariously housed individuals and families with homelessness prevention and utility assistance to ensure they maintain housing.

By using evidence-based best practices like Housing First, Progressive Engagement, Trauma Informed Care and Harm Reduction alongside an experienced, professional staff of housing navigators and case managers, Housing Now strives to prevent additional episodes of unhoused circumstances. Salvation Army and Housing Now Leadership and Staff participate in meetings and collaborate with the local CoC and with state and municipal governments struggling to address unhoused populations. Housing Now Staff participate in ongoing professional trainings within their fields of expertise.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?
The Salvation Army and Housing Now have a common goal of making households' experience with homelessness rare, short and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance. Housing Now accepts rapid rehousing referrals through OneHome, which will allow it to work with households currently unhoused and place them back into housing. Households in the program are supported for up to a year, and during that time, Housing Now

supports families to keep them from returning to an unhoused circumstance through direct financial assistance and case management. If a household has participated in rapid rehousing for some time, without the household gaining financial independence, the case management team will work with other service providers to refer to higher need housing support such as permanent supportive housing, housing authority vouchers, etc.

The Salvation Army's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency through the use of existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

10. How many clients have been accepted into housing programs directly from your agency?
The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness.

11. How will you verify income and qualifying factors for these funds?
Upon intake, case managers will collect proof of income, work with households to complete an Income Verification Form and/or Declaration of Zero or Unverifiable Income Form (if applicable). Staff will then use the Gross Income Determination Form to ensure they remain income-qualified for the program. For rapid rehousing funds, the program also requires all households submit a Verification of Homeless Status. Case managers utilize a funding specific checklist to ensure that all additional qualifying factors for the specific funding source are verified.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?
Housing Now was officially launched as a Housing First, rapid rehousing program in 2017. Since that time, it has successfully executed all the activities described in the Project Plan. All Staff are well-versed in issues that impact unhoused and precariously housed families and seniors. Since its inception, Housing Now has successfully rehoused over 750 households through rapid rehousing strategies.

The Salvation Army has provided rental assistance in Colorado for over 25 years. The Housing Now Program falls under The Salvation Army's Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 20 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services. Kathy Mulloy, Housing Now's Director and Lily Maddux, Lead Case Manager, have over ten years of combined experience providing case management to families and individuals experiencing homelessness. Vanessa Sanchez has provided case management for five years and is one of the case managers that works in tandem with the McKinney-Vento Liaisons in Denver Public Schools. CJ Jimenez works as another case managers in tandem with the Mckinney-Vento Liaisons in Adams County District 12 and District 14 public schools. Additionally, there are three Rapid Rehousing Case Managers (one stationed exclusively in Aurora), three Housing Navigators and a

Homeless Prevention Case Manager. Housing Now also has a program assistant, a Corps Services Manager, MSW interns and several temporary staff.

Program staff regularly attend workshops, webinars and conferences. The team attended the Housing First conference held in Denver in 2019. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?
Due to lack of capacity, the program is restricted to how many vacancies are entered into the OneHome referral system monthly. Due to the referral system, the program itself is not turning clients away from the program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?
There are several agencies in the Denver Metro area that offer rapid rehousing programs in Aurora, including Aurora@Home, Mile High Behavioral Health, Aurora Mental Health, Aurora's Department of Human Services and Aurora's Workforce Center.

Additionally, The Salvation Army collaborates with other local human services organizations across the greater metropolitan region. It participates in MDHI and community homeless network meetings. It engages with OneHome and has strong alliances with community-based organizations like Colorado Coalition for the Homeless, St. Francis Center and VOA. TSA partners with numerous government and nonprofit agencies including Denver's Road Home, Denver HOST, Denver Human Services, Bayaud Enterprises, Denver Street Outreach (Search and Rescue), Stout Street Health Clinic, Denver Rescue Mission, Catholic Charities, Christian Legal Aid, Colorado Legal Aid, JeffCo Action Center, Mean Street Ministries, Good Neighbor Garage, Denver Workforce Center and Goodwill, local homeless shelters, McKinney Vento Liaisons in Jefferson and Denver school districts and Denver Indian Center, among others.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?
The Salvation Army will advertise its housing programs through its publications, the Connection Center, the Aurora Corps' Officers and Case Managers, online, through communications with and referrals from fellow local human services providers, Aurora@Home, MDHI and local shelters, including The Salvation Army's shelters. General marketing and outreach are geared towards landlords in the greater Denver metropolitan region. The Housing Navigator contacts and networks with landlords and management companies, visits apartment complexes and strategizes how to recruit landlords to partner with Housing Now. The Housing Navigator seeks referrals from other landlords and provides a landlord guide as a resource.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?
The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided

informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:
Name: Kathy Mulloy
Title: Housing Now Director
Phone: 720-305-4659
Email: kathy.mulloy@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Aurora SOS RCM Site

Funding stream requested: ESG

Amount requested: $150,404

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up-to-date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's RCM SOS program will expand our ability to meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of support.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☒ **Transgender individuals**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The Warehouse SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, this SOS has become a more permanent program. The Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

Both the need and opportunity for a second Safe Outdoor Space in Aurora have been presented to our organization. The Salvation Army intends to execute a second SOS in partnership with the City of Aurora (City) and Restoration Christian Ministries (RCM). The above-mentioned tents will be moved to the RCM property to provide essential cold weather sheltering options ahead of the height of the 2021 winter season. This second site will be an option for the City's cold weather activation plan while also providing the same case management services offered at the Warehouse SOS.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. Implementation of the Housing Assistance program (outlined in other proposals) will also take place at the RCM SOS to provide essential housing and employment services to clients of the SOS.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This proposed project is respectfully requesting $150,404 in ESG funding. This support will go to supplement the wages and employment benefits for the ten front line staff required to maintain 24/7 sheltering for clients at the SOS ($112,803). These staff are essential to site security, food service, crisis management, case management facilitation, and other various site operations. Also in this request are indirect costs at a rate of 25% ($37,601). This total request equals

Other funding requests will complement this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (For example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
60% of individual who remain at the SOS for longer than 8 months will move into permanent or transitional housing
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment within 6 months of working with Employment Navigator
80% of individuals complete housing assessments to connect to available resources

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other

assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also informs on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project? The projected timeline and budget for this project is January through December of 2022. If it is determined that Restoration Christian Fellowship is prepared to take over full management of the site before the end of December 2022, TSA will work with the City of Aurora to adjust the budget to reflect that change. Additionally, if Restoration Christian Fellowship is not prepared to take over full management/operations of the site by January 2023, The Salvation Army will respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at the Warehouse SOS are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from re-entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource or secure a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be

able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. Specifically in Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Currently, the Warehouse SOS fully relies on ESG funding to maintain operations and provide extensive, and indispensable services to people experiencing homelessness in Aurora. This proposed project at the RCM site will be new in 2022. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability. If in the end, The Salvation Army operates the RCM site over the long term, engagement with The Salvation Army donors and other funding sources would be planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

Scope of Work

For

Salvation Army

Aurora SOS Warehouse

Funding stream requested: Marijuana Amount requested: $ 800,000

Amount recommended for allocation: $175,000

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's Warehouse SOS program will meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of supports.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This proposed project respectfully requests $175,000 in Marijuana funds for the following:

- Wages and benefits for 10 front line shelter aides, two Case Managers, two part-time Human Resources staff, two part-time Accounts Payable clerk, one Program Manager, and one Director ($55,000)
- Supplies ($24,000
- Operational costs ($96,000)

Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment
80% of individuals complete housing assessments to connect to available resources
35% of exits from the SOS are to permanent or transitional housing options

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same

point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline and budget for this project is January 2022 through December 2022. The Salvation Army plans to request a second years' worth of funding that is contingent on the outcomes of the 2022 programming year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at the Warehouse SOS are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from re-entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched

to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording

private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. In Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Currently, the Warehouse SOS fully relies on ESG funding to maintain operations and provide extensive, and indispensable services to people experiencing homelessness in Aurora. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Connection Center

Funding stream requested: Marijuana

Amount requested: $545,145

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 sheltered individuals experiencing homelessness in Aurora in 2021 and that Aurora is 7,500-8500 units short in affordable housing options. MDHI reported that unsheltered individuals rose from 4,543 in 2020 to 5,530 in 2021 in the greater Denver metropolitan region. Due to COVID restrictions, the PIT count wasn't able to be completed this year, although it is hard to imagine these numbers would not have continued to rise based on the conditions created by the pandemic and the continued increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance drawing to an end, our communities and our nation will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to housing expanding. More and more individuals and families are relocating to Colorado in hope of fresh start, making the competition for "affordable" rental units fierce. Landlords and property managers have become fearful of renting to households they consider "high risk" after losing millions of dollars in rent due to the pandemic. Many rental units are now requiring double and triple security deposits in addition to requiring a household have an income of three times the rent. Finally, with FMR not keeping up with rising housing costs, a housing voucher does not guarantee housing anymore. The need for an experienced, successful and well-developed rapid rehousing program in Aurora is now of the utmost importance. The Salvation Army's Housing Now program will meet Aurora's need for this program.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you elected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The objective of the Connection Call Center is to serve as many individuals in need as possible whether the emergency is housing, food, health, or safety.

The Salvation Army (TSA) respectfully requests $545,145 for support of its Connection Call Center. TSA operates a Connection Call Center at its Intermountain headquarters in Denver, Colorado, and with this funding, at the TSA Warehouse/SOS location. The center connects individuals, families, and households in need with vital human services. Funding will support: two case manager salaries for assessment, triage, ongoing case management and homeless prevention assistance; a portion of the Connection Center director's salary and accounts payable clerk's salaries; overflow hotel assistance or vouchers when no shelter is available; client transportation assistance like bus fares/Uber and Lyft/ and auto repairs; rent and financial assistance for homeless prevention, eviction prevention and diversion; computer equipment and office supplies; and indirect costs.

The center designed to give people in need immediate access to TSA programs (such as referral to Housing Now, Lambuth Family Center, Crossroads Resource Center and Harbor Light) and community programs, services (like food programs, clothing, and transportation assistance and life skills classes), and other support information. The Connection Center has fielded as many as 2,000 calls a month from community members, particularly as Covid escalated, seeking resources to overcome hunger, eviction, homelessness, addiction and/or poverty. The Connection Center has recently expanded to include skilled case managers available to provide VISPDAT and corresponding case management, crisis triage assessment, initial intakes, and appointments and it provides "front-door" access to all Salvation Army programs. Anyone who reaches out to the Connection Center, including seniors, residents with a disability, veterans, large families, residents transitioning from homelessness, the homeless or soon to be homeless, can be connected to TSA services and receive an appointment to meet with a case manager in person. In instances where TSA cannot provide direct service, the team of resource navigators refers the community members to another agency by accessing resources through TSA's vast internal database.

This proposal presents an expanded option for coordinated entry for families experiencing homelessness or who are precariously housed in the Aurora. Through the Connection Call Center, a family can call the designated line be triaged, screened, and receive a warm referral to a vacant emergency shelter beds or connection to internal/external community resources for diversion or rapid resolution. Through this funding, when a household calls the center and discloses a need for homeless/eviction prevention, the case manager, utilizing progressive engagement and strength-based case management approaches, will be able to assess the situation and provide financial assistance to ensure the household remains housed. For those who are already without housing, they can be referred to TSA Housing Now for rapid re housing and provided VISPDATs for referral into the OneHome System. Households can also be provided information or access to shelter, and if shelter is not available in Aurora, vouchers for temporary hotel stays. While acknowledging that there is no wrong front door for households to enter the One Home system, this proposal creates an accessible front door that does not require traveling to various locations or waiting for their number to be pulled through a limited slot lottery for VISPDAT assessment. In conjunction with other funding from the city of Denver and MDHI, this proposal will allow the Connection Call Center to be staffed with a minimum of one staff person from 7:00am to 8:00pm Monday through Friday, and from 8:00am to 12:00pm on Saturdays and Sundays.

The Connection Center Staff is working with Family Sheltering Options AND other eviction prevention/homeless prevention programs to develop systems of reporting program vacancies and provide initial screenings for those programs based on program eligibility criteria. When shelter capacity is full in Aurora, with hotel voucher funds, the Connection Center team will be able to quickly provide personal assistance to those in need. The Connection Center has operated on a full-time basis since 2012. Currently, a person can literally be 'connected' to our services and even receive an appointment time to meet with a case manager in person in Denver, by just calling the Connection Center number. Through this proposal, individuals and families in Aurora will be able to meet with a case manager in Aurora.

The goal of this program is to quickly respond and provide support to households who are precariously housed or unhoused through connections to appropriate resources.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA programs utilizes these methodologies: Housing First model, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care.

As an example, in alignment with the best practices Housing First model, TSA's Housing Now program utilizes the progressive engagement model for rent assistance and rapid re-housing. Progressive engagement is a strategy of providing as light a touch as possible with financial and supportive services to reduce dependency on the homeless system and foster a quick end to homelessness. In the rapid rehousing model, clients may receive up to six months varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a client's placement in the rapid rehousing program.

In the context of homeless prevention, staff understand that housing is the number one priority. With that in mind, the case manager works to ensure housing is stable, then works with the household to address other issues that may have led to the household needing homeless prevention assistance. For households who are in crisis and calling for some type of assistance, they will be met with client center, trauma informed individuals on the other end of the phone. By utilizing the key methodologies outlined above, the program is able to reduce the trauma experienced by each household.

5. What will be/are the measurable outcomes, successes, goals, etc?

Client data is collected during the intake process. Once a household is accepted into a Housing Now program or TSA shelter like Lambuth Family Center, case managers conduct assessments to measure client status and progress. In the context of the Connection Center and case management, households who participate in homeless prevention services or VISPDAT assessments will be provided ongoing case management for a minimum of three months or until the unhoused status is resolved. In these cases, case management utilizes the following tools: The Self Sufficiency Matrix, which is completed repeatedly during clients' tenures to determine focus areas and establish goals, URICA, which is a psychometric evaluation of change and readiness for change, and the HOPE/Hearth index, which analyzes and measures a client's feelings of hope. Case managers also work with participants to determine the appropriate financial interventions and to develop a plan.

In homeless/eviction prevention, as financial assistance is reduced, if it is determined that a client will return to homelessness without continued assistance, the decision is made to continue with the client and work on housing stability. At the end of the program, the case manager creates a discharge plan with the household and conducts an interview. After program exit, case managers make contact three months after discharge. All information is kept in confidential client case files. All services provided are recorded in The Salvation Army's internal data base, WellSky. The Connection Center evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed.

Goals: All calls received from residents of Aurora will be tracked according to call type. A minimum of 4,000 calls from Aurora residents will be fielded each year.

Specific outcomes include:
90% of households remain housed 3 months after final homeless prevention assistance

Households qualifying for financial assistance (homeless prevention/eviction prevention) are provided guarantee note upon assessment to hold their housing and are provided financial assistance within 48 hours of initial call.

95% of households who are experiencing homelessness are provided VI-SPDAT assessments and referred to the community queue.

90% of households who are experiencing homelessness are provided monthly case management until connected to a housing program or houselessness is resolved.

HMIS data will show that those seeking homeless prevention assistance will not enter the shelter system within one year of assistance.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing homeless/eviction prevention assistance, case managers follow up with clients once they have left TSA's programs for up to three months post exit to monitor progress.

7. What is the projected timeline for this project?

The Connection Center is permanent program of TSA and will continue to serve the community so long as operating funds are available. The expansion of financial services and VI-SPDATS provided to the City of Aurora will start upon receipt of contract and will utilize existing case managers until the

Aurora focused case management positions can be filled.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

By utilizing evidence-based best practices like Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care coupled with maintenance of experienced professionals in social work and case management, TSA strives to prevent homelessness for those on the cusp or to safely house those experiencing homelessness. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from entering unhoused situations. TSA leadership and staff participate in meetings within the local continuum of care and with state and municipal governments struggling with homelessness and the cost of housing. TSA staff participate in ongoing trainings within their fields of expertise.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance. TSA's social services program, Pathway of Hope, is a national TSA initiative rooted in an intensive case management approach, providing targeted services to households eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance.

This program will increase access to households needing housing resources by providing them quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

The Connection Center's goal to quickly connect households with resources works to reduce the amount of time that households are unhoused OR unreliably housed. The homeless prevention program provides ongoing case management to maintain the ability to quickly provide support if households become unstable, thus preventing movement towards houselessness.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness.

11. How will you verify income and qualifying factors for these funds?

Following screening and application for financial assistance, the case manager checks the income and qualifying factors that are required by the funding source. Generally, the following information is recommended for intake: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. A determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army (TSA) was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, eastern Montana, and Wyoming through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers to housing.

Due to the pandemic, TSA stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, TSA operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. Within the City of Aurora, TSA is operating a permanent, safe outdoor space (SOS) and will soon open a second location. The agency has also provided all meals for the non-congregate locations, including SOS, feeding up to 900 people a day at non-congregate locations.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. In the Denver Metro area (including Aurora), the program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Salvation Army utilizes waitlists for several programs. In other cases, such as referrals through the OneHome system, programs only provide vacancies when the program can absorb new clients. Lambuth Family Center turns away approximately 10 households a week due to lack of capacity at the family shelter.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

211 for the state of Colorado has some overlap with the Connections Center process; however, unlike 211, which renders only information and referral, the Connections Center has skilled case managers available to provide triage assessment and initial intakes into TSA and other community programs. A person can be immediately 'connected' to services and even receive an appointment time to meet with a case manager in person. Other agencies do provide hotel/motel vouchers with city of Aurora funding or provide homeless prevention services. TSA's Housing Now has historically provided homeless prevention assistance to the Aurora community with ESG dollars.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, collaboration with Denver and Arapahoe Human Services, Aurora @ Home contacts, referrals from MDHI?

TSA's Connections Center is well known across the community. This resource is promoted in TSA's website and social media and at TSA's shelters, corps, and community centers. Many governmental, nonprofit, faith-based human services providers, and local shelters refer individuals, families, and households to the Connection Center. For instance, service providers referring guests to TSA's Lambuth Family Center know to provide the Connection Center's number for screening and referral to

Lambuth. MDHI helped TSA build and improve this program and MDHI's Continuum of Care partners refer to the Connections Center. The state of Colorado utilized the Connection Center's numbers as part of its evaluation of need during the Covid pandemic. TSA is working to enhance its community engagement to ensure that the Connection Call Center best meets the community's needs for family coordinated entry into shelter and eviction prevention/homeless prevention. Aurora@Home is another publication source.

With the recent expansion of the Connection Center's hours as well as unique services, the leadership team is working with the TSA marketing team to develop new informational flyers which will be distributed through a variety of networks once completed.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

The Connections Center has become an indispensable community asset. TSA will support this vital community resource because it is critical in meeting TSA's mission of serving those most vulnerable and in need. See Section C regarding the financial viability of TSA. Over the last year the city of Denver and the Metro Denver Homeless Initiative have generously supported the Connections Center, recognizing that it is a vital component in fighting homelessness. TSA also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:

Name	Kelly Brown
Title	Connections Center Program Director
Phone	720-305-4658
Email	kelly.brown @usw.salvationarmy.org

Name	Kristen Baluyot
Title	Denver Metro Social Services Director
Phone	720-696-8807
Email	kristen.baluyot @usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

The Salvation Army/Housing Assistance Program

Funding stream requested: Marijuana

Amount requested: $800,000

Amount recommended for allocation: $25,000

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding. Lastly, due to COVID, our communities are experiencing a huge labor shortage. The Salvation Army's Housing Assistance program will meet Aurora's need for assistance in locating and obtaining affordable housing, employment development, resume building, financial education and employment retention.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and employment guidance.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. There is a second proposed SOS location that we plan to extend these services to.

After analyzing initial outcomes and comparing to current case management work and SOS partnerships, we've identified the need to add a specific housing assistance element to the overall work of Salvation Army's active SOS site and the proposed second SOS site.

To strengthen the outcomes of individuals gaining employment, our partner Key Bank offers free financial education courses and banking services. To encourage clients to retain and properly allocate financial resources, the Employment Navigator will coordinate with Key Bank to enroll clients in the available courses.

In alignment with best practices of the Housing First model, the program uses the Progressive Engagement mode. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

This proposed project respectfully requests $25,000 in Marijuana funds for the following:

- Direct financial assistance to clients for rental/housing assistance, document assistance, transportation, furnishings, etc. ($25,000)

  Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

- 4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)
- TSA's case managers providing services through the Housing Assistance program will utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by Aurora Mental Health Center and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals connected to internal and external support services, the number of individuals which actually gain housing and employment and the number of individuals who retain both their jobs and their housing. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
85% of individuals remain permanently housed one year after intervention

Client data is collected during the intake process. For instance, once an individual is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline for this project is January through December of 2022. At the end of the initial year of funding from this grant, the Housing Assistance program intends to respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to

the work done at through this Housing Assistance Program are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

For example, TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This proposal will meet the funding objectives of supporting people in crisis and providing them short-term assistance, through its crisis centered customer service, assessment, and warm referrals to appropriate resources.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. Specifically from the SOS program, two clients have moved on to other housing programs and 14 were housed through

11. How will you verify income and qualifying factors for these funds?

TSA's SOS case management team contact the head of household to schedule a program intake and orientation. She/he informs the individual or head of household of the required and recommended documents for intake such as Verification of Homeless Status, photo ID, Social Security cards, birth certificates, and any possible income verification. For those in need of eviction prevention, individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and/or utility shut off notice. A determination is made about the ability to make rent payments going forward. Using an ESG compliance checklist at intake, case managers collect copies of all required documents. Case files are retained in a secure location for at least seven years after the intake date.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations in addition to Rodeway Inn (operated by The Gathering Place and Catholic Charities), feeding up to 900 people a day at non-congregate locations.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts,

spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency? The Salvation Army often turns households away from shelter services due to the limited capacity of shelters. Eviction Prevention/Homeless Prevention funded programs turn households' way from services when they do not meet the criteria for assistance per the regulations of the funding source.

The Warehouse SOS currently turns away approximately 5-10 people per week for shelter due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora. In addition to missing out on sheltering services, the individuals who are turned away also miss out on essential case management and connections to housing and employment. Expansion of this housing assistance program at two Safe Outdoor Spaces would exponentially increase individuals access to both sheltering and to direct assistance for housing and employment.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

In Aurora, TSA’s Housing Now program provides similar support. The primary difference in execution of services between that program and this proposed Housing Assistance program through the SOS’ is that Housing Now clients are primarily those who are eligible for rapid rehousing assistance. This contrasts with those who have been chronically homeless or who have more barriers to independent living.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA’s website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

Scope of Work
For
Salvation Army
Housing Now RRH/HP
Funding stream requested: Marijuana
Amount requested: $ 800,000
Amount recommended for allocation: $100,000

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 sheltered individuals experiencing homelessness in Aurora in 2021 and that Aurora is 7,500-8500 units short in affordable housing options. MDHI reported that unsheltered individuals rose from 4,543 in 2020 to 5,530 in 2021 in the greater Denver metropolitan region. Due to COVID restrictions, the PIT count couldn't be completed this year, although it is hard to imagine these numbers would not have continued to rise based on the conditions created by the pandemic and the continued increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our communities and our nation will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to housing expanding. More and more individuals and families are relocating to Colorado in hope of fresh start, making the competition for "affordable" rental units fierce. Landlords and property managers have become fearful of renting to households they consider "high risk" after losing millions of dollars in rent due to the pandemic. Many rental units are now requiring double and triple security deposits in addition to requiring a household to have an income of three times the rent. Finally, with FMR not keeping up with rising housing costs, a housing voucher does not guarantee housing anymore. The need for an experienced, successful and well-developed rapid rehousing program in Aurora is now of the utmost importance. The Salvation Army's Housing Now program will meet Aurora's need for this program.

2. What is your target population you would serve through this project?

☐ **Individual Men**

☐ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The main goal of the Housing Now program is to house families and seniors that are currently unhoused by providing progressive case management, community partnership and rental assistance for permanent housing. Referrals are made through OneHome, Denver's coordinated entry system. Housing Now works with households to identify and understand their strengths and barriers to housing, work to assist households increase their income, provide community resource referrals and conduct regular case management in the office, in the home or a neutral meeting space (shelters, parks, etc.).

Housing Navigation, Employment Navigation and Case Management will work to either resolve or mitigate any barriers to housing. Housing Navigation will accomplish this by recruiting and networking with landlords, negotiating leasing terms, advocating for the household based on their strengths and explaining the financial benefits of participating in our program. The Lead Housing Navigator will help with training a new Housing Navigator and building a landlord network and referral system specific to the City of Aurora. The Employment Navigator will accomplish this by working to assist the individuals that are able to work develop and/strengthen their resume, practice and improve their interviewing skills and help connect them to appropriate work attire for their chose profession. The Employment Navigator can assist the individual find programs that assist with the purchase of needed tools or equipment for specialized labor positions. Additionally, the Employment Navigator can support the individual with any issues that may arise at their employment. As the Employment Navigator builds their employer network, they will be able to act as the employer's liaison, like the function of a housing navigator. Case management will accomplish this by collaborating with households to increase their income, further their education, increase their financial literacy, obtain access to mental health support and medical treatment (as needed), address any substance misuse/abuse issues and increase the household's overall self-sufficiency. A common barrier to housing is stable, full-time employment, and these households will work an Employment Navigator to increase their ability to obtain and maintain employment. The Employment Navigator will also recruit and network with staffing agencies and local employers to connect our families directly to potential employers. When clients placed in housing find

themselves struggling to maintain their rent independently, the Case Manager will use diversion techniques to empower clients to explore their resources to self-resolve and put newly learned housing maintenance strategies to work.

In alignment with the best practices Housing First model, the program uses the Progressive Engagement model for Rapid rehousing. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. Clients can receive up to six months varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

This proposed project is respectfully requesting $100,000 in Marijuana funds for the Rapid Rehousing Housing Navigator (FT), Lead Housing Navigator (10 hours/week) ($100,000). Other Housing Now funding requests will compliment this funding and provide comprehensive Rapid rehousing services.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing Now uses the Housing First model, Progressive Engagement, Trauma Informed Care and Harm Reduction. The Housing First model is the foundation of the Housing Now Rapid Rehousing program. A low-barrier program allows staff to serve households with few, if any, restrictions. Housing Now's staff meets households where they are at and works to address the issues that contributed to their unhoused circumstance once in housing. Case managers incorporate a Progressive Engagement model, treating no two families the same. Progressive engagement refers to a strategy of providing as light a touch as possible with financial services (averaging 3-6 months) and support services to reduce dependency on the homeless services system and enable a quick end to unhoused circumstances. This model enables staff to believe in families' abilities to stabilize with initial, light-touch interventions, and then respond accordingly when further supports are needed.
Staff are trauma-informed in their work, knowing that trauma and prolonged states of crisis greatly contribute to a person's ability to engage in long-term planning, conceptualize financial planning, manage their mental and physical health and maintain healthy, interpersonal relationships. Through incorporating a trauma-informed care into the program, staff can better match clients to the services needed for stabilization. Finally, the program works from a Harm Reduction approach: understanding and valuing peoples inherit right to make decisions for themselves and provide a range of safer options when those choices have the potential to lead to harm. The program provides all standard services and resources that are best practices in rapid rehousing interventions.

5. What will be/are the measurable outcomes, successes, goals, etc.?

Our program tracks specific outcomes including the number of families housed per month, the number of households that maintain housing for 90 days, 180 days and 1 year and any increases in income. Success is defined as each family housed, maintaining housing for above listed lengths of time and each increase in income.

Specific outcomes include:
85% of households remain permanently housed one year after rapid rehousing intervention
85% of households obtain or retain income
75% of household obtain employment (of those households with an adult able to work)

Housing Now also collects demographic data on each household member and conducts assessments to measure a household's psychosocial and economic status. The Self-Sufficiency Matrix is conducted at intake and every three months during program participation to evaluate a household's life domains (including employment) and ability to thrive independently in the world. This allows the Case Manager, Employment Navigator and household to collaborate to determine focus areas for improvement in a housing stabilization case plan and financial interventions to help meet their overall housing stabilization goals. The Herth HOPE Index is also conducted at intake and every three months during program participation to assess a household's level of hopefulness. Copious research shows that hopefulness is directly correlated with person's willingness to engage in change behaviors, which is essential when learning the skills needed for self-sufficiency and stabilization. Any improvement in life domains and hopefulness is also defined as a success. Finally, after successful completion of our program, Case Managers contact families at 3-, 6-, 9-, and 12-months to monitor and ensure ongoing stabilization. Ongoing success is defined as each family maintaining housing for the previously listed lengths of time in housing.

6. How will you measure those outcomes, successes, goals, etc.?

All services and assessments are recorded in TSA's internal database, WellSky. Housing Now evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, HMIS and through regular team discussion of outcomes. Housing Now compiles and reviews monthly reports to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed.

Additionally, WellSky and HMIS enables staff to monitor client progress, modify programming, make same-point-in-time comparisons, detect trends, prevent duplication of services, discourage fraud and collaborate more efficiently with other human services providers. Case Managers maintain detailed paper and electronic records of each household served. HMIS data also informs on the progress of housing and related programs. Reports on data quality, program performance and outcomes are pulled from both platforms and analyzed for program success and areas for growth. The Program Director pulls reports while the Denver Metro Social Services Director and the HMIS team individually and collectively review reports and determine process measures to improve data quality as well as improve reported outcomes. Finally, Housing Now surveys clientele as to satisfaction with services rendered.

7. What is the projected timeline for this project?

Housing Now's Rapid Rehousing program in Aurora was initially started in 2019, and this grant award will allow us to continue to implement and expand the program over the next year (1/1/2022-12/31/2022).

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The Salvation Army specializes in programming for unhoused people not only in the Denver metropolitan area but also worldwide. It owns and operates emergency shelters, housing and eviction prevention programs throughout the US. Housing Now has a component to its program specific to preventing unhoused situations, which expanded tremendously in response to the pandemic. Housing Now and The Connection Center manage several grants that enable it to keep people housed-
- ESG, ESG-CV, DOLA, HOST, CSBG, CBDG and ERAP funds.

The Housing Now program follows a family for one year once housed. During this year, Case Managers implement the housing stability case plan and financial interventions created at intake. Any new issues or crises that arise during program participation are addressed to prevent a family from returning to unhoused circumstances. By partnering with The Salvation Army's Connection Center program, Housing Now can ensure warm referrals are made for an array of social services internally and externally. The more connectivity made to appropriate services, the greater the likelihood of households maintaining housing and gaining independence. Further, The Connection Center staffs experienced and trained Case Managers that directly help those who are unhoused by locating an appropriate emergency shelter (both TSA shelters and other local shelters) and administering the VI-SPDAT for entry into OneHome. The Connection Center also houses our Search & Connect program that works to locate and connect OneHome's rapid rehousing referrals to the Case Mangers at Housing Now. The Connection Center Case Managers also work with and provide precariously housed individuals and families with homelessness prevention and utility assistance to ensure they maintain housing.

By using evidence-based best practices like Housing First, Progressive Engagement, Trauma Informed Care and Harm Reduction alongside an experienced, professional staff of housing navigators, an employment navigator and case managers, Housing Now strives to prevent additional episodes of unhoused circumstances. Salvation Army and Housing Now Leadership and Staff participate in meetings and collaborate with the local CoC and with state and municipal governments struggling to address unhoused populations. Housing Now Staff participate in ongoing professional training within their fields of expertise.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

The Salvation Army and Housing Now have a common goal of making households' experience with homelessness rare, short and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance. Housing Now accepts rapid rehousing referrals through OneHome, which will allow it to work with households currently unhoused and place them back into housing. Households in the program are supported for up to a year, and during that time, Housing Now supports families to keep them from returning to an unhoused circumstance through direct financial assistance and case management. If a household has participated in rapid rehousing for some time, without the household gaining financial independence, the case management team will work with

other service providers to refer to higher need housing support such as permanent supportive housing, housing authority vouchers, etc.

The Salvation Army's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. The Salvation Army will always continue to serve those who come to it in need and/or in crisis, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness.

11. How will you verify income and qualifying factors for these funds?

Upon intake, case managers will collect proof of income, work with households to complete an Income Verification Form and/or Declaration of Zero or Unverifiable Income Form (if applicable). Staff will then use the Gross Income Determination Form to ensure they remain income-qualified for the program. For rapid rehousing funds, the program also requires all households submit a Verification of Homeless Status. Case managers utilize a funding specific checklist to ensure that all additional qualifying factors for the funding are verified.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Housing Now was officially launched as a Housing First, rapid rehousing program in 2017. Since that time, it has successfully executed all the activities described in the Project Plan. All Staff are well-versed in the issues that impact unhoused and precariously housed families and seniors. Since its inception, Housing Now has successfully rehoused over 750 households through rapid rehousing strategies.

The Salvation Army has provided rental assistance in Colorado for over 25 years. The Housing Now program falls under The Salvation Army's Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 20 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services. Kathy Mulloy, Housing Now's Director and Lily Maddux, Lead Case Manager have over ten years of combined experience providing case management to families and individuals experiencing homelessness. Vanessa Sanchez has provided case management for five years and is one of the case managers that works in tandem with the McKinney-Vento Liaisons in Denver Public Schools. CJ Jimenez works as another case managers in tandem with the McKinney-Vento Liaisons in Adams County District 12 and District 14 public schools. Additionally, there are three Rapid Rehousing Case Managers (one stationed exclusively in Aurora), three Housing Navigators

and a Homeless Prevention Case Manager. Housing Now also has a program assistant, a Corps Services Manager, MSW interns and several temporary staff.

Program staff regularly attend workshops, webinars and conferences. The team attended the Housing First conference held in Denver in 2019. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

Due to lack of capacity, the program is restricted to how many vacancies are entered into the OneHome referral system monthly. Due to the referral system, clients are not turned away from the program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are several agencies in the Denver Metro area that offer rapid rehousing programs in Aurora, including Aurora@Home, Mile High Behavioral Health, Aurora Mental Health, Aurora's Department of Human Services and Aurora's Workforce Center.

Additionally, The Salvation Army collaborates with other local human services organizations across the greater metropolitan region. It participates in MDHI and community homeless network meetings. It engages with OneHome and has strong alliances with community-based organizations like Colorado Coalition for the Homeless, St. Francis Center and VOA. TSA partners with numerous government and nonprofit agencies including Denver's Road Home, Denver HOST, Denver Human Services, Bayaud Enterprises, Denver Street Outreach (Search and Rescue), Stout Street Health Clinic, Denver Rescue Mission, Catholic Charities, Christian Legal Aid, Colorado Legal Aid, JeffCo Action Center, Mean Street Ministries, Good Neighbor Garage, Denver Workforce Center and Goodwill, local homeless shelters, McKinney Vento Liaisons in Jefferson and Denver school districts and Denver Indian Center, among others.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

The Salvation Army will advertise its housing programs through its publications, the Connection Center, the Aurora Corps' Officers and Case Managers, online, through communications with and referrals from fellow local human services providers, Aurora@Home, MDHI and local shelters, including The Salvation Army's shelters. General marketing and outreach are geared towards landlords in the greater Denver metropolitan region. The Housing Navigator contacts and networks with landlords and management companies, visits apartment complexes and strategizes how to recruit landlords to partner with Housing Now. The Housing Navigator seeks referrals from other landlords and provides a landlord guide as a resource.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?
The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:

Name: Kathy Mulloy
Title: Housing Now Director
Phone: 720-305-4659
Email: kathy.mulloy@usw.salvationarmy.org

Scope of Work
For
Salvation Army
Aurora SOS RCM
Funding stream requested: Marijuana Amount requested: $ 800,000
Amount recommended for allocation: $201,468

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's Warehouse SOS program will meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of supports.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

Both the need and opportunity for a second Safe Outdoor Space in Aurora have been presented to our organization. The Salvation Army intends to execute a second SOS in partnership with the City of Aurora (City) and Restoration Christian Ministries (RCM). The above-mentioned tents will be moved to the RCM property to provide essential cold weather sheltering options ahead of the height of the 2021 winter season. This second site will be an option for the City's cold weather activation plan while also providing the same case management services offered at the Warehouse SOS.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and

barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. Implementation of the Housing Assistance program (outlined in other proposals) will also take place at the RCM SOS to provide essential housing and employment services to clients of the SOS.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This proposed project respectfully requests $201,468 in Marijuana funds for the following:

- Benefits for 10 front line shelter aides, two Case Managers, one Program Manager, and one Director ($201,468)

Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
60% of individual who remain at the SOS for longer than 8 months will move into permanent or transitional housing
85% of individuals remain permanently housed one year after intervention
80% of individuals complete housing assessments to connect to available resources

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

he projected timeline and budget for this project is January through December of 2022. If it is determined that Restoration Christian Fellowship is prepared to take over full management of the site before the end of December 2022, TSA will work with the City of Aurora to adjust the budget to reflect that change. Additionally, if Restoration Christian Fellowship is not prepared to take over full management/operations of the site by January 2023, The Salvation Army will respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

By utilizing evidence-based best practices like Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care coupled with maintenance of experienced professionals in social work and case management, TSA strives to prevent homelessness for those on the cusp or to safely house those experiencing homelessness. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals' and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness,

hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. In Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel

vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA’s website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Currently, the Warehouse SOS fully relies on ESG funding to maintain operations and provide extensive, and indispensable services to people experiencing homelessness in Aurora. This proposed project at the RCM site will be new in 2022. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability. If in the end, The Salvation Army operates the RCM site over the long term, engagement with The Salvation Army donors and other funding sources would be planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Aurora SOS Warehouse Site

Funding stream requested: ESG

Amount requested: $150,404

Amount recommended for allocation: $26,186

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's Warehouse SOS program will meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of supports.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This request will provide wages and benefits for the ten front line staff required to maintain 24/7 sheltering for clients at the SOS ($26,186).

Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment
80% of individuals complete housing assessments to connect to available resources
35% of exits from the SOS are to permanent or transitional housing options

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed

records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline and budget for this project is January 2022 through December 2022. The Salvation Army will respectfully request the second years' worth of funding that is contingent on outcomes from the 2022 year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at the Warehouse SOS are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from re-entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

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Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel

and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. In Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

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TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Currently, the Warehouse SOS fully relies on ESG funding to maintain operations and provide extensive, and indispensable services to people experiencing homelessness in Aurora. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Housing Assistance Program

Funding stream requested: Public Safety

Amount requested: $200,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding. Lastly, due to COVID, our communities are experiencing a huge labor shortage. The Salvation Army's Housing Assistance program will meet Aurora's need for assistance in locating and obtaining affordable housing, employment development, resume building, financial education and employment retention.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and employment guidance.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. There is a second proposed SOS location that we plan to extend these services to.

After analyzing initial outcomes and comparing to current case management work and SOS partnerships, we've identified the need to add a specific housing assistance element to the overall work of Salvation Army's active SOS site and the proposed second SOS site. This Housing Assistance Program will expand the case management team to include an Employment Navigator and a Housing Navigator to each site. The specialized expertise of each of these positions will allow for greater reach and more comprehensive success within the services offered to SOS clients.

Housing Navigation, Employment Services, and Case Management will work to either resolve or mitigate any barriers to housing for each individual by collaborating with individuals to increase their income, further their education, increase their financial literacy, obtain access to mental health support and medical treatment (as needed), address any substance misuse/abuse issues and increase the household's overall self-sufficiency.

Housing Navigation will recruit and network with landlords, negotiate leasing terms, and advocate for the individual based on their strengths. The Employment Navigator will work to assist the individuals who are able to work develop and/strengthen their resume, practice and improve their interviewing skills and help connect them to appropriate work attire for their chosen profession. The Employment Navigator will assist the individual find programs that assist with the purchase of needed tools or equipment for specialized labor positions. Additionally, the Employment Navigator will support the individual with any issues that may arise at their place of employment. As the Employment Navigator builds their employer network, they will be able to act as the employer's liaison, like the function of a housing navigator.

To strengthen the outcomes of individuals gaining employment, our partner Key Bank offers free financial education courses and banking services. To encourage clients to retain and properly allocate financial resources, the Employment Navigator will coordinate with Key Bank to enroll clients in the available courses.

In alignment with best practices of the Housing First model, the program uses the Progressive Engagement mode. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. On average eligible clients can receive up to six months of varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

In addition to these two positions each site will add a part-time Human Resources and part-time Accounts Payable clerk. These team members will maintain the SOS' and the Housing Assistance Program's administration, staffing, and accounting elements to assist three programs to operate seamlessly.

This proposed project respectfully requests $200,000 in Public Safety Assistance funds for wages and benefits for the essential staff proposed for this project:

- Wages and benefits for two Housing Navigators ($96,800.)
- Meals and food serving supplies ($63,200)
- Indirect costs at a rate of 25% ($40,000)

Other funding requests will compliment this funding and provide comprehensive services to SOS clients at two locations.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by Aurora Mental Health Center and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals connected to internal and external support services, the number of individuals which actually gain housing and employment and the

number of individuals who retain both their jobs and their housing. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment within 6 months of working with Employment Navigator
60% of Employment Navigator clients successfully complete one financial education course within 2 months of gaining employment
85% of individuals retain 30% more of their income after completing 2 financial education courses

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline for this project is January through December of 2022. At the end of the initial year of funding from this grant, the Housing Assistance program intends to respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at through this Housing Assistance Program are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. TSA leadership and staff

participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

For example, TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This proposal will meet the funding objectives of supporting people in crisis and providing them short-term assistance, through its crisis centered customer service, assessment, and warm referrals to appropriate resources.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. Within the SOS Program, two clients have moved on to other housing programs, 14 were housed utilizing the Aurora Flex Fund.

11. How will you verify income and qualifying factors for these funds?

TSA's SOS case managers contact the head of household to schedule a program intake and orientation. She/he informs the individual or head of household of the required and recommended documents for intake such as Verification of Homeless Status, photo ID, Social Security cards, birth certificates, and any possible income verification. For those in need of eviction prevention, individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and/or utility shut off notice. A determination is made about the ability to make rent payments going forward. Using an ESG compliance checklist at intake, case managers collect copies of all required documents. Case files are retained in a secure location for at least seven years after the intake date.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness,

hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations in addition to Rodeway Inn (operated by The Gathering Place and Catholic Charities), feeding up to 900 people a day at non-congregate locations.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

In Aurora, TSA's Housing Now program provides similar support. The primary difference in execution of services between that program and this proposed Housing Assistance program through the SOS' is that Housing Now clients are primarily those who are eligible for rapid rehousing assistance. This contrasts with those who have been chronically homeless or who have more barriers to independent living.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Housing Now- Aurora Rapid Rehousing

Funding stream requested: Public Safety

Amount requested: $200,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 sheltered individuals experiencing homelessness in Aurora in 2021 and that Aurora is 7,500-8500 units short in affordable housing options. MDHI reported that unsheltered individuals rose from 4,543 in 2020 to 5,530 in 2021 in the greater Denver metropolitan region. Due to COVID restrictions, the PIT count couldn't be completed this year, although it is hard to imagine these numbers would not have continued to rise based on the conditions created by the pandemic and the continued increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our communities and our nation will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to housing expanding. More and more individuals and families are relocating to Colorado in hope of fresh start, making the competition for "affordable" rental units fierce. Landlords and property managers have become fearful of renting to households they consider "high risk" after losing millions of dollars in rent due to the pandemic. Many rental units are now requiring double and triple security deposits in addition to requiring a household to have an income of three times the rent. Finally, with FMR not keeping up with rising housing costs, a housing voucher does not guarantee housing anymore. Another common barrier for families to obtaining and maintaining employment (and therefore housing) is access to affordable childcare. According to the Economic Policy Institute (Oct 2020), the average cost of infant care in Colorado is $15,325 annually - $1,277/month, making Colorado the 8th most expensive state for childcare costs in the US. The article further goes on to state that a person making minimum wage would need to work full-time for 8 months just to afford infant childcare for one child per year.* This funding will allow Housing Now to subsize childcare for families until their CCAP benefits allow for childcare costs to be maintained independently. Finally, when families first move back into housing after an unhoused circumstance, they are often moving into an empty apartment and empty refrigerator. It is not uncommon for families to sit, eat and sleep on the floor for months until household items can be acquired slowly over time. Additionally, predatory rent-to-own companies exploit these families for months, sometimes years at time, charging thousands more for household items that costs economically advantaged families far less. This grant will allow the Housing Now program to address these issues immediately by providing gift cards for food assistance and basic household supplies. The need for an experienced, successful and well-developed rapid rehousing program in Aurora is now of the utmost importance. The Salvation Army's Housing Now program will meet Aurora's need for this program.

*https://www.epi.org/child-care-costs-in-the-united-states/#/CO

2. What is your target population you would serve through this project?

☐ **Individual Men**

☐ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The main goal of the Housing Now program is to house families and seniors that are currently unhoused by providing progressive case management, community partnership and rental assistance for permanent housing. Referrals are made through OneHome, Denver's coordinated entry system. Housing Now works with households to identify and understand their strengths and barriers to housing, work to assist households increase their income, provide community resource referrals and conduct regular case management in the office, in the home or a neutral meeting space (shelters, parks, etc.).

Housing Navigation, Employment Navigation and Case Management will work to either resolve or mitigate any barriers to housing. Housing Navigation will accomplish this by recruiting and networking with landlords, negotiating leasing terms, advocating for the household based on their strengths and explaining the financial benefits of participating in our program. The Employment Navigator will accomplish this by working to assist the individuals that are able to work develop and/strengthen their resume, practice and improve their interviewing skills, help connect them to appropriate work attire for their chose profession and pay for transportation to and from interviews. The Employment Navigator will also recruit and network with staffing agencies and local employers to connect our families directly to potential employers. Case management will accomplish this by collaborating with households to increase their income, obtain and afford childcare, further their education, increase their financial literacy, obtain access to mental health support and medical treatment (as needed), address any substance misuse/abuse issues, supplement their food start-up costs, provide basic household items and increase the household's overall self-sufficiency. When clients placed in housing find themselves struggling to maintain their rent independently, the Case Manager will use diversion techniques to empower clients to explore their resources to self-resolve and put newly learned housing maintenance strategies to work.

In alignment with the best practices Housing First model, the program uses the Progressive

Engagement model for Rapid rehousing. Progressive Engagement is a strategy of providing as light a touch as possible with financial and supportive services in order to reduce dependency on the homeless system and foster a quick end to homelessness. Clients can receive up to six months varied rent subsidy and twelve months case management. Case managers measure housing stability at three, nine, six and twelve-month intervals after a household's placement in the program.

This proposed project is respectfully requesting $200,000 in Public Safety Assistance Funds (formerly Nexus) for child care assistance for the gap between program enrollment and CCAP attainment ($30,000), gift cards for food assistance ($30,000), office supplies and household supplies for newly housed program participants ($50,000), a part-time Accounts Payable Assistant ($45,000), client transportation such as bus passes, Lyfts, Ubers, etc. ($4,464) and indirect costs at a rate of 25.5% ($40,636) for the Housing Now Aurora Rapid Rehousing Program. Other funding requests will compliment Housing Now's request for this funding and provide comprehensive Rapid rehousing services.

4. What are the evidence-based practice(s) you will be utilizing for this project? (For example, a housing first model, etc.)

Housing Now uses the Housing First model, Progressive Engagement, Trauma Informed Care and Harm Reduction. The Housing First model is the foundation of the Housing Now Rapid Rehousing program. A low-barrier program allows staff to serve households with few, if any, restrictions. Housing Now's staff meets households where they are at and works to address the issues that contributed to their unhoused circumstance once in housing. Case managers incorporate a Progressive Engagement model, treating no two families the same. Progressive engagement refers to a strategy of providing as light a touch as possible with financial services (averaging 3-6 months) and support services to reduce dependency on the homeless services system and enable a quick end to unhoused circumstances. This model enables staff to believe in families' abilities to stabilize with initial, light-touch interventions, and then respond accordingly when further supports are needed. Staff are trauma-informed in their work, knowing that trauma and prolonged states of crisis greatly contribute to a person's ability to engage in long-term planning, conceptualize financial planning, manage their mental and physical health and maintain healthy, interpersonal relationships. Through incorporating a trauma-informed care into the program, staff can better match clients to the services needed for stabilization. Finally, the program works from a Harm Reduction approach: understanding and valuing peoples inherit right to make decisions for themselves and provide a range of safer options when those choices have the potential to lead to harm. The program provides all standard services and resources that are best practices in rapid rehousing interventions.

5. What will be/are the measurable outcomes, successes, goals, etc.?

Our program tracks specific outcomes including the number of families housed per month, the number of households that maintain housing for 90 days, 180 days and 1 year and any increases in income. Success is defined as each family housed, maintaining housing for above listed lengths of time and each increase in income.

Specific outcomes include:
85% of households remain permanently housed one year after rapid rehousing intervention
85% of households obtain or retain income
75% of household obtain employment (of those households with an adult able to work)

Housing Now also collects demographic data on each household member and conducts assessments to measure a household's psychosocial and economic status. The Self-Sufficiency Matrix is conducted at intake and every three months during program participation to evaluate a household's life domains (including employment) and ability to thrive independently in the world. This allows the Case Manager, Employment Navigator and household to collaborate to determine focus areas for improvement in a housing stabilization case plan and financial interventions to help meet their overall housing stabilization goals. The Herth HOPE Index is also conducted at intake and every three months during program participation to assess a household's level of hopefulness. Copious research shows that hopefulness is directly correlated with person's willingness to engage in change behaviors, which is essential when learning the skills needed for self-sufficiency and stabilization. Any improvement in life domains and hopefulness is also defined as a success. Finally, after successful completion of our program, Case Managers contact families at 3-, 6-, 9-, and 12-months to monitor and ensure ongoing stabilization. Ongoing success is defined as each family maintaining housing for the previously listed lengths of time in housing.

6. How will you measure those outcomes, successes, goals, etc.?

All services and assessments are recorded in The Salvation Army's internal database, WellSky. Housing Now evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, HMIS and through regular team discussion of outcomes. Housing Now compiles and reviews monthly reports to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed.

Additionally, WellSky and HMIS enables staff to monitor client progress, modify programming, make same-point-in-time comparisons, detect trends, prevent duplication of services, discourage fraud and collaborate more efficiently with other human services providers. Case Managers maintain detailed paper and electronic records of each household served. HMIS data also informs on the progress of housing and related programs. Reports on data quality, program performance and outcomes are pulled from both platforms and analyzed for program success and areas for growth. The Program Director pulls reports while the Denver Metro Social Services Director and the HMIS team individually and collectively review reports and determine process measures to improve data quality as well as improve reported outcomes. Finally, Housing Now surveys clientele as to satisfaction with services rendered.

7. What is the projected timeline for this project?

Housing Now's Rapid Rehousing program in Aurora was initially started in 2019, and this grant award will allow us to continue to implement and expand the program over the next year (1/1/2022-12/31/2022).

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

The Salvation Army specializes in programming for unhoused people not only in the Denver metropolitan area but also worldwide. It owns and operates emergency shelters, housing and eviction prevention programs throughout the US. Housing Now has a component to its program specific to preventing unhoused situations, which expanded tremendously in response to the pandemic. Housing Now and The Connection Center manage several grants that enable it to keep people housed-- ESG, ESG-CV, DOLA, HOST, CSBG, CBDG and ERAP funds.

The Housing Now program follows a family for one year once housed. During this year, Case Managers implement the housing stability case plan and financial interventions created at intake. Any new issues

or crises that arise during program participation are addressed to prevent a family from returning to unhoused circumstances. By partnering with The Salvation Army's Connection Center program, Housing Now can ensure warm referrals are made for an array of social services internally and externally. The more connectivity made to appropriate services, the greater the likelihood of households maintaining housing and gaining independence. Further, The Connection Center staffs experienced and trained Case Managers that directly help those who are unhoused by locating an appropriate emergency shelter (both Salvation Army shelters and other local shelters) and administering the VI-SPDAT for entry into OneHome. The Connection Center also houses our Search & Connect program that works to locate and connect OneHome's rapid rehousing referrals to the Case Mangers at Housing Now. The Connection Center Case Managers also work with and provide precariously housed individuals and families with homelessness prevention and utility assistance to ensure they maintain housing.

By using evidence-based best practices like Housing First, Progressive Engagement, Trauma Informed Care and Harm Reduction alongside an experienced, professional staff of housing navigators, an employment navigator and case managers, Housing Now strives to prevent additional episodes of unhoused circumstances. Salvation Army and Housing Now Leadership and Staff participate in meetings and collaborate with the local CoC and with state and municipal governments struggling to address unhoused populations. Housing Now Staff participate in ongoing professional training within their fields of expertise.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

The Salvation Army and Housing Now have a common goal of making households' experience with homelessness rare, short and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance. Housing Now accepts rapid rehousing referrals through OneHome, which will allow it to work with households currently unhoused and place them back into housing. Households in the program are supported for up to a year, and during that time, Housing Now supports families to keep them from returning to an unhoused circumstance through direct financial assistance and case management. If a household has participated in rapid rehousing for some time, without the household gaining financial independence, the case management team will work with other service providers to refer to higher need housing support such as permanent supportive housing, housing authority vouchers, etc.

The Salvation Army's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. The Salvation Army will always continue to serve those who come to it in need and/or in crisis, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, The Salvation Army has accepted at least 5,000 people into its programs designed to end homelessness.

11. How will you verify income and qualifying factors for these funds?
Upon intake, case managers will collect proof of income, work with households to complete an Income Verification Form and/or Declaration of Zero or Unverifiable Income Form (if applicable). Staff will then use the Gross Income Determination Form to ensure they remain income-qualified for the program. For rapid rehousing funds, the program also requires all households submit a Verification of Homeless Status. Case managers utilize a funding specific checklist to ensure that all additional qualifying factors for the funding are verified.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?
Housing Now was officially launched as a Housing First, rapid rehousing program in 2017. Since that time, it has successfully executed all the activities described in the Project Plan. All Staff are well-versed in the issues that impact unhoused and precariously housed families and seniors. Since its inception, Housing Now has successfully rehoused over 750 households through rapid rehousing strategies.

The Salvation Army has provided rental assistance in Colorado for over 25 years. The Housing Now program falls under The Salvation Army's Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 20 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services. Kathy Mulloy, Housing Now's Director and Lily Maddux, Lead Case Manager have over ten years of combined experience providing case management to families and individuals experiencing homelessness. Vanessa Sanchez has provided case management for five years and is one of the case managers that works in tandem with the McKinney-Vento Liaisons in Denver Public Schools. CJ Jimenez works as another case managers in tandem with the McKinney-Vento Liaisons in Adams County District 12 and District 14 public schools. Additionally, there are three Rapid Rehousing Case Managers (one stationed exclusively in Aurora), three Housing Navigators and a Homeless Prevention Case Manager. Housing Now also has a program assistant, a Corps Services Manager, MSW interns and several temporary staff.

Program staff regularly attend workshops, webinars and conferences. The team attended the Housing First conference held in Denver in 2019. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?
Due to lack of capacity, the program is restricted to how many vacancies are entered into the OneHome referral system monthly. Due to the referral system, clients are not turned away from the program.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?
There are several agencies in the Denver Metro area that offer rapid rehousing programs in Aurora, including Aurora@Home, Mile High Behavioral Health, Aurora Mental Health, Aurora's Department of Human Services and Aurora's Workforce Center.

Additionally, The Salvation Army collaborates with other local human services organizations across the greater metropolitan region. It participates in MDHI and community homeless network meetings. It engages with OneHome and has strong alliances with community-based organizations like Colorado Coalition for the Homeless, St. Francis Center and VOA. The Salvation Army partners with numerous government and nonprofit agencies including Denver's Road Home, Denver HOST, Denver Human Services, Bayaud Enterprises, Denver Street Outreach (Search and Rescue), Stout Street Health Clinic, Denver Rescue Mission, Catholic Charities, Christian Legal Aid, Colorado Legal Aid, JeffCo Action Center, Mean Street Ministries, Good Neighbor Garage, Denver Workforce Center and Goodwill, local homeless shelters, McKinney Vento Liaisons in Jefferson and Denver school districts and Denver Indian Center, among others.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?
The Salvation Army will advertise its housing programs through its publications, the Connection Center, the Aurora Corps' Officers and Case Managers, online, through communications with and referrals from fellow local human services providers, Aurora@Home, MDHI and local shelters, including The Salvation Army's shelters. General marketing and outreach are geared towards landlords in the greater Denver metropolitan region. The Housing Navigator contacts and networks with landlords and management companies, visits apartment complexes and strategizes how to recruit landlords to partner with Housing Now. The Housing Navigator seeks referrals from other landlords and provides a landlord guide as a resource.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?
The Salvation Army arrived in Colorado in 1887 and has provided emergency social services for over 130 years. Its Intermountain Division is a solid nonprofit entity with an annual budget of over 46 million dollars. It employs approximately 250 staff across Colorado. Since 1987, it has provided informal rental assistance. It operates Denver's Crossroads Emergency Shelter, Harbor Light, Lambuth Family Center, The Connection Center, Search & Connect, Housing Now and a Safe Outdoor Space in Aurora. There are numerous municipal housing-related contracts.

The Salvation Army is audited annually and has 17 full-time accounting employees, five of whom are dedicated to grants accounting. The Salvation Army uses the Shelby Accounting System and has implemented financial controls to ensure that grant dollars are properly spent and tracked. Financial reports are prepared monthly for review. The Salvation Army tracks services rendered through to WellSky database and manages grants and contracts through Fund Manager.

The Salvation Army's plan for the future financial stability of the proposed program is to rely on individual contributions and grants from private foundations and other government sources. The organization also maintains sufficient reserves to support any gaps in funding or reimbursements.

17. Name and position of the person that will oversee executing this project:
Name: Kathy Mulloy
Title: Housing Now Director
Phone: 720-305-4659
Email: kathy.mulloy@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Aurora RCM SOS

Funding stream requested: Public Safety

Amount requested: $200,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's Warehouse SOS program will meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of supports.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

Both the need and opportunity for a second Safe Outdoor Space in Aurora have been presented to our organization. The Salvation Army intends to execute a second SOS in partnership with the City of Aurora (City) and Restoration Christian Ministries (RCM). The above-mentioned tents will be moved to the RCM property to provide essential cold weather sheltering options ahead of the height of the 2021 winter season. This second site will be an option for the City's cold weather activation plan while also providing the same case management services offered at the Warehouse SOS.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and

barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site. Implementation of the Housing Assistance program (outlined in other proposals) will also take place at the RCM SOS to provide essential housing and employment services to clients of the SOS.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This proposed project respectfully requests $200,000 in Public Safety Assistance funds for the following:

- Wages and benefits two Case Managers ($98,550)
- Shelter Director/Program Manager wages and benefits ($61,450)
- Indirect costs at a rate of 25% ($40,000)

Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
60% of individual who remain at the SOS for longer than 8 months will move into permanent or transitional housing
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment within 6 months of working with Employment Navigator
80% of individuals complete housing assessments to connect to available resources

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client

surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline and budget for this project is January through December of 2022. If it is determined that Restoration Christian Fellowship is prepared to take over full management of the site before the end of December 2022, TSA will work with the City of Aurora to adjust the budget to reflect that change. Additionally, if Restoration Christian Fellowship is not prepared to take over full management/operations of the site by January 2023, The Salvation Army will respectfully request the second years' worth of funding that is contingent on outcomes from the first year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at the Warehouse SOS are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from re-entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing

root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in

Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. In Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel

vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army's Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

This proposed project at the RCM site will be new in 2022. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability. If in the end, The Salvation Army operates the RCM site over the long term, engagement with The Salvation Army donors and other funding sources would be planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

SCOPE OF WORK

The Salvation Army (TSA)

Aurora Warehouse SOS

Funding stream requested: Public Safety

Amount requested: $200,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

The City of Aurora reports that there are approximately 600 unsheltered individuals experiencing homelessness in Aurora in 2021 and only 130 – 150 shelter beds to meet the need for safe sheltering options. MDHI reports to the Homeless Leadership Council show that new enrollments in the HMIS system are up over 20% indicating a steep rise in the unhoused population**.** Due to COVID restrictions, the Point in Time (PIT) count couldn't be completed this year to gain accurate, up to date data. That said, it is reasonable to estimate that these numbers have continued to rise based on the conditions created by the pandemic and the consistent increase of unsheltered individuals over the last three years. With federal rent and mortgage assistance ending, our community will undoubtedly face another surge in homelessness. This is compounded by housing and rental costs continuing to rise and barriers to affordable housing expanding.

Unauthorized camps, trailers, and lived-in cars are more visible across the metropolitan region than ever before, and encampment abatements continue to be enforced. The need to continue a successful, efficient, and well-developed Safe Outdoor Space (SOS) program in Aurora is now of the utmost importance. The Salvation Army's Warehouse SOS program will meet Aurora's need for both emergency shelter and for wrap-around case management to collaboratively provide a holistic program of supports.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The SOS, located at The Salvation Army Warehouse at 11701 E 33rd Ave in Aurora, began operations in July of 2021 as a 90-day temporary camping space for individuals and couples. Locally, the model was originally designed to be a way for people experiencing homelessness to safely and effectively socially distance to reduce transmission of COIVD-19. Due to the success of the pilot project, the SOS has become a more permanent program. The Salvation Army Warehouse SOS was originally supported by a contract with Emergency Solutions Grant ESG-CV2 funding. The program was started to encourage people living in unauthorized encampments in Aurora to relocate to a safer and healthier space. Services provided at the Aurora SOS include three meals per day, laundry facility access, primary health care, mental health care access, case management, and job placement assistance.

Improvements have been made to the space including the extension of the concrete pad, extension and replacement of fencing, and improvement to the electrical grids to provide electricity to each space. There were 27 cold weather tents on the property which have been replaced by 30 more permanent, yet movable pallet shelters. The goal of these upgrades is to provide a safer and more dignified sheltering option for folks to work on meeting their goals.

The overarching goal of the SOS program is to shelter individuals and couples who are currently unhoused while utilizing comprehensive case management and community partnerships to end people's homelessness. SOS Case Managers work with clients to identify and understand their strengths and barriers to housing, work to assist individuals in increasing their income, provide community resource referrals and conduct consistent case management on site.

Case management objectives are (1) vital document retrieval, (2) housing assessment completion, (3) benefit navigation and application, and (4) community partner connection. These objectives are accomplished through an initial needs and strengths assessment with each client. Once individual goals are established, each client begins working on an action plan to meet their individual needs and utilize their identified strengths.

This proposed project respectfully requests $200,000 in Marijuana funds for the following:

- Wages and benefits for two full time Case Managers ($98,550)
- Wages and benefits for one Program Manager and one Director ($61,450)
- Indirect costs associated with these costs ($40,000)

Other funding requests will compliment this funding and provide comprehensive services to SOS clients.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

TSA's case managers providing services at the SOS utilize the following methodologies: Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care in addition to the services provided by AMHC and STRIDE.

5. What will be/are the measurable outcomes, successes, goals, etc.?

The definition of success is measured in the number of individuals and households sheltered at the SOS, the number SOS individuals connected to internal and external support services, and the number of SOS households which actually gain housing and employment. Targeted case management and other support services like job training are also critical components.

Specific outcomes currently or will include:
85% of individuals remain permanently housed one year after intervention
75% of individuals obtain employment
80% of individuals complete housing assessments to connect to available resources
35% of exits from the SOS are to permanent or transitional housing options

Client data is collected during the intake process. For instance, once a household is accepted at the SOS, case managers conduct assessments to measure client status and progress. The Self Sufficiency Matrix is utilized repeatedly during clients' tenures to determine focus areas and establish goals. Case managers work with participants to determine the appropriate financial interventions and to develop a plan. Other assessments include a Barriers to Housing Assessment, URICA--a psychometric evaluation of change and readiness for change, and the HOPE Herth, which analyzes and measures hope.

All services provided are recorded in The Salvation Army's internal data base, WellSky as well as HMIS. TSA evaluates the quality of its services by monitoring outcomes through its database, case files, client surveys, and HMIS, and through team discussion of outcomes. Monthly reports are compiled and reviewed to determine what adjustments are warranted in the program and budget to ensure goals are being met and that participants are on track succeed. Client satisfaction surveys are also collected to determine success.

6. How will you measure those outcomes, successes, goals, etc.?

All services (type and number) provided by TSA are recorded in TSA's internal and proprietary database, WellSky. This tool enables TSA personnel to monitor client progress, modify programming, make same point in time comparisons, detect trends, prevent duplication of services, discourage fraud, and collaborate more efficiently with other human services providers. Case managers maintain detailed

records of client progress and use standardized intake, action plan, and progress update forms. HMIS data also inform on progress of housing and related programs. Also, TSA surveys clientele as to satisfaction with services rendered. In programs providing rent assistance and rapid rehousing, case managers follow up with clients once they have left TSA's programs for up to a year post exit to monitor progress.

7. What is the projected timeline for this project?

The projected timeline and budget for this project is January through December of 2022. The Salvation Army anticipates requesting the second year of funding contingent on the outcomes of the 2022 program year.

8. How will the agency and this program be able to prevent people from going to an unhoused situation?

TSA social service programs utilize updated and evidence-based best practices coupled with maintenance of an experienced, professional staff of social workers and case managers. Applicable to the work done at the Warehouse SOS are Housing First, Progressive Engagement, Critical Time Intervention, Harm Reduction, and Trauma Informed Care. Providing triage and diversion techniques, coupled with homeless prevention funds and ongoing case management, these strategies will prevent households from re-entering unhoused situations. TSA leadership and staff participate in meetings and planning sessions within the local continuum of care (CoC) and with state and municipal governments struggling to provide safe sheltering options. The organization strategically works to prevent homelessness for those at high-risk of losing housing and to safely house those who are homeless.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

TSA's programs have a common goal of making individuals', families', and households' experience with homelessness rare, short, and nonrecurring. Programs are predicated on achieving self-sufficiency by providing targeted assistance.

TSA's social services program, Pathway of Hope, is a national initiative rooted in an intensive case management approach, providing targeted services to families eager to break the cycle of poverty. Its curriculum is client-centered, focusing on empowerment through a strengths-based lens and addressing root causes of barriers to self-sufficiency using existing internal resources alongside extensive community collaboration. TSA will always continue to serve those who come to it in need with an emergency, but Pathway of Hope goes a step further, developing capacity for self-sufficiency instead of just providing immediate assistance. The essence of this case management approach is meant to give a hand up rather than a handout.

This program will increase access to households needing housing resources by providing them with quick access for a VI-SPDAT assessment and entry into the OneHome community queue. The provision of case management until they are matched with a housing resource ensures that households are working to become document ready and addressing barriers to housing, so that when they are matched to a housing resource, they will be quickly housed. This level of stabilization before being matched to a housing resource will contribute to their long-term success in housing.

10. How many clients have been accepted into housing programs directly from your agency?

The Salvation Army has a full spectrum of housing programs from shelter to rapid rehousing. Since the start of the pandemic, in the Denver Metro area, TSA has accepted at least 5,000 people into its programs designed to end homelessness. As an agency and among the number of programs operated by The Salvation Army, the number of clients accepted into housing programs directly from The Salvation Army is unknow. What is known, is that The Salvation Army's current SOS site rehoused 2 individuals through partner agencies and 14 additional individuals through the Aurora Flex Funds.

11. How will you verify income and qualifying factors for these funds?

Following screening and intake, the case manager will work with the household to identify any sources of income that may be required by a program funding source or to help identify potential barriers to housing. Generally, the following information is recommended for intake or as focus points through housing focused case management: individuals must provide proof of residency, documentation of income and/or benefits, an eviction notice and contact information for the landlord. Once housed and utilizing progressive engagement, a determination is made about the ability to make rent payments going forward. Using a funding-based checklist at the intake, the case manager collects, and photocopies all required documents. All documents collected and the complete case file are retained in a secure location for at least seven years after the intake date.

Other qualifying factors for the Safe Outdoor Space is that the individual/couple is literally homeless and is willing to abide by the expectations set out by the program. Individuals must be able to complete their own activities of daily living (ADL) or have a provider that can provide any physical assistance to the guest.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

The Salvation Army was founded in 1865 in England by William Booth to serve the poor. Its mission is to spread the gospel of Jesus and to help those in need without discrimination. It annually assists approximately 30 million people in the USA through programs addressing poverty, homelessness, hunger, drug addiction, domestic violence, and human trafficking. It arrived in America in 1878 and in Colorado in 1887. As a charitable organization meeting the physical, emotional, social, and spiritual needs of disadvantaged populations, TSA's Intermountain Division provides services in Colorado, Utah, Wyoming, and eastern Montana through 20 Corps in the states' largest cities and 75 service extensions in rural areas. Over the last decade, TSA has demonstrated its improved ability to provide trauma-informed, client-centered, and low-barrier care to the most vulnerable populations in the community.

TSA operates two permanent shelters in Denver. Crossroads serves homeless men, many of whom are working poor, where they can access services from showers and food to housing focused case management. Lambuth Family Center is a short-term emergency family shelter facility affording private non-congregate rooms, meals, career counseling, life skills support, and housing-focused case management addressing barriers housing.

Due to the pandemic, TSA has stepped up to provide non-congregate sheltering for Jefferson and Denver Counties and the City of Aurora. Within the city of Denver, the city has operated a temporary

shelter at 48th street, the Denver Coliseum, the non-congregate activated respite hotel and seven protective action/non-congregate hotel sites. TSA has also provided all meals for the non-congregate locations, feeding up to 900 people a day at non-congregate locations. In Aurora, The Salvation army has provided Safe Outdoor Space for individuals/couples experiencing homelessness and provided eviction prevention and rapid rehousing support.

Housing Now works with unhoused people by facilitating their transition to long-term and stable housing through housing navigation, short-term financial assistance, support resources, community connectivity and housing focused case management. The program provides rapid rehousing, homeless prevention, eviction prevention, and utility assistance.

The Connection Call Center answers an average of 12,000 calls a year and connects households to case management, VISPDATs, community resources, and shelter. This program is managed by Kelly Brown who worked with Housing Now as a case manager for 10 years which included management of Aurora's Housing Now clientele.

Harbor Light serves men recovering from addiction and striving to prevent relapse in a residential setting. Its goal is to help men, many of them veterans, gain addiction-free self-sufficiency through counseling and education.

TSA's Emergency Disaster Services provides food, water, and emergency communication services to displaced individuals and first responders. High Peak Camp in Estes Park serves youth and seniors in need. The summer camp serves the whole person physically, mentally, socially, and spiritually fostering an appreciation for the creator, humanity, and the environment.

TSA's Silvercrest residential communities in the greater Denver area provide low-income and subsidized housing and long-term care for senior citizens and the disabled.

Other TSA services include daily meals for low income and homeless individuals, food pantry access, mass holiday feedings, food boxes and groceries, hygiene packets, counseling and therapy, career counseling, medical prescription assistance, Angel Tree Christmas gifts, Adopt a Family food/gifts, spiritual and emotional care, disaster social services, vocational and computer classes, emergency motel vouchers, utility assistance, clothing, school supplies, toys, travel assistance, household furnishings, automobile repair, and veteran and military support.

The Salvation Army has provided rental assistance in Colorado for almost 30 years. The Housing Now program falls under The Salvation Army''s Denver Metropolitan Social Services which is directed by Kristen Baluyot, MSW, who has over 17 years of experience in social work and in serving homeless and low-income families at organizations such as The Salvation Army and Lutheran Family Services.

Program staff regularly attend workshops, webinars, and conferences. The Salvation Army is a part of the Human Services Network, which provides a variety of trainings on human service topics. All staff receive training on motivational interviewing, trauma informed care, non-violent crisis intervention and prevention and other topics that keep them informed on housing best practices.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

The Warehouse SOS currently has to turn away approximately 5-10 people per week at the SOS due to limited space. The program adapted to this need by maintaining a waitlist that houses referrals made by our partner organizations and other homeless service providers in Aurora.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are no non-congregate sheltering options in Aurora for the general population of people experiencing homelessness. Mile High Behavioral Health Care (MHBHC) operates Comitis Crisis Center that provides around 130 beds in a congregate setting. During winter months the Aurora Day Resource Center, also operated by MHBHC, provides nightly emergency shelter.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

This program is promoted on TSA's website and social media and at its Corps locations and community centers, and the Connection Center, which is a call center that provides warm handoffs to clients who need access to various resources. Additional advertisement is done through communication and and partnership development with Aurora-based community partners, human services providers, Aurora@Home, and MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Currently, the Warehouse SOS fully relies on ESG funding to maintain operations and provide extensive, and indispensable services to people experiencing homelessness in Aurora. Considering the youthfulness of the program, for the time being the program will need to remain grant funded. Engagement with Salvation Army donors and other funding sources are planned for future sustainability.

The Salvation Army has a strong history of supporting similar projects through a combination of grants, individual donor contributions, private foundations, and other government sources. The intention moving forward is to explore the same opportunities for sustainability of this program.

17. Name and position of the person that will oversee executing this project:

Name: Matt McAdams
Title: Crossroads Director
Phone: 720-467-1883
Email: Matt.McAdams@usw.salvationarmy.org

Scope of Work

for

Second Chance Center

Emergency Shelter

Funding stream requested: Marijuana

Amount requested: $ 262,500

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

In FY 2021, SCC served 1540 formerly incarcerated people. This was fewer people than usual due to COVID closures. We expect to serve at least 1800 people out of our Aurora home base in calendar year 2022. A safe affordable place to call home, and a job to pay the rent are the two most urgent needs for people leaving prison. SCC provides both. Our comprehensive housing program includes emergency shelter, transitional housing to help folks find their feet where SCC holds the lease, affordable housing through private landlords, and permanent supportive housing.

The need for emergency shelter is particularly urgent. In FY 2021, SCC provided 17,553 nights of emergency shelter. The first few days post-release are critical, and getting people into immediate shelter is a key indicator of further positive outcomes. Those who on leaving the trauma of incarceration do not have to undergo the further trauma of homelessness are much better positioned to avoid recidivism.

At intake, only about 20% of clients have a stable housing situation. Without safe, secure and supportive housing with a measure of privacy, clients cannot focus on the steps they need to take to rebuild their lives.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain:

SCC's primary target population is formerly (and currently) incarcerated people, who check all of the above boxes for need.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

At intake, clients' housing needs are assessed and discussed. Each client has different needs and different capabilities. Some newly released clients are so unstable and in need of intensive mental health/substance use disorder care and emotional support from SCC staff and their peers, that emergency hotel/motel housing is the best option for them. Until they are able to function and hold down a job, we cannot place them in permanent housing.

Our goal is to help 100-150 client-partners secure emergency shelter through this program. The broad estimate is based on the widely differing amounts of financial assistance clients may need. The typical length of stay is one-two months; in extreme situations, a client may stay in a hotel or motel for three months. Our goal is always to move the client from emergency shelter into a permanent situation (see our homelessness prevention SOW).

While clients are in emergency housing, they will meet regularly with their care manager, who will also consult with or refer the client to a housing navigator for transition to a permanent situation. Employment is the best determinant of being able to move people out of emergency shelter (see SCC's Employment SOW) but for those clients unable to hold down a job because of illness, infirmity or age, care managers work hard to secure all available public benefits, including housing vouchers.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing First is a core principle at SCC: without a safe and secure home with private space (not a friend's couch) client-partners cannot focus on the essential life goals – education, training, employment, mental health care, substance use disorder treatment, and rebuilding personal relationships – that they need to build lives of success and fulfilment.

Harm Reduction is also a core principle. We do everything we can to support people in recovery from addictions, but we never withhold housing or services if people relapse. Of course, most of our population is on parole, and positive tests for alcohol or drugs are likely to result in a return to prison. (Sometimes, if relapse is a rare instance in an otherwise positive re-entry path, we are able to work with parole officers to keep people from returning to prison.) We should note that even though substance use disorder is a concern for the majority of our clients, SCC does not conduct drug tests. This is a requirement of parole, but we see it as an adversarial – and therefore ineffective – way to provide treatment.

People released from prison are vulnerable and traumatized by their experience; many have sustained serious, but undiagnosed brain injuries, and our client base has a high rate of mental illness and substance use disorders. When SCC clients leave prison, they enter a time of extraordinary stress - adjusting to a radically different environment and navigating an often bewildering, hostile and demanding world. A trauma-informed approach is used across

SCC's entire spectrum of services; for those clients experiencing a crisis, our frontline staff are trained in critical intervention.

5. What will be/are the measurable outcomes, successes, goals, etc?

Our model is for clients to set their own personal life goals, and so each has different individual milestones. Meeting these milestones is the true evidence of our success, and care managers track each client's progress individually.

With housing stabilized, we expect overall health and mental health to improve, and for residents to make progress in recovery from addiction.

While we have ambitious goals for people in stable housing (see the Homelessness Prevention SOW) the primary goal of this program is to

1) secure emergency shelter for 100-150 people so that they do not spend any time unhoused post-release; and

2) ensure that the majority are transitioned to a permanent situation within 1-2 months.

6. How will you measure those outcomes, successes, goals, etc.?

In addition to HMIS, SCC uses "CaseMGR," designed by the Latino Coalition for Community Leadership (LCCL). CaseMGR provides information on client demographics and re-entry status; and full details (together with case notes) on the goals/activities needed for success, such as maintaining a stable living arrangement, employment, educational accomplishments and work certifications, and maintaining sobriety. CaseMGR will provide accurate reports on the numbers of people housed in emergency shelter under this program, the length of time in this shelter, and how many are successfully transitioned to permanent housing.

7. What is the projected timeline for this project?

The work of securing emergency shelter is ongoing although for this project we are tracking it on a calendar year.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

As described above, SCC does everything possible to prevent people from being unhoused. Housing is key to enabling clients to meet their goals for health and well-being, education, employment and relationship-building. Without the security of knowing where they are going to sleep each night, progress on life goals is exceptionally difficult.

Housing navigators play a key role in growing the availability of housing for our client partners as well as helping each individual develop the housing plan that works for them. They search for and identify reasonably priced rental units; they develop relationships with landlords and property managers willing to work with low-income tenants with a history of

incarceration; they partner with clients to review leases; and mediates with the landlord/property managers when there are issues on either side – from non-payment of rent by the tenant to unsafe/unhealthy conditions in the rental unit that require attention.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. In FY 2021, SCC provided 17,553 nights of emergency shelter, and we continue to grow the availability of emergency housing, so that immediately on release, returning citizens have somewhere safe and stable to stay. The first few days post-release are critical and getting people into immediate shelter is a key indicator of further positive outcomes. Those who are able to avoid the trauma of homelessness on the streets or the risks* of couch surfing with friends and family, are much better positioned to secure and maintain employment and move onto permanent housing. (*We are talking here about friends and family who put the client at risk of relapsing into addiction, violence and crime.)

10. How many clients have been accepted into housing programs directly from your agency?

In FY 2021, we placed 892 people into housing: 55 at PATH (our PSH); 46 in our master lease properties, and the rest into private rental situations with a variety of support ranging from several months of financial assistance with rent to simple information and encouragement, based on the level of need/level of client capability and available resources.

11. How will you verify income and qualifying factors for these funds?

This is done at intake. We qualify people for all available public benefits. If needed, we request additional documentation such as pay stubs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Second Chance Center has worked successfully with returning community members since its founding in 2012. Our success is built on peer mentoring where many of those showing the way have walked the same path. We have a staff of 46, of whom 20 are formerly 'justice involved.' SCC's peer support approach was built by formerly incarcerated people based on what they had needed on release and could not find. People tell us that SCC is the first place they have been treated with respect and expected to succeed. SCC does not "place" them in rigid programs. Instead, they partner with care managers to develop the re-entry plan that meets their needs for health and housing, mental health/substance abuse services, education, job training, and employment. They drive the process of rebuilding their health and wellbeing.

As noted throughout this SOW, housing is the most critical need, as without it all other services cannot be as effective. SCC is developing a comprehensive housing program that includes emergency shelter, transitional housing to help folks find their feet, affordable workforce housing, and permanent supportive housing. The urgent need for housing during

COVID led SCC to take out master leases for large houses and this was so successful, we are continuing to expand. All tenants receive the first two months rent-free, and after that they are welcome to stay as long as they need to at $700/month, about half the going rate for a single bedroom apartment in the metro area. This breathing space allows clients to find a job and/or pursue career training. (Master lease housing support is not part of our request to Aurora; we include it as an example of the scope of our experience.)

SCC is particularly proud of Providence at the Heights (PATH), our $14 M supportive housing project using Low Income Housing Tax Credits from CHFA. PATH opened in February 2020, as the pandemic was closing down everything else and currently serves 49 adults and 12 children. All of the adults have lived through years of incarceration and/or homelessness resulting in poor physical and mental health and ongoing trauma – everyone is now covered by Medicaid. Even with the challenges of COVID, PATH has allowed us to build community among this disparate group of people who are sharing, caring, and helping each other.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

We do not turn clients away; we find some way to at least partially meet their housing needs, even when it is not the optimum solution.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

SCC is the only organization exclusively devoted to serving justice-involved people.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

SCC has never suffered from a shortage of people showing up for housing assistance. We work in all the prisons, and are in close contact with local parole officers who make regular referrals. The availability of our services is also publicized on our website and social media, emailed newsletter, and we have a strong network of referring agencies (public and private) including MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

In addition to SCC's demonstrated success in leveraging more than $13 M to develop PATH, our permanent supportive housing project, SCC has also been very effective at leveraging both government and private resources for its operating budget, which has grown steadily since its founding in 2012, and now stands at 4.3M for the current fiscal year. Building sustainability into our budget is an ongoing focus. We have worked to develop multiple funding streams – government, foundations, businesses, churches, social clubs, special events and individual gifts. Within each funding stream, we have a range of contributions from large to small. We need large grants such as the funds currently being requested from the City of

Aurora, but we also recognize that a large network of many small and mid-sized supporters is more sustainable over time than relying on several large funders who may go away. We are building an operating reserve and are considering both an endowment and a line of credit to provide more flexibility with reimbursable funding. Over the past couple of years, we began to receive more of our income in reimbursable grants, and initially we struggled with this. We have now developed a system for regular billing to maintain cash flow.

17. Name and position of the person that will oversee executing this project:

Name: Errol Flynn

Title: Director of Care Management

Phone 303-537-5838 ext. 122. (917) 600-6751 cell

Email errol@scccolorado.org

Scope of Work

for

Second Chance Center

Employment Assistance

Funding stream requested: Marijuana

Amount requested: $ 287,500

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

In FY 2021, SCC served 1540 formerly incarcerated people. This was fewer people than usual due to COVID closures. We expect to serve at least 1800 people out of our Aurora home base in calendar year 2022. A safe affordable place to call home, and a job to pay the rent are the two most urgent needs for people leaving prison. SCC provides both. Our comprehensive housing program includes emergency shelter, transitional housing to help folks find their feet where SCC holds the lease, affordable housing through private landlords, and permanent supportive housing. Our training, apprenticeship and employment program is geared to a range of employment options from unskilled "ready work" to well-paying jobs requiring certifications, to paid apprenticeships for "mortgage paying" salaries. All programming is rooted in peer mentoring and wraparound supportive services, including access to health care. We are serving a population that would otherwise have no access to affordable housing and employment opportunities.

At intake, only about 20% of clients have a stable housing situation. Without safe, secure and supportive housing with a measure of privacy, clients cannot focus on the steps they need to take to rebuild their lives. As described in this SOW, while returning community members urgently need employment so they can pay for housing, almost all need significant help to obtain and maintain employment.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☐ **Families with Children**

☐ **Youth**

☒ **Veterans**

☐ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☐ **HIV/AIDS**

☒ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain:

SCC's primary target population is formerly (and currently) incarcerated people, who check all of the above boxes for need.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Employment Support Services and Career Pathway Development

Second Chance Center will serve approximately 1,800 justice involved individuals in 2022. We estimate that 1,200 of these clients will need hands-on support to find and maintain employment. Our career pathways initiatives will allow us to remove multiple barriers through employment support workshops, as well as upskilling and reskilling training offered in house and in partnership with third party training partners. SCC works closely with the US Department of Labor and the Department of Economic Development to identify labor market gaps and has a growing network of fair chance hiring employment partners.

Training will include, but is not limited to:

- Essential soft skills such as communication, problem solving, conflict resolution, professionalism, expectations in the workplace and ethical behavior.
- Computer and smart phone training
- Resume building
- Networking
- Online job search
- Interview skills – virtual and in person

Upon successful completion of in-house workshops and bootcamps, clients may be eligible for additional upskilling and reskilling training offered by third party providers across multiple industry segments that provide valuable certificates to increase employability. Examples of third-party training:

- commercial driver license
- forklift
- flagger
- crane operator – qualified rigger
- asbestos abatement
- information technology
- esthetician / barber,
- veterinary tech,
- OSHA 10 / OSHA 30
- first aid/CPR,
- admin, customer service
- culinary services
- welding

The cornerstone of our project model is our strategic employer partnerships across multiple industry segments. We will support our partners in their fair chance hiring initiatives. Employer partners will engage with participants throughout trainings in the form or orientations, presentations, mock interviews and on-site hiring events.

Our goal is to find the best training/employment fit for each client throughout their re-entry journey. The immediate objective is to enable them to support themselves in safe secure housing; the long-term objective is to help them find rewarding, remunerative "mortgage-paying" jobs that lead to success and fulfilment.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing First is a core principle at SCC: without a safe and secure home with private space (not a friend's couch) client-partners cannot focus on the essential life goals – education, training, employment, mental health care, substance use disorder treatment, and rebuilding personal relationships – that they need to build lives of success and fulfilment.

Harm Reduction is also a core principle. We do everything we can to support people in recovery from addictions, but we never withhold housing or services if people relapse. Of course, most of our population is on parole, and positive tests for alcohol or drugs are likely to result in a return to prison. And while as a matter of principle, SCC does not conduct tests, most employers, certainly those offering training for skilled apprenticeships, do insist on testing, and positive tests will result in a lost opportunity. Therefore, we are careful to ensure that client-partners are sober and stable before allowing them to embark on expensive long-term training.

People released from prison are vulnerable and traumatized by their experience; many have sustained serious, but undiagnosed brain injuries, and our client base has a high rate of mental illness and substance use disorders. When SCC clients leave prison, they enter a time of extraordinary stress - adjusting to a radically different environment and navigating an often bewildering, hostile and demanding world. A trauma-informed approach is used across SCC's entire spectrum of services; for those clients experiencing a crisis, our frontline staff are trained in critical intervention. This approach carries through to our training and employment placement. We cannot control the workplace environment (although our employer partners are mostly aware of and understand the long-term impacts of incarceration) but SCC's wraparound services are critical to employment support.

5. What will be/are the measurable outcomes, successes, goals, etc?

We will engage with clients at every step of their employment journey, and will track multiple measurable outcomes as outlined below:

Number served through this funding: 240

At least 240 people will be enrolled in training programs, with at least 75% (180) completing their training.

At least 135 clients will be placed in employment. SCC Has a strong track record of maintaining 70% employment at 90 days; we have now begun to track employment retention up to 18 months post completion, reported at 30 days, 90 days, 6 months, 12 months, and 18 months, to give a more thorough picture of employment successes and challenges.

Wage progressions: This is also a new area for SCC. We will track wage progressions for 18 months post placement; we will position our clients to earn two wage progressions over this time with upskilling training opportunities.

We will develop individualized development plans with participants, setting goals in partnership. We will measure success based upon their meeting their individualized goals. Career navigators, care managers and volunteer job coaches will work with client-partners proactively to identify potential barriers to their success and provide resources and supportive services to overcome these obstacles.

6. How will you measure those outcomes, successes, goals, etc.?

In addition to HMIS, SCC uses "CaseMGR," designed by the Latino Coalition for Community Leadership (LCCL). CaseMGR provides information on client demographics and re-entry status; and full details (together with case notes) on the goals/activities needed for success, such as maintaining a stable living arrangement, employment, educational accomplishments and work certifications, and maintaining sobriety. The key indicators noted above will be tracked through regular follow up with clients, training, and employment partners, and entered in CaseMGR.

7. What is the projected timeline for this project?

The work of homelessness prevention and employment support is ongoing although for this project we are tracking it on a calendar year. We have been steadily expanding our employment offerings, and the opening of the Employment Opportunity Lab in December 2021 (thanks to the $100,000 top award from the women of Impact 100) will allow us to provide an even more robust array of employment support and career pathways services.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

SCC does everything possible to prevent people from being unhoused. Housing is key to enabling clients to meet their goals for health and well-being, education, employment and relationship-building. Without the security of knowing where they are going to sleep each night, progress on life goals is exceptionally difficult.

Housing navigators play a key role in growing the availability of housing for our client partners as well as helping each individual develop the housing plan that works for them.

They search for and identify reasonably priced rental units; they develop relationships with landlords and property managers willing to work with low-income tenants with a history of incarceration; they partner with clients to review leases; and mediates with the landlord/property managers when there are issues on either side – from non-payment of rent by the tenant to unsafe/unhealthy conditions in the rental unit that require attention.

Of course, the employment services offered through this program are key to enabling our client-partners to obtain and maintain safe, secure and affordably housing.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. As we expand our employment program, we are better able to get people into paid situations immediately or very soon after release from incarceration. We are working with the Department of Corrections to expand our in-reach to people still in prison, and employment preparation is one of the programs we will soon have up and running. Having a job ready and waiting enables clients to move more quickly into permanent housing. This is not realistic for all people leaving prison. For those unable to take immediate advantage of training or employment placement, due to mental health, substance use disorder or other cause, we provide emergency shelter. This SOW is directly aligned with both the Homelessness Prevention SOW and the Emergency Hotel/Motel SOW. In FY 2021, SCC provided 17,553 nights of emergency shelter, and we continue to grow the availability of emergency housing, so that immediately on release, returning citizens have somewhere safe and stable to stay. The first few days post-release are critical and getting people into immediate shelter is a key indicator of further positive outcomes. Those seeking housing and employment without having undergone the trauma of homelessness on the streets or the risks* of couch surfing with friends and family, are much better positioned to maintain employment and pursue their other life goals. (*We are talking here about friends and family who put the client at risk of relapsing into addiction, violence and crime.)

10. How many clients have been accepted into housing programs directly from your agency?

In FY 2021, we placed 892 people into housing: 55 at PATH (our PSH); 46 in our master lease properties, and the rest into private rental situations with a variety of support ranging from several months of financial assistance with rent to simple information and encouragement, based on the level of need/level of client capability and available resources.

11. How will you verify income and qualifying factors for these funds?

This is done at intake. We qualify people for all available public benefits. If needed, we request additional documentation such as pay stubs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Since our founding in 2012, SCC has been consistently successful in helping clients obtain work certifications, education and training, and employment. In late 2020, as we feared the impact of the post-COVID economy on our population's employment prospects, we were introduced to Candice Sporhase-White who consulted with on how best to take advantage of the labor shortage in skilled trades. Since early 2021, SCC has partnered with North American Building Trades Union (NABTU), the Colorado Building and Construction Trades Council, and supportive employers to offer Pre-Apprenticeship training. The 8-week NABTU pre-apprenticeship MC3 curriculum guides participants through available occupations and provides training in being workforce ready. The curriculum provides training in the skills needed for "mortgage paying" career path occupations where there is a serious skilled labor shortage, such as electricians, plumbers, sheet metal workers and carpenters. As we build and test the program, we are focusing the clients most likely to succeed and move onto a multi-year paid apprenticeship with participating and welcoming employers. Many of our clients do not meet the basic eligibility standards, but with Candice's support (she is now the program director) we have expanded the entire SCC Employment Program to support people in their career journey, whatever their starting point. We are growing an experienced career pathways team, adding training partners and developing a fair chance hiring network. With all of this, we are confident that we can meet the project plan.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency? SCC does not turn people away. With the opening of the Employment Opportunity Lab, and we hope the support of the City of Aurora, we have the capacity to meet people where they in their re-entry journey and connect them with the most appropriate training and employment.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing? There are numerous employment programs, such as CEO, Cross Purpose, and Community Works, but to the best of our knowledge, SCC is the only one that focuses broadly on the differing needs of all formerly incarcerated people.

1**5. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?** SCC has never suffered from a shortage of people showing up for employment assistance. We work in all the prisons, and are in close contact with local parole officers who make regular referrals. The availability of our services is also publicized on our website and social media, emailed newsletter, and we have a strong network of referring agencies (public and private) including MDHI. Added to this, our partnering training agencies and employer network also spread the word.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

In addition to SCC's demonstrated success in leveraging more than $13 M to develop PATH, our permanent supportive housing project, SCC has also been very effective at leveraging both government and private resources for its operating budget, which has grown steadily

since its founding in 2012, and now stands at 4.3M for the current fiscal year. Building sustainability into our budget is an ongoing focus. We have worked to develop multiple funding streams – government, foundations, businesses, churches, social clubs, special events and individual gifts. Within each funding stream, we have a range of contributions from large to small. We need large grants such as the funds currently being requested from the City of Aurora, but we also recognize that a large network of many small and mid-sized supporters is more sustainable over time than relying on several large funders who may go away. With the employment program, we are looking to our partners for financial support, although this may take some time to development.

We are building an operating reserve and are considering both an endowment and a line of credit to provide more flexibility with reimbursable funding. Over the past couple of years, we began to receive more of our income in reimbursable grants, and initially we struggled with this. We have now developed a system for regular billing to maintain cash flow.

17. Name and position of the person that will oversee executing this project:

Name: Errol Flynn

Title: Director of Care Management

Phone: 303-537-5838 ext. 122. (917) 600-6751 cell

Email: errol@scccolorado.org

Scope of Work

For

Second Chance Center

Housing Navigation

Funding stream requested: Marijuana

Amount requested: $195,850

Amount recommended for allocation: $50,000

1. Please describe the project need in the Aurora community and its urgency.

In FY 2021, SCC served 1540 formerly incarcerated people. This was fewer people than usual due to COVID closures. We expect to serve at least 1800 people out of our Aurora home base in calendar year 2022. A safe affordable place to call home, and a job to pay the rent are the two most urgent needs for people leaving prison. SCC provides both. Our comprehensive housing program includes emergency shelter, transitional housing to help folks find their feet where SCC holds the lease, affordable housing through private landlords, and permanent supportive housing. Our training, apprenticeship and employment program is geared to a range of employment options from unskilled "ready work" to well-paying jobs requiring certifications, to paid apprenticeships for "mortgage paying" salaries. All programming is rooted in peer mentoring and wraparound supportive services, including access to health care. We are serving a population that would otherwise have no access to affordable housing and employment opportunities.

At intake, only about 20% of clients have a stable housing situation. Without safe, secure and supportive housing with a measure of privacy, clients cannot focus on the steps they need to take to rebuild their lives.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain:

SCC's primary target population is formerly (and currently) incarcerated people, who check all of the above boxes for need.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

Housing navigators play a key role in growing the availability of housing for our client partners as well as helping each individual develop the housing plan that works for them. They search for and identify reasonably priced rental units; they develop relationships with landlords and property managers willing to work with low-income tenants with a history of incarceration; they partner with clients to review leases; and they mediate with the landlord/property managers when there are issues on either side – from non-payment of rent by the tenant to unsafe/unhealthy conditions in the rental unit that require attention.

At intake, clients' housing needs are assessed and discussed. Each client has different needs and different capabilities. Some newly released clients are so unstable and in need of intensive mental health/substance use disorder care and emotional support from SCC staff and their peers, that emergency hotel/motel housing is the best option for them (see Emergency Shelter application/SOW). Until they are able to function and hold down a job, we cannot place them in permanent housing.

Fortunately, many newly released people (especially those with whom we have been able to do in-reach pre-release planning) have employment lined up or are able to quickly secure it. These clients are strong candidates for assistance with down payment and/or the first month's rent.

We also see some clients in need of homelessness prevention assistance who were doing well in re-entry, but who hit a road bump, often through no fault of their own. They may have been ill, let go from their job, or their rent became prohibitive. Short-term help with one-two months rent will usually help them through the rough patch. The pandemic upended many successful re-entry plans. People became ill with COVID, they were laid off because of it, and a safe affordable place to stay was the hardest thing to find.

As described above, housing navigators work closely with client partners to ensure the housing situation works out, and as applicable, help clients move from emergency shelter to a permanent situation, where they will support the tenant and mediate (if needed) with the landlord/property manager.

Our request for a housing navigators will assist at least 300 client-partners to achieve housing stability. This works out to 300 per navigator, but outside of their work with their caseload of individual client partners, our navigators work as a team to secure housing and develop relationships with landlords/property managers. Housing navigators have also been instrumental in identifying and helping to secure a wide range of emergency hotel/motel housing. It is very important to SCC that people leaving prison are placed in safe, secure situations to minimize their trauma and reduce the risk of recidivism. It is difficult to find

affordable hotels, motels and rental units, and our housing navigators do an incredible job of negotiating a tight housing market.

Of these 300 people to be served, some will be housed using City of Aurora funds (see SOW for Homelessness Prevention), some will be able to utilize other available SCC housing funds, and many client-partners will be able to fund their own housing because they have employment.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing First is a core principle at SCC: without a safe and secure home with private space (not a friend's couch) client-partners cannot focus on the essential life goals – education, training, employment, mental health care, substance use disorder treatment, and rebuilding personal relationships – that they need to build lives of success and fulfilment.

Harm Reduction is also a core principle. We do everything we can to support people in recovery from addictions, but we never withhold housing or services if people relapse. Of course, most of our population is on parole, and positive tests for alcohol or drugs are likely to result in a return to prison. (Sometimes, if relapse is a rare instance in an otherwise positive re-entry path, we are able to work with parole officers to keep people from returning to prison.) We should note that even though substance use disorder is a concern for the majority of our clients, SCC does not conduct drug tests. This is a requirement of parole, but we see it as an adversarial – and therefore ineffective – way to provide treatment.

People released from prison are vulnerable and traumatized by their experience; many have sustained serious, but undiagnosed brain injuries, and our client base has a high rate of mental illness and substance use disorders. When SCC clients leave prison, they enter a time of extraordinary stress - adjusting to a radically different environment and navigating an often bewildering, hostile and demanding world. A trauma-informed approach is used across SCC's entire spectrum of services; for those clients experiencing a crisis, our frontline staff are trained in critical intervention.

5. What will be/are the measurable outcomes, successes, goals, etc?

Our model is for clients to set their own personal life goals, and so each has different individual milestones. Meeting these milestones is the true evidence of our success, and care managers track each client's progress individually.

With housing stabilized, we expect overall health and mental health to improve, and for residents to make progress in recovery from addiction.

While we observe and respect the principles of housing first and harm reduction, we still have high expectations for people in our programs based on past years' experience. The goals

for this program are essentially to further the goals of Emergency Shelter and Homelessness Prevention, namely:

1) secure emergency shelter for people leaving prison with no other housing options so that they do not spend any time unhoused post-release; and

2) ensure that the majority are transitioned to a permanent situation within 1-2 months.

For clients in stable housing, the goals are that:

- 80% of clients will remain stably housed at six months*(they may change situations, but housing will remain stable)
- 80% of people housed will be employed, or enrolled in training or a paid apprenticeship.
- 80% to maintain sobriety at 6 months. Sobriety is a requirement for being placed in employment of any kind and especially a paid apprenticeship.
- A recidivism rate under 10%, meaning very few return to jail or prison.

*We focus on a six-month benchmark as the majority of clients (those who successful in re-entry) leave SCC around the 9-month mark. Those still with us at 12 months are usually struggling and need extra assistance.

6. How will you measure those outcomes, successes, goals, etc.?

In addition to HMIS, SCC uses "CaseMGR," designed by the Latino Coalition for Community Leadership (LCCL). CaseMGR provides information on client demographics and re-entry status; and full details (together with case notes) on the goals/activities needed for success, such as maintaining a stable living arrangement, employment, educational accomplishments and work certifications, and maintaining sobriety.

7. What is the projected timeline for this project?

The work of housing navigation is ongoing although for this project we are tracking it on a calendar year.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

As described above, SCC does everything possible to prevent people from being unhoused. Housing is key to enabling clients to meet their goals for health and well-being, education, employment and relationship-building. Without the security of knowing where they are going to sleep each night, progress on life goals is exceptionally difficult.

Housing navigators play a key role in growing the availability of housing for our client partners as well as helping each individual develop the housing plan that works for them. They search for and identify reasonably priced rental units; they develop relationships with landlords and property managers willing to work with low-income tenants with a history of

incarceration; they partner with clients to review leases; and mediates with the landlord/property managers when there are issues on either side – from non-payment of rent by the tenant to unsafe/unhealthy conditions in the rental unit that require attention.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. In FY 2021, SCC provided 17,553 nights of emergency shelter, and we continue to grow the availability of emergency housing, so that immediately on release, returning citizens have somewhere safe and stable to stay. The first few days post-release are critical and getting people into immediate shelter is a key indicator of further positive outcomes. Those who enter a permanent situation (see homelessness prevention SOW) without having undergone the trauma of homelessness on the streets or the risks* of couch surfing with friends and family, are much better positioned to maintain employment and pursue their other life goals. (*We are talking here about friends and family who put the client at risk of relapsing into addiction, violence and crime.)

10. How many clients have been accepted into housing programs directly from your agency?

In FY 2021, we placed 892 people into housing: 55 at PATH (our PSH); 46 in our master lease properties, and the rest into private rental situations with a variety of support ranging from several months of financial assistance with rent to simple information and encouragement, based on the level of need/level of client capability and available resources.

11. How will you verify income and qualifying factors for these funds?

This is done at intake. We qualify people for all available public benefits. If needed, we request additional documentation such as pay stubs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Second Chance Center has worked successfully with returning community members since its founding in 2012. Our success is built on peer mentoring where many of those showing the way have walked the same path. We have a staff of 46, of whom 20 are formerly 'justice involved.' SCC's peer support approach was built by formerly incarcerated people based on what they had needed on release and could not find. People tell us that SCC is the first place they have been treated with respect and expected to succeed. SCC does not "place" them in rigid programs. Instead, they partner with care managers to develop the re-entry plan that meets their needs for health and housing, mental health/substance abuse services, education, job training, and employment. They drive the process of rebuilding their health and wellbeing.

As noted throughout this SOW, housing is the most critical need, as without it all other services cannot be as effective. SCC is developing a comprehensive housing program that includes emergency shelter, transitional housing to help folks find their feet, affordable

workforce housing, and permanent supportive housing. The urgent need for housing during COVID led SCC to take out master leases for large houses and this was so successful, we are continuing to expand. All tenants receive the first two months rent-free, and after that they are welcome to stay as long as they need to at $700/month, about half the going rate for a single bedroom apartment in the metro area. This breathing space allows clients to find a job and/or pursue career training. (Master lease housing support is not part of our request to Aurora; we include it as an example of the scope of our experience.)

SCC is particularly proud of Providence at the Heights (PATH), our $14 M supportive housing project using Low Income Housing Tax Credits from CHFA. PATH opened in February 2020, as the pandemic was closing down everything else and currently serves 49 adults and 12 children. All of the adults have lived through years of incarceration and/or homelessness resulting in poor physical and mental health and ongoing trauma – everyone is now covered by Medicaid. Even with the challenges of COVID, PATH has allowed us to build community among this disparate group of people who are sharing, caring, and helping each other.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

We do not turn clients away; we find some way to at least partially meet their needs, even when it is not the optimum solution.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

SCC is the only organization exclusively devoted to serving justice-involved people.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

SCC has never suffered from a shortage of people showing up for housing assistance. We work in all the prisons, and are in close contact with local parole officers who make regular referrals. The availability of our services is also publicized on our website and social media, emailed newsletter, and we have a strong network of referring agencies (public and private) including MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

In addition to SCC's demonstrated success in leveraging more than $13 M to develop PATH, our permanent supportive housing project, SCC has also been very effective at leveraging both government and private resources for its operating budget, which has grown steadily since its founding in 2012, and now stands at 4.3M for the current fiscal year. Building sustainability into our budget is an ongoing focus. We have worked to develop multiple funding streams – government, foundations, businesses, churches, social clubs, special events and individual gifts. Within each funding stream, we have a range of contributions from large

to small. We need large grants such as the funds currently being requested from the City of Aurora, but we also recognize that a large network of many small and mid-sized supporters is more sustainable over time than relying on several large funders who may go away. We are building an operating reserve and are considering both an endowment and a line of credit to provide more flexibility with reimbursable funding. Over the past couple of years, we began to receive more of our income in reimbursable grants, and initially we struggled with this. We have now developed a system for regular billing to maintain cash flow.

17. Name and position of the person that will oversee executing this project:

Name: Errol Flynn

Title: Director of Care Management

Phone 303-537-5838 ext. 122. (917) 600-6751 cell

Email errol@scccolorado.org

Scope of Work

For

Second Chance Center

Homeless Prevention

Funding stream requested: Marijuana

Amount requested: $ 162,500

Amount recommended for allocation: $150,000

1. Please describe the project need in the Aurora community and its urgency.

In FY 2021, SCC served 1540 formerly incarcerated people. This was fewer people than usual due to COVID closures. We expect to serve at least 1800 people out of our Aurora home base in calendar year 2022. A safe affordable place to call home, and a job to pay the rent are the two most urgent needs for people leaving prison. SCC provides both. Our comprehensive housing program includes emergency shelter, transitional housing to help folks find their feet where SCC holds the lease, affordable housing through private landlords, and permanent supportive housing. Our training, apprenticeship and employment program is geared to a range of employment options from unskilled "ready work" to well-paying jobs requiring certifications, to paid apprenticeships for "mortgage paying" salaries. All programming is rooted in peer mentoring and wraparound supportive services, including access to health care. We are serving a population that would otherwise have no access to affordable housing and employment opportunities.

At intake, only about 20% of clients have a stable housing situation. Without safe, secure and supportive housing with a measure of privacy, clients cannot focus on the steps they need to take to rebuild their lives.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☒ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☒ **HIV/AIDS**

☒ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain:

SCC's primary target population is formerly (and currently) incarcerated people, who check all of the above boxes for need.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

At intake, clients' housing needs are assessed and discussed. Each client has different needs and different capabilities. Some newly released clients are so unstable and in need of intensive mental health/substance use disorder care and emotional support from SCC staff and their peers, that emergency hotel/motel housing is the best option for them (see Emergency Shelter application/SOW). Until they are able to function and hold down a job, we cannot place them in permanent housing.

Fortunately, many newly released people (especially those with whom we have been able to do in-reach pre-release planning) have employment lined up or are able to quickly secure it. These clients are strong candidates for assistance with down payment and/or the first month's rent.

We also see some clients in need of homelessness prevention assistance who were doing well in re-entry, but who hit a road bump, often through no fault of their own. They may have been ill, let go from their job, or their rent became prohibitive. Short-term help with one-two months rent will usually help them through the rough patch. The pandemic upended many successful re-entry plans. People became ill with COVID, they were laid off because of it, and a safe affordable place to stay was the hardest thing to find.

Once the housing need is determined, the care manager may refer the client to a housing navigator, or he/she may have the resources available to assist the client directly. The care manager will stay in regular communication to assure the housing situation works out, soliciting assistance from a housing navigator if needed.

Our goal is to help 60-100 client-partners achieve housing stability through this program. The broad estimate is based on the widely differing amounts of financial assistance clients may need. We should note that some client-partners may be served by both the emergency shelter and homelessness prevention programs in one calendar year.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

Housing First is a core principle at SCC: without a safe and secure home with private space (not a friend's couch) client-partners cannot focus on the essential life goals – education, training, employment, mental health care, substance use disorder treatment, and rebuilding personal relationships – that they need to build lives of success and fulfilment.

Harm Reduction is also a core principle. We do everything we can to support people in recovery from addictions, but we never withhold housing or services if people relapse. Of course, most of our population is on parole, and positive tests for alcohol or drugs are likely to result in a return to prison. (Sometimes, if relapse is a rare instance in an otherwise positive re-entry path, we are able to work with parole officers to keep people from returning

to prison.) We should note that even though substance use disorder is a concern for the majority of our clients, SCC does not conduct drug tests. This is a requirement of parole, but we see it as an adversarial – and therefore ineffective – way to provide treatment.

People released from prison are vulnerable and traumatized by their experience; many have sustained serious, but undiagnosed brain injuries, and our client base has a high rate of mental illness and substance use disorders. When SCC clients leave prison, they enter a time of extraordinary stress - adjusting to a radically different environment and navigating an often bewildering, hostile and demanding world. A trauma-informed approach is used across SCC's entire spectrum of services; for those clients experiencing a crisis, our frontline staff are trained in critical intervention.

5. What will be/are the measurable outcomes, successes, goals, etc?

Our model is for clients to set their own personal life goals, and so each has different individual milestones. Meeting these milestones is the true evidence of our success, and care managers track each client's progress individually.

With housing stabilized, we expect overall health and mental health to improve, and for residents to make progress in recovery from addiction.

While we observe and respect the principles of housing first and harm reduction, we still have high expectations for people in our programs based on past years' experience.

Specific, measurable outcomes for clients served in this program:

- 80% of clients will remain stably housed at six months*(they may change situations, but housing will remain stable)
- 80% of people housed will be employed, or enrolled in training or a paid apprenticeship.
- 80% to maintain sobriety at 6 months. Sobriety is a requirement for being placed in employment of any kind and especially a paid apprenticeship.
- A recidivism rate under 10%, meaning very few return to jail or prison.

*We focus on a six-month benchmark as the majority of clients (those who successful in re-entry) leave SCC around the 9-month mark. Those still with us at 12 months are usually struggling and need extra assistance.

6. How will you measure those outcomes, successes, goals, etc.?

In addition to HMIS, SCC uses "CaseMGR," designed by the Latino Coalition for Community Leadership (LCCL). CaseMGR provides information on client demographics and re-entry status; and full details (together with case notes) on the goals/activities needed for success, such as maintaining a stable living arrangement, employment, educational accomplishments and work certifications, and maintaining sobriety.

7. What is the projected timeline for this project?

The work of homelessness prevention is ongoing although for this project we are tracking it on a calendar year.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

As described above, SCC does everything possible to prevent people from being unhoused. Housing is key to enabling clients to meet their goals for health and well-being, education, employment and relationship-building. Without the security of knowing where they are going to sleep each night, progress on life goals is exceptionally difficult.

Housing navigators play a key role in growing the availability of housing for our client partners as well as helping each individual develop the housing plan that works for them. They search for and identify reasonably priced rental units; they develop relationships with landlords and property managers willing to work with low-income tenants with a history of incarceration; they partner with clients to review leases; and mediates with the landlord/property managers when there are issues on either side – from non-payment of rent by the tenant to unsafe/unhealthy conditions in the rental unit that require attention.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Yes. This SOW is directly aligned with the emergency hotel/motel SOW. In FY 2021, SCC provided 17,553 nights of emergency shelter, and we continue to grow the availability of emergency housing, so that immediately on release, returning citizens have somewhere safe and stable to stay. The first few days post-release are critical and getting people into immediate shelter is a key indicator of further positive outcomes. Those who enter a permanent situation (this program's homelessness prevention) without having undergone the trauma of homelessness on the streets or the risks* of couch surfing with friends and family, are much better positioned to maintain employment and pursue their other life goals. (*We are talking here about friends and family who put the client at risk of relapsing into addiction, violence and crime.)

10. How many clients have been accepted into housing programs directly from your agency?

In FY 2021, we placed 892 people into housing: 55 at PATH (our PSH); 46 in our master lease properties, and the rest into private rental situations with a variety of support ranging from several months of financial assistance with rent to simple information and encouragement, based on the level of need/level of client capability and available resources.

11. How will you verify income and qualifying factors for these funds?

This is done at intake. We qualify people for all available public benefits. If needed, we request additional documentation such as pay stubs.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Second Chance Center has worked successfully with returning community members since its founding in 2012. Our success is built on peer mentoring where many of those showing the way have walked the same path. We have a staff of 46, of whom 20 are formerly 'justice involved.' SCC's peer support approach was built by formerly incarcerated people based on what they had needed on release and could not find. People tell us that SCC is the first place they have been treated with respect and expected to succeed. SCC does not "place" them in rigid programs. Instead, they partner with care managers to develop the re-entry plan that meets their needs for health and housing, mental health/substance abuse services, education, job training, and employment. They drive the process of rebuilding their health and wellbeing.

As noted throughout this SOW, housing is the most critical need, as without it all other services cannot be as effective. SCC is developing a comprehensive housing program that includes emergency shelter, transitional housing to help folks find their feet, affordable workforce housing, and permanent supportive housing. The urgent need for housing during COVID led SCC to take out master leases for large houses and this was so successful, we are continuing to expand. All tenants receive the first two months rent-free, and after that they are welcome to stay as long as they need to at $700/month, about half the going rate for a single bedroom apartment in the metro area. This breathing space allows clients to find a job and/or pursue career training. (Master lease housing support is not part of our request to Aurora; we include it as an example of the scope of our experience.)

SCC is particularly proud of Providence at the Heights (PATH), our $14 M supportive housing project using Low Income Housing Tax Credits from CHFA. PATH opened in February 2020, as the pandemic was closing down everything else and currently serves 49 adults and 12 children. All of the adults have lived through years of incarceration and/or homelessness resulting in poor physical and mental health and ongoing trauma – everyone is now covered by Medicaid. Even with the challenges of COVID, PATH has allowed us to build community among this disparate group of people who are sharing, caring, and helping each other.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

We do not turn clients away; we find some way to at least partially meet their needs, even when it is not the optimum solution.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

SCC is the only organization exclusively devoted to serving justice-involved people.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

SCC has never suffered from a shortage of people showing up for housing assistance. We work in all the prisons, and are in close contact with local parole officers who make regular referrals. The availability of our services is also publicized on our website and social media, emailed newsletter, and we have a strong network of referring agencies (public and private) including MDHI.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

In addition to SCC's demonstrated success in leveraging more than $13 M to develop PATH, our permanent supportive housing project, SCC has also been very effective at leveraging both government and private resources for its operating budget, which has grown steadily since its founding in 2012, and now stands at 4.3M for the current fiscal year. Building sustainability into our budget is an ongoing focus. We have worked to develop multiple funding streams – government, foundations, businesses, churches, social clubs, special events and individual gifts. Within each funding stream, we have a range of contributions from large to small. We need large grants such as the funds currently being requested from the City of Aurora, but we also recognize that a large network of many small and mid-sized supporters is more sustainable over time than relying on several large funders who may go away. We are building an operating reserve and are considering both an endowment and a line of credit to provide more flexibility with reimbursable funding. Over the past couple of years, we began to receive more of our income in reimbursable grants, and initially we struggled with this. We have now developed a system for regular billing to maintain cash flow.

17. Name and position of the person that will oversee executing this project:

Name: Errol Flynn

Title: Director of Care Management

Phone 303-537-5838 ext. 122. (917) 600-6751 cell

Email errol@scccolorado.org

Scope of Work

for

Children's Advocacy & Family Resources, Inc./d/b/a SungateKids

SungateKids Investigative Interview Program

Funding stream requested: Public Safety

Amount requested: $ 63,000

Amount recommended for allocation: $0

1. Please describe the project need in the Aurora community and its urgency.

Almost two years ago, our entire world changed. On March 15, 2020, for the first time ever in its 28-year history, SungateKids closed its doors. Schools closed, children's normal activities came to a halt, as did everything else – and reports of child abuse declined by half. But we knew that child abuse did not stop when everything else did. In fact, we knew that children who were already at-risk were at even higher risk, and children who may not have been at risk prior to the pandemic were now in families and situations with all the risk factors present: illness, economic instability, food and housing insecurity, political instability, physical and emotional isolation, and separation from mandated reporters and other "safe" adults to whom they might disclose abuse. It will be years before we can fully assess the toll this pandemic has taken, but we do have some preliminary indicators. For example, we know that calls to the mental health hotline, Colorado Crisis Services, which had never crossed the 20,000 threshold prior to 2020 did so beginning in May 2020 and every single month thereafter.[1]

So we got right to work. Although we closed our doors initially, we reopened for Forensic Interview services on May 7th. In the intervening 7 weeks, we conducted three emergency interviews, one onsite and two remotely. In discussions with our law enforcement agency partners, we made the determination that in-person interviews were a critically-needed service that simply could not be replicated online, the way our other services had been – we shifted our therapeutic services and family advocacy and support services to online in a seamless transition. But the connection between child and interviewer, the rapport that exists in person – even with a sneeze guard between interviewer and child – was simply irreplaceable. By June, despite reports of child abuse still being lower than normal, we were seeing as many children per month as we had prior to the pandemic. In September 2020, we reinstituted onsite, socially distanced family advocacy and support services. Given the complexity of the needs and mental health issues we were seeing not just in the victim children but also in the non-offending family members, we felt that remote advocacy was simply not enough.

Who are the children involved in these cases, and how are they treated by the response system? These are the issues at the heart of SungateKids. Child victims can and should be treated differently than adult victims. Like all crime victims, they can and should have services that are evidence-based, trauma-informed and victim-centered – additionally, services should be developmentally appropriate and

[1] "People are using Colorado Crisis Services 55% more in 2020 compared to 2017," Newman, Z., Jojola, J., www.9news.com, December 8, 2020.

respectful of each clients' lived experience, no matter what their age. These are the guiding principles for services provided to children and families at SungateKids. In 2020, SungateKids conducted 521 interviews and provided over 2,211 units of service to more than 1,000 children and their non-offending family members. SungateKids interviews children ages two and a half and older, depending on their ability to make a verbal disclosure. About 90% of our cases involve allegations of sexual abuse, while 5% involve acute physical abuse, and 5% are cases in which children are witness to violent crimes. SungateKids is one of the only child advocacy centers in Colorado whose forensic interviewers have been trained in working with victims with intellectual and developmental disabilities, including adults, and the only child advocacy center in which such interviews are routinely conducted. SungateKids provides services to other traditionally underserved populations.

The City of Aurora is perhaps the best example. Aurora is diverse in every way imaginable, but particularly so racially, ethnically, and socioeconomically. According to City-Data.com, 12.8% of children live beneath the poverty level, as compared to 10.6% statewide. There are more than 160 home languages spoken by students in the Aurora Public Schools. SungateKids doesn't just provide interpreters – we do research into the culture and traditions of the children being brought to us. What words, if any, do families in this culture use for genitalia – and at what age do they teach them to their children? Do they teach them to boys and girls, or only boys? How do they view issues of sexuality? These are the kinds of questions we work out with the multidisciplinary team before interviewing a child. Each interview is tailored to meet the needs of the child. But child abuse cuts across all boundaries and happens in affluent families as much as in poverty-stricken ones. SungateKids serves all victims, without regard to race, ethnicity, gender, socioeconomic status, sexual orientation, language and physical ability. SungateKids provides translators free of charge to all victims and/or family members who need them. This includes interpreters for clients who are deaf or hard-of-hearing.

2. What is your target population you would serve through this project?

☐ **Individual Men**

☐ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☐ **Veterans**

☐ **Elderly**

☐ **Domestic Violence**

☐ **Chronically Homeless**

☐ **Substance Misuse**

☐ **HIV/AIDS**

☐ **Mental Illness**

☒ **Other Disability**

If you selected other above, please explain:

SungateKids provides services to children who are victims of abuse (all categories) and children who are witnesses to violent crimes, including homicide, domestic violence, rape, robbery, etc. We also provide services to non-offending family members. Additionally, we provide forensic interviewing services to adult victims of sexual assault who have intellectual and/or developmental disabilities, and/or who are otherwise considered especially vulnerable victims.

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

SungateKids is a crucial partner to APD, particularly the Crimes Against Children's (CAC) Unit. Because of the services we provide, APD does not have to spend the time or the funds to train its own detectives to the same level of expertise as SungateKids' forensic interviewers. Historically, the CAC Unit has experienced a high level of turnover, so that even if the Department chose to train its own interviewers, that would be a recurrent cost. It's not that the CAC unit *couldn't* have this expertise – it's just that, with SungateKids as a partner, they don't *have* to. By comparison, SungateKids' interviewers have been working as trained forensic interviewers for more than a decade each. Together, they have interviewed literally thousands of children, so APD gets the benefit of their expertise and experience every time they bring a child to SungateKids. Additionally, because of SungateKids' accreditation requirements, our forensic interviewers must meet ongoing education and training requirements and engage in quarterly peer review meetings to ensure that their skills are in keeping with the latest research and that we are meeting our community's needs. Finally, and of no small consequence, is the time that our interviewers spend testifying about the interviews when a case goes to trial. This is time that detectives do *not* have to spend in court, and time that they can spend where they are needed most – protecting the safety of Aurora's citizens. All of this translates into real and significant cost savings for the Aurora Police Department.

That APD relies on us for this service is an understatement – in 2020, for example, SungateKids conducted 240 interviews for APD alone, accounting for nearly 50% of all interviews conducted. And we are available to law enforcement at all times. We are staffed during regular business hours, and on call 24/7, 365 days/year. We have done numerous interviews for APD after hours, on weekends, holidays, etc. We are also flexible and have conducted interviews off-site when the situation demands it – at The Children's Hospital, for instance, when a child is too medically fragile to be interviewed at our facility, or at the juvenile detention facility. We are as innovative and creative as we need to be to serve the needs both of our law enforcement partners and of our clients and to make sure that we never turn away a child in need. At its inception, SungateKids' Board of Directors made a commitment to providing our services free of charge, and we have maintained that commitment throughout our 28-year history. Child abuse comes at a high enough price. We do not believe that children and families should have to pay more just to access our services.

One aspect of our services that gets scant attention, but is critical for the families, is our victim advocacy program. Aurora has, without question, the finest team of victim advocates in the state of Colorado. However, they are also stretched to capacity. SungateKids works shoulder to shoulder with APD's VAs so that there is a seamless transition to our services. SungateKids' victim advocates, known as Family

Support Coordinators (to distinguish them from law enforcement VAs), work with the families to ensure that they get the support and the resources that they need and to help families transition to our Therapeutic Support Program for both individual counseling and support groups. And our services are ongoing for as long as a child or family needs them, regardless of case status within the criminal justice system. The benefits redound not only to the family, but also to law enforcement's VAs – they know they are transitioning families to wrap-around services, and they can move on to the next case.

Our services have only changed over the last 28 years in that they have become more comprehensive, most notably in terms of victim advocacy, resources, and therapeutic support. The changes have been in response to SungateKids' active willingness to solicit community feedback about gaps in the system, and our efforts to address those gaps. We strongly believe that these changes have made a difference in our clients' ability not just to heal and recover, but also to thrive. And we believe that the changes have enhanced our credibility with our agency partners and increased their trust in us.

GOAL 1: Investigative Interviews: Two on-site Forensic Interviewers, working in conjunction with law enforcement and human services, to conduct 650 investigative interviews, averaging 55 per month total, of which approximately 293 will be for children who are residents of Aurora.

OBJECTIVE 1.1: Provide child victims with a safe, non-threatening and child-friendly environment in which to disclose incidents of abuse, thereby decreasing the potential for re-traumatization.

OBJECTIVE 1.2: Provide expert forensic interviewers who can assist agency personnel with investigations, court testimony and on-going training, and who can assist the children and their families through a difficult and emotional process.

OBJECTIVE 1.3: Use multi-disciplinary team approach to coordinate and collaborate with Forensic Interviewer both before and after interview, to ensure that child's needs are the primary concern in the investigation.

GOAL 2: Family Support Coordination: To assign each of the 650 children brought to SungateKids to a Family Support Coordinator, who will provide support and information to the child and the family throughout the investigative and judicial processes. Again, SungateKids anticipates that at least 293 of these will be residents of Aurora.

OBJECTIVE 2.1: Provide crisis intervention, support and community resource referrals to the child and the family during the investigative and judicial process. If siblings or other young children are brought to SungateKids along with child victim, Family Support Coordinator will provide childcare as necessary.

OBJECTIVE 2.2: Provide follow-up to children and families to ensure ongoing support as needed.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

SungateKids is an accredited member of the National Children's Alliance and is subject to re-accreditation every 5 years. As such, our interviewers are required to complete a minimum of 40 hours of basic training on forensic interviewing, with continuing education requirements of 8 hours

every 2 years. The training that they are required to take is in interviewing protocols and is evidence-based and trauma-informed. It includes the Cornerhouse Protocol, the NICHD protocol, and others. Interviewers are also required to maintain training in victim responses, cultural awareness and sensitivity, working with special populations, and a range of other topics that supports their ability to comply with best practices.

Likewise, victim advocates are required to complete a minimum of 24 hours of basic training, and they too have a continuing education requirement of 8 hours every 2 years. In addition to requiring that advocates be trained in the dynamics of abuse and trauma-informed services, they are also required to be trained in "[a]ssistance with access to treatment and other services, including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, among others as determined for individual clients."

5. What will be/are the measurable outcomes, successes, goals, etc?

SungateKids uses utilization as the simplest measure of whether it met its goals and objectives. Our numbers tell part of our story, but achieving goals and objectives also means ensuring that the services meet the community's needs, and that we are providing services in an efficient, professional and caring way. The true measure of SungateKids' impact in the community is that the District Attorney's Office for the 18th Judicial District is much more likely to prosecute a child sexual assault case if that child has been interviewed at SungateKids than not; the other true measure is that families are more likely to engage in and complete treatment once they have been to SungateKids – this is a statistic we have recently begun tracking as another way to measure our impact. Additionally, SungateKids participates in an evaluation program that is part of a statewide outcome measurement system which began in April 2013. Regarding the Therapeutic Support Program, all participants in groups and all individual clients must complete pre- and post-tests.

6. How will you measure those outcomes, successes, goals, etc.?

SungateKids tracks demographics and statistics on all its clients. We will measure the numbers of cases and clients we see; information on where our residents reside; and information on completion rates for therapy.

7. What is the projected timeline for this project?

Since our services are ongoing, the timeline for this project will be the calendar year of 2022, and 2023 if funding is granted and extended.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

SungateKids' services are not directly focused on preventing or ameliorating homelessness. That said, research tells us that childhood abuse and accumulated Adverse Childhood Experiences, or ACEs, result in long-term detrimental mental and medical health outcomes – which can contribute significantly to an individual's ability to maintain stable employment and housing. (See, for example,

Frank W. Putnam, Lisa Amaya-Jackson, Karen T. Putnam, Ernestine C. Briggs, Synergistic adversities and behavioral problems in traumatized children and adolescents, Child Abuse & Neglect, Volume 106, 2020.) The forensic interview and victim advocacy services are a critical first step in this process – and effective, early intervention is key to preventing future harm. Additionally, very often the alleged offender is the source of financial stability for the child and family. Our victim advocates (known as Family Support Coordinators to distinguish them from law enforcement victim advocates) work with families to ensure that they have access to resources for housing, food, legal, and financial support so that a disclosure of abuse doesn't result in food or housing insecurity or other harms. And unlike victim assistance from a law enforcement agency, there is no end date to our services – families can work with us for as long as they need or want to – long after their case with other agencies like law enforcement or child protective services has been closed. Our therapeutic services also help children and families work through the trauma of abuse, to mitigate the long-term effects. And all our services are provided absolutely free of charge, so that is never a barrier to access and never an additional financial burden on the family.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Again, our program does not work directly in the area of homelessness.

10. How many clients have been accepted into housing programs directly from your agency? N/A

11. How will you verify income and qualifying factors for these funds?

Because we do not charge for any of our services, we do not require clients to disclose income information. However, if needed, we can collect income information from clients (and have done so in years past as required by grants).

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

We are seeking funding for our Investigative Interview Program, which is our longest-standing program. We have operated this program successfully and continuously for 28 years and have grown it based on input and the changing needs of our agency partners and our clients.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

SungateKids has never turned away a child in need. However, our staff is stretched to its limits, and we need to increase our capacity if we are to continue to keep this promise to our community.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

No other agency in Aurora provides the services that we do. We are part of a network of children's advocacy centers – there are 17 in Colorado, each serving distinct Judicial Districts so that we do not compete with each other, and over 930 nationwide.

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

Families do not access our investigative interview services directly; rather, the referrals must come through either law enforcement or child protective services, once either or both agencies commences an investigation. All children and families who come to SungateKids for a forensic interview are automatically assigned to a Family Support Coordinator, who provides services and follows up with the family after the completion of the interview. Families can access our therapeutic services directly and are usually directed to us by referral from one of our partner agencies. Our information is also posted on our website (www.sungatekids.org) and available through our newsletters.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

SungateKids' engages in extensive fundraising, and has a variety of funding sources, so that if funding is cut from one source, we do not necessarily have to cut services to clients. Board members are expected to actively participate in fundraising. Each year, the Board and staff create an Annual Strategic Fundraising Plan to help ensure diversified and robust funding and fundraising activity. SungateKids continues to explore every possibility in funding. For example, in 2006 SungateKids worked with the Colorado Children's Alliance to create the Child Abuse Investigation Surcharge Fund which gives courts discretion to impose a surcharge on those who commit sex offenses against children. The money goes into a fund that is distributed to the Alliance and from there to the individual centers. This funding stream has grown into a more significant source of funding for all the children's advocacy centers in Colorado.

17. Name and position of the person that will oversee executing this project:

Name **Diana Goldberg**
Title **Executive Director**
Phone **303-368-1065**
Email **diana.goldberg@sungatekids.org**

Scope of Work

For

Aurora Mental Health Center

Pathways to Home: Street Outreach

Funding stream requested: Marijuana

Amount requested: $ 168,965

Amount recommended for allocation: $50,000

1. Please describe the project need in the Aurora community and its urgency.

There is significant community need to provide homeless prevention, rapid rehousing, shelter, and behavioral health interventions to individuals and experiencing homelessness. The 2020 Metro Denver Homeless Initiative Point in Time survey indicated 245 individuals in Arapahoe County and 476 in Adams County experiencing homelessness, with 241 (33%) reporting a mental health issue and 228 (32%) reporting a substance use issue, most likely with many individuals reporting both conditions. Homeless individuals and families face numerous obstacles that undermine their ability to engage in services and resources necessary to better their mental health, and to engage in means to obtaining housing. This is exacerbated for individuals with mental health or substance use disorders who can experience health instability, cognitive and functional impairment due to symptom severity that increased the difficult to overcome homeless through obtainment of stable employment and affordable housing.

There is urgent need for housing support programs that specifically address the needs of individuals with mental illness and substance use disorder. Many existing housing resources in City of Aurora target other high needs populations, such as family with children or older adults, so there are limited supports for adults, couples, and households without children. Our services are designed for individuals and families of all ages, and will fill the gap for these populations. These individuals need targeted street outreach to understand available resources and overcome barriers to care. Street outreach increases access to treatment in order to achieve the level of symptom stability and level of functioning needed to successfully obtain and maintain housing. Without treatment, individual's symptoms could become more severe, they could utilize harmful coping techniques such as substance use, or their behaviors could put at risk their housing and support networks.

The COVID-19 social distancing and other safety precautions have made it much more difficult for individuals experiencing homelessness to access services. Many do not have access to a phone or other technology needed for telehealth, and community resources such as the library where they could previously access support have more limited resources and capacity now. We have updated our Street Outreach service model to address these challenges amidst the ongoing pandemic: a mobile outreach van and distribution of smart phones with pre-paid service to clients to support access to care. Despite the staff shortages and challenges delivering care safely during the pandemic, we saw only a slight decrease in services from 2019 to 2020. This is largely due to expanding the scope of street outreach services across the City of Aurora through the mobile outreach collaborative.

2. What is your target population you would serve through this project?

☒ **Individual Men**

☒ **Individual Women**

☒ **Families with Children**

☒ **Youth**

☒ **Veterans**

☒ **Elderly**

☐ **Domestic Violence**

☒ **Chronically Homeless**

☒ **Substance Misuse**

☐ **HIV/AIDS**

☒ **Mental Illness**

☐ **Other Disability**

If you selected other above, please explain:

N/A

3. Please provide a detailed project plan, which includes the goals and objectives of the identified project.

The project will provide Street Outreach, including a team of street outreach case managers, and mobile drop-in services through an outreach van. All services utilize a no barrier/low barrier approach and a Housing First model of care. We recognize that the individuals and families we're trying to serve have been disenfranchised from the healthcare and other community systems. We understand that many clients will not have the stability in their basic needs, transportation, or the life skills and resources to access care at our facility or other community-based organizations. Our clients have difficulty keeping appointments, maintaining a phone, and with transportation. Our Street Outreach Services meet clients where they are at, reducing barriers to access to enable clients to access housing resources and healthcare when and where they need it.

Our Street Outreach Team conducts outreach five times per week, averaging at least 20 hours of outreach contacts per week. Staff visit community-based locations, encampments, and housing locations of precariously housed individuals in order to connect with individuals in need where they are at the in community. Case Managers provide brief education and referrals to mental health services and housing supports, emergency shelter vouchers, cold weather survival gear such as jackets and sleeping bags, hot weather supplies such as water, and hygiene kits. The team partners with Tri-County Health Department Syringe Access Program to promote safe use and access to substance use services. Additionally, this team is tasked with assisting consenting individuals to gain access to our transition care team, the team designed to bridge the gap between our program and more formal/traditional services. The Mobile Outreach Van travels to three different locations on the Colfax corridor, as well as the Aurora Warms the Night facility and the Pace Setter Hotel, to provide community-based mobile drop-in services. The van goes out several times per week, typically providing at least 10 hours of street outreach per week. Our street outreach case managers participate in the van so that individuals coming to access care will see a familiar face. The Outreach van is a partnership with Aurora Warms the Night and Salvation Army to provide clinical services, case management services, and access to client supplies such as emergency shelter vouchers, cold weather survival gear, food, and hygiene kits. Individuals can receive crisis intervention, behavioral health assessment, housing case management, housing assessment, and linkage to basic needs resources. All street outreach services are provided in the context of assisting the person in creating their path out of homelessness.

Our project's primary goal is to provide outreach to reach underserved community members experiencing homelessness to offer immediate access to shelter and other basic needs. The main objective is to promote engagement in ongoing housing case management and behavioral health services to support the client's recovery plan and assist them to obtain housing. Our project will provide outreach at community-based locations and through a Mobile Outreach Van. Activities include brief education and referrals to mental health services and housing supports, emergency shelter vouchers, cold weather survival gear such as jackets and sleeping bags, hot weather supplies such as water, and hygiene kits.

4. What are the evidence-based practice(s) you will be utilizing for this project? (for example, a housing first model, etc.)

We incorporate aspects of all of the following models into our services:

- Housing First model

- Progressive Engagement
- Critical Time Intervention
- Trauma Informed Care

Our program is focused on meeting clients where they are at, and addressing their identified needs as a way to build trust and rapport and build toward long-term engagement in treatment and other services. Through the lens of Critical Time Intervention, we take advantage of the client accessing a specific service to focus on their prioritized needs through time-sensitive, limited interventions that will have immediate impact. We model Progressive Engagement, starting with less intensive services to meet immediate needs, and building collaboratively steps with clients to address more complex needs and progress to addressing underlying issues. For example, we provide street outreach and drop-in services to assist clients with access to basic needs (food, clothing), provide harm reduction support, and help with obtaining identification cards. These first steps can then be leveraged to build skills in completing paperwork, attending appointments, and other needs. We understand that client engagement ebbs and flows, and do not close clients in our system but remain open to serving them whenever a need arises. We are a no barrier/low barrier model, and through a Housing First philosophy promote that everyone deserves safe and stable housing, and that many clients will not have the capacity to attend to other needs until that basic need is met. We do not require sobriety, medication compliance, or beginning treatment for any of our housing services. Once the person is housed, we work with them to become housing stable, overcoming symptoms and other issues that might put their housing status at risk. And lastly, we integrate Trauma Informed Care principles into all aspects of service delivery. We aim to manage safety in complex ways, ensure that expectations and treatment goals are feasible for our clients, and that we're aware of the impact of trauma and systemic inequities on our clients. We honor all the ways that clients express the impact of trauma on their lives, and provide training to staff on how to reduce re-traumatization and remain supportive in moments when a client is being triggered.

5. What will be/are the measurable outcomes, successes, goals, etc?

Goal 1: to provide outreach to reach underserved community members experiencing homelessness to offer immediate access to housing and behavioral health supports.

- *Objective 1.1:* Provide education and referrals to mental health services and housing supports, emergency shelter vouchers, cold weather survival gear such as jackets and sleeping bags, hot weather supplies such as water, and hygiene kits. We will provide at least 750 outreach contacts and distribute at least 1,000 supply kits for food and hygiene, with the goal to increase access to shelter, basic needs, and promote engagement in housing services.
- *Objective 1.2*: Mobile Outreach Van will conduct outreach a minimum of once per week. We will provide at least 400 outreach contacts and distribute at least 500 supply kits for food and hygiene, with the goal to increase access to shelter, basic needs, and promote engagement in housing services.
- *Objective 1.3:* Develop a formalized process to track client engagement in long-term services after being contacted through Street Outreach and implement a small pilot to track at least 10 clients. The intent will be measure how street outreach increases access to and engagement in care, monitoring the number of clients who receive housing services and obtain housing because of a Street Outreach contact.

6. How will you measure those outcomes, successes, goals, etc.?

AuMHC will measure outcomes for each project component to capture both outputs and outcomes of services. The Pathways to Home Clinical Program Manager will review progress toward goals and objectives monthly with team members, and quarterly with the Grant Strategy Team and Clinical Division Director to ensure the project stays on track. Team leadership will problem-solve any barriers to achieving goals, as well as assessing changes to service delivery and services based on ongoing impact of the COVID-19 pandemic, community partnerships, and client needs. The team will also have support from Aurora Research Institute, an external expert evaluation organization that is a subsidiary of AuMHC, for data collection and analysis aimed at understand project impact on clients served.

- Output measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients served, number of clients who receive housing financial assistance, types of services provided, and client demographics.
- Outcome measures are tracked through internal tracking logs, AuMHC electronic health record, and HMIS data entry. Measurement of success includes number of clients who are connected to more stable housing situations through street outreach, client experience of care, and clinical outcomes for those receiving treatment services, as measured by progress toward client-identified health goals, symptom severity, and level of functioning.

7. What is the projected timeline for this project?

This is a well-established project that has successfully provided homeless prevention services for many years so there is no start-up or implementation period needed. The project provides ongoing services based on client need. Street Outreach services are provided daily, and mobile van outreach is provided at least once per week. The frequency and intensity of client contacts depends on specific client need, care plan, and housing goals. The project will review progress toward all goals and objectives monthly with the team, and quarterly with project leadership.

8. How does the agency and this program be able to prevent people from going to an unhoused situation?

AuMHC has a longstanding history of successfully engaging and support individuals at risk of experiencing homeless and those who are unstably housed. Our services meet clients where they are at and connect them with immediate supports, as well as long-term services. We target individuals with behavioral health conditions and provide specialized care that addresses level of functioning and symptom severity that can create additional barriers to access and stability in housing. Many of the individuals contacted by our Street Outreach team are currently experiencing homelessness, so our focus is to provide access to shelter, basic needs, and promote engagement in housing case management. Individuals are provided with targeted services to meet their individual needs, including client supports to reduce health risks associated with homelessness (e.g., hygiene kits, cold weather survival gear), transitional supports for those newly housed (e.g., mattresses, cleaning supplies), and supports to reduce barriers to accessing services (e.g., bus passes) that will reduce risk of returning to an unhoused environment.

The Pathways to Home team also provides specific services to help individuals from going to an unhoused situation. Our Homeless Prevention project provides targeted housing case management to stabilize the individual's current housing, which can include housing assessment, advocacy and consultation with the landlord, and housing financial assistance with rent and utilities. We also provide Rapid Rehousing through a collaborative Aurora@Home project under the Continuum of Care that enables us to quickly rehouse individuals and families in need. Case Managers work directly with

each household to understand their living situation and the supports needed to remain stably housed in the situation or find a more appropriate housing situation that will better suit their long-term goals and needs. We provide targeted behavioral health treatment to help individuals address symptoms that could be impacting their ability remain housed; for example an individual with depression who is struggling to maintain employment, or an individual with severe paranoia who is unable to positively communicate with their landlord. As part of the AuMHC continuum, clients receiving housing supports have facilitated access to treatment and wraparound recovery services.

9. Will this program reduce the length of time people are unhoused and prevent households from returning to an unhoused option? If so, how?

Our Street Outreach program is designed to reach individuals where they are at and increase access to housing supports that will enable them to obtain and maintain safe and stable housing. Street Outreach services reduce the length of time people are unhoused through provision of case management and emergency shelter vouchers, addressing immediate shelter needs so individuals have a stable place to initiate or continue behavioral health treatment and housing services. Street Outreach also connects with individuals who were formerly precariously housed, to check in on how they are navigating their new living environment and provide continuing support. We provide resources for the newly housed, such as kitchen tools and bedding, to help individuals be successful. These outreach contacts help prevent individuals from returning to an unhoused option. Housing is the primary need for these individuals and is the reason why they access our services. Our continuum of care enables us to support individuals and families throughout their housing journey, from immediate needs and leaving homelessness, to building the skills needed to successfully maintain their employment, health, and housing.

In addition to street outreach, the Pathways to Home team provides drop-in services, housing case management, landlord recruitment and advocacy, behavioral health assessment and treatment, transition in care team, and financial assistance for homeless prevention, rapid rehousing, and permanent supportive housing. Our homeless prevention project provides targeted housing case management to stabilize the individual's current housing, which can include housing assessment, advocacy and consultation with the landlord, and housing financial assistance with rent and utilities. Case Managers work directly with each household to understand their living situation and the supports needed to remain stably housed in the situation or find a more appropriate housing situation that will better suit their long-term goals and needs. We have a robust array of financial assistance we can provide to connect the individual with homeless prevention, rapid rehousing, permanent supportive housing, and Section 8 vouchers to help clients exit homelessness as soon as they are ready. The Pathways to Home team also provides targeted behavioral health treatment to help individuals address symptoms that could be impacting their ability remain housed; for example, an individual with depression who is struggling to maintain employment, or an individual with severe paranoia who is unable to positively communicate with their landlord. By integrating immediate homeless prevention supports such as rental assistance, with ongoing treatment and case management, we can positively impact long-term housing stability for each individual or family.

Additionally, our housing supports are embedded within AuMHC as a whole, and clients are able to access the full continuum of our prevention, treatment and recovery services from staff that have specialty expertise in working with individuals with behavioral health concerns, including substance use disorder treatment, crisis services, vocational rehabilitation, and prosocial supports. These wraparound supports help individuals address both immediate and long-term care goals needed for

housing stability and reduce their risk of returning to an unhoused option due to the impact of their behavioral health condition.

10. How many clients have been accepted into housing programs directly from your agency?

Aurora Mental Health Center has formal agreements for homeless services with several community partners across our service area, and has longstanding care coordination and referral partnerships with community organizations such as Aurora Day Resource Center, Comitis, Aurora Warms the Night, and Salvation Army to connect individuals with housing units. AuMHC participates in OneHome as well as the Aurora@Home Collaborative to ensure coordinated entry and optimization of our community's limited housing resources. In 2020 the Pathways to Home team successfully connected 75 individuals to shelter, transitional housing and permanent housing resources through our street outreach and homeless prevention programs.

11. How will you verify income and qualifying factors for these funds?

We have experience gathering the required documentation from participants. We provide education to clients about requirements and assistance to obtain needed information such as identification cards and proof of income. All members of team verify income and qualifying factors for funding sources. All applications are reviewed by the lead Case Manager and overseen by the Pathways to Home Program Manager.

12. For the funding you are seeking, what is your agency's experience in implementing activities that are described in your Project Plan?

Aurora Mental Health Center (AuMHC) has been serving the Aurora community since 1975 and is the second largest provider of housing services in the city of Aurora. In the last 10 years, AuMHC has taken a lead role in formalizing our homeless service programs and have been working to create a more collaborative environment in Aurora and in the Denver Metro area. AuMHC formally began a Homeless Services program in 2011 when AuMHC secured the federally funded PATH grant. From this grant, the Pathways to Home team has grown into a robust program encompassing a street outreach team, drop-in services, transition services, and multiple housing programs. Our Pathways to Home program assisted 864 unique individuals in the last year. We have provided street outreach for many years, and have experience working with the City of Aurora, day shelters, Aurora Warms the Night and other providers to identify and reach underserved populations. Our street outreach team connected with over 900 individuals last year, providing over 4,700 services, including case management, hygiene kits, food kits, and phone access. We also provided 1852 long-term services to 129 unique individuals, averaging approximately 14 services per person over the year.

This program will be under our Homeless Services Program Director, Jessica Ipsen, who has over 7 years of experience working with homeless individuals in different capacities, including residential programs, day services, transitional programs, homeless prevention and rapid rehousing programs, street outreach, and mental health services for people experiencing homelessness. Jessica is a licensed clinical social worker (LCSW) and is committed to Housing First and Harm Reduction-focused housing models, as well as integrated treatment programs.

13. How many clients are currently turned away because you are unable to serve them due to lack of capacity in your agency?

AuMHC does not turn away any consumers who meet our eligibility criteria. Due to our outreach services, we are not turning individuals and families away, participants can engage or disengage as they choose. There are no eligibility criteria for Outreach services. A diagnosed mental illness or

substance use disorder is not required; however, as this is our area of expertise many clients will seek out housing support from AuMHC knowing that we can address their behavioral health concerns as well.

14. What other agencies (in Aurora or in the region) provide similar services to what your agency is proposing?

There are several agencies in the region that provide similar services; however, most of these entities do not have a behavioral health focus or the resources needed to integrate treatment with housing supports. AuMHC is the only organization providing street outreach to the City of Aurora. Other providers serving the greater Denver Metro Area include:

- Aurora Day Resource Center: day shelter services
- Denver Street Outreach Team: outreach within the City and County of Denver
- Adams County SWAP Team: outreach within Adams County
- Urban Peak: outreach, drop-in and shelter services in Denver

15. How will you let the public know that your program is available? Publications, newsletter, advertisement, human services, Aurora @ Home contacts, referrals from MDHI?

AuMHC publicizes services through multiple avenues: information is posted on our agency website (www.aumhc.org), social media channels (Twitter, Facebook, Instagram), and through routine newsletters to community members and organizations. The Pathways to Home program also includes a Street Outreach Team, which travels throughout our community to actively connect with individuals in need and provide education about available services and resources. AuMHC leadership and staff meet routinely with other Aurora organizations through various committees and workgroups and share updates regarding service provision. We have longstanding referral partnership with local law enforcement, local hospitals, Aurora@Home members, human services, and public health, and MDHI. We are part of the MDHI OneHome Coordinated Entry System and will leverage that system to obtain appropriate referrals for services.

16. What is your plan for sustainability? Describe how your agency will ensure services into the future. Especially if your funding is cut? How do you plan gaps between funding cycles?

Aurora Mental Health Center (AuMHC) has been operating various housing assistance programs for over 10 years and has developed a diversified and braided funding stream to ensure long-term financial stability of services. Our Pathways to Home team has received grant funding previously from the City of Aurora, Office of Behavioral Health, Metro Denver Homeless Initiative, and HUD. All clinical services also receive reimbursement from client insurance and Health First Colorado for covered services. AuMHC leadership reviews all grants and contracts quarterly to ensure there is a plan for service continuation or transition for contracts coming to an end. AuMHC continues to identify and integrate additional funding sources to further support sustainability for our shelter and homeless services programs.

17. Name and position of the person that will oversee executing this project:

Name: Esther Clark
Title: Director of Grant Strategy
Phone: 303.627.2013

Email: estherclark@aumhc.org

CITY OF AURORA
Council Agenda Commentary

Item Title: Chapter 14 Animals – Ordinance Amendments
Item Initiator: Jessica Prosser, Director, Housing and Community Services
Staff Source/Legal Source: Anthony Youngblood, Manager, Animal Services / Angela Garcia, Senior Assistant City Attorney
Outside Speaker: N/A
Council Goal: 2012: 1.0--Assure a safe community for people

COUNCIL MEETING DATES:

Study Session: N/A

Regular Meeting: N/A

ITEM DETAILS:

Chapter 14 Animal Code revisions to ensure the ordinances are properly enforced, and language reflects the needs of the Division and court system.

ACTIONS(S) PROPOSED ***(Check all appropriate actions)***

☒ Approve Item and Move Forward to Study Session

☐ Approve Item as proposed at Study Session

☐ Approve Item and Move Forward to Regular Meeting

☐ Approve Item as proposed at Regular Meeting

☐ Information Only

☐ Approve Item with Waiver of Reconsideration
Reason for waiver is described in the Item Details field.

PREVIOUS ACTIONS OR REVIEWS:

Policy Committee Name: Housing, Neighborhood Services & Redevelopment

Policy Committee Date: 1/20/2022

Action Taken/Follow-up: ***(Check all that apply)***

☐ Recommends Approval

☐ Does Not Recommend Approval

☐ Forwarded Without Recommendation

☐ Recommendation Report Attached

☐ Minutes Attached

☐ Minutes Not Available

HISTORY ***(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)***

During 2020, Animal Protection officers saw and experienced situations that require the language in Chapter 14 related to animals and the Aurora Animal Services Division to be amended for clarity and efficiency. Additionally, with the new tiered system of city Code section 14-7 and how the Aurora Municipal Court assesses a dog's actions, clearer language related to court orders and/or judges' rulings was necessary.

ITEM SUMMARY ***(Brief description of item, discussion, key points, recommendations, etc.)***

For the most part, Chapter 14 ordinance sections need to be amended for language clarity and ease of prosecution and/or implementation when needed:

14-4 Impoundment; Court proceedings; disposition of animals

The major change is with the new potentially dangerous and dangerous dog language. We want the ruling from a judge on if the dog is surrendered to have a weighing-in effect on the post surrender behavior evaluation. Also, the owner that the dog was ordered removed from should not have input on the actions taken with the dog going forward.

14-7 Keeping an aggressive, potentially dangerous, or dangerous dog

The two major changes will separate the actions between aggressive and potentially dangerous dogs. They are viewed and adjudicated very differently but are held to the same standard of permitting which needs to be changed.

14-16 Restitution

This section will be removed completely. This was a new section added in the 2020 revisions to Chapter 14 but it cannot be implemented as anticipated.

QUESTIONS FOR COUNCIL

Does Council approve of moving the amendments to Chapter 14 related to Animals and the Aurora Animal Services Division forward to Study Session?

LEGAL COMMENTS

Council has the power to make and publish ordinances consistent with the laws of the state for carrying into effect or discharging the powers and duties conferred by the State Constitution, State Statute, or City Charter and such as it shall deem necessary and proper to provide for the safety; preserve the health; promote the prosperity; and improve the morals, order, comfort and convenience of the city and the inhabitants thereof. (City Code § 2-32 and C.R.S. § 31-15-103) (Garcia)

PUBLIC FINANCIAL IMPACT

☐ YES ☒ NO

If yes, explain: N/A

PRIVATE FISCAL IMPACT

☒ Not Applicable ☐ Significant ☐ Nominal

If Significant or Nominal, explain: N/A

DRAFT FINAL 12/03/2021

ORDINANCE NO. 2022-____

A BILL

FOR AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF AURORA, COLORADO, AMENDING CHAPTER 14 OF THE CITY CODE RELATED TO ANIMALS AND THE AURORA ANIMAL SERVICES DIVISION

WHEREAS, the City desires to amend the City Code relating to Animals to modernize certain sections of the City's animal regulations.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF AURORA, COLORADO:

Section 1. That subsections 14-4(h)(1), (h)(4), and (l) of the City Code of the City of Aurora, Colorado, are hereby amended to read as follows:

Sec. 14-4. - Impoundment; court proceedings; disposition of animals.

(h) *Procedures following a court-ordered surrender.* After any judicial order to surrender an animal:

(1) The court shall grant an automatic stay of the surrender order for seven calendar days. During this automatic stay, the surrendered animal shall remain at the Aurora animal shelter and the animal will not be adopted, transferred, or humanely euthanized. If the seventh day falls on a ~~weekend~~ **Sunday** or a holiday, the period of the stay will be extended to the close of business of the next business day. The animal's owner will not be responsible for any fees or costs commencing from the time of the court's surrender order through the expiration of the automatic stay period.

(4) At the conclusion of the seven day stay of execution, if the owner has not posted the amount of the appeal bond, Aurora animal services must conduct a post surrender evaluation and make a determination about the outcome of the animal. ~~Aurora animal services shall attempt and make reasonable efforts to find alternatives other than humane euthanasia for the animal, while balancing public safety, the safety of people and animals near any new placement, and the health and safety of the animal itself. Adoption by individual person(s) shall be considered and not summarily rejected. Aurora animal services shall prepare a report of the evaluation setting out in detail the efforts made to place the animal outside the city or otherwise adopt, transfer, or place the animal.~~ **If the animal has been adjudicated potentially dangerous or dangerous and surrendered to Aurora animal services by a municipal judge, this shall constitute as a public safety risk and the animal shall not be deemed as an adoption candidate unless determined different by the conducted behavior evaluation.** Before any placement, transfer or adoption of a court-order surrendered animal, the city shall

prepare a comprehensive waiver of liability to be acknowledged and signed by anyone accepting ownership of such animal.

(l) *Appeal bond.* At the conclusion of the automatic stay period, if the owner of an animal that is ordered surrendered pursuant to subsection (g) of this section desires a further stay of execution of the surrender order pending appeal, the owner shall, as a condition of any further stay of execution, post with the clerk of the court an initial appeal bond in the amount of $100.00, for the first 30 days. At the expiration of the 30-day period, in order to continue to stay the surrender order, the owner must return to the court and request that the judge set and the owner shall post with the clerk of the court an amount sufficient to pay the costs, fees and expenses specified in subsections (l)(1) and (2) of this section. ~~Regardless of the pendency of any formal legal proceedings, the owner and Aurora animal services shall collaborate in good faith to find an outcome for the animal other than being humanely euthanized including rehabilitative measures, training, and regular enrichment sessions.~~ The fees specified in subsection (l)(2) of this section shall be posted with the clerk of the municipal court in advance, and in successive 30-day increments thereafter during the pendency of the appeal. If any required deposit is not made, the stay of execution shall expire and the order for surrender of the animal shall be executed. During this 30-day period, the owner shall only be assessed the boarding fees and the cost of medicines and medical devices. If required appeal bond is not paid and the stay of the surrender order is lifted, Aurora animal services, before moving forward with disposition of the animal, must conduct an assessment, following animal welfare best practices, and shall attempt and make reasonable efforts to find alternatives other than humane euthanasia for the animal, while balancing public safety, the safety of people and animals near any new placement, and the health and safety of the animal itself. If a final order is entered authorizing the surrender of the animal, the costs, fees and expenses posted pursuant to subsections (l)(1) and (2) of this section shall be forfeited and paid to the animal shelter. If, after final appeal, it is determined that the animal should not be surrendered and that the order for surrender was entered in error, the fees posted as a condition of the stay of execution pursuant to subsection (l)(2) of this section shall be refunded to the appellant and the animal shall be released to the owner. In such event, the costs and expenses posted pursuant to subsection (l)(1) of this section shall be ordered forfeited to the court and paid to the animal shelter. In addition to those costs, fees and expenses covered by subsections (l)(1) and (2) of this section, costs and expenses covered by subsection (l)(3) of this section shall be remitted to the animal shelter within 15 days of the billing thereof. The date of the bill shall be the day the bill is mailed to the owner's last known address. In lieu of a cash deposit, the appellant may execute a bond to the city as provided in this subsection. One or more sureties may be required, or the defendant may furnish cash security or, in the discretion of the court, no security or surety need be required. Costs and fees shall be designated as follows:

(1) Costs and expenses from and including the date of impoundment through and including the date of the court's surrender order.

(2) Boarding fees from the expiration of the automatic seven-day stay provided for in subsection (h) of this section but only after the 37th day if the initial $100.00 appeal bond has been filed.

(3) Reasonable and necessary costs and other expenses, undertaken for the welfare of the animal not covered by subsections (l)(1) and (2) of this section, incurred from and including the expiration of the automatic seven day stay provided for in subsection (h) of this section but only after the 37th day if the initial $100.00 appeal bond has been filed.

Section 2. That subsections 14-7(f), (g), (j), (k), and (n) of the City Code of the City of Aurora, Colorado, are hereby amended to read as follows:

Sec. 14-7. - Keeping **aggressive,** potentially dangerous, ~~aggressive~~ or dangerous animals**.**

(f) *Keeping of ~~an Aggressive Animal or~~ **a** Potentially Dangerous Animal.* After an owner has been adjudicated by the Aurora municipal court as having ~~either an aggressive animal or~~ **a** potentially dangerous animal, as a condition of returning the ~~aggressive animal or~~ potentially dangerous animal to the owner, the court shall order the owner:

(1) To apply for ~~an~~ **a** potentially dangerous animal permit within five (5) business days of the date of a conviction, and maintain and comply with the conditions of the permit and this section at all times, until the court waives the ~~aggressive animal or~~ potentially dangerous animal determination;

(2) Not permit the ~~aggressive or~~ potentially dangerous animal to run at large or leave the owner's property unless the animal is securely leashed and muzzled; and

(3) To spay or neuter the ~~aggressive or~~ potentially dangerous animal and provide proof of sterilization to the Aurora animal services division within fourteen (14) calendar days of the court's order.

In addition to any other penalty or condition imposed by the court for violating this section**,** the court may revoke the ~~aggressive or~~ potentially dangerous animal permit and order the surrender of the animal to the Aurora animal services division if the court finds sufficient evidence the owner has not complied with all the conditions or restrictions ordered by the court or has otherwise violated any other provision of Chapter 14. The owner of an animal ordered surrendered to the Aurora animal services division is subject to the surrender requirements as provided in section 14-4.

(g) *Waiver of the ~~Aggressive Animal or~~ Potentially Dangerous Animal Determination.* The owner of ~~an aggressive animal or~~ **a** potentially dangerous animal may apply to the Aurora animal services division manager to have the declaration waived after two (2) years upon meeting the following conditions:

(1) The owner of the ~~aggressive animal or~~ potentially dangerous animal has not been convicted of violating any provision of Chapter 14, other than one conviction of keeping barking dogs, for the previous two (2) years; and

(2) The owner of the ~~aggressive animal or~~ potentially dangerous animal has complied with all the court-ordered provisions, the provisions of this section, and the provisions of the ~~aggressive or~~ potentially dangerous animal permit for the previous two (2) years; and

(3) The owner provides proof to the Aurora animal services division manager of successful completion of a behavior modification program administered by a certified pet dog trainer, certified dog behavior consultant, or veterinary behaviorist, certified through the American College of Veterinary Behaviorists or equivalent training.

The Aurora animal services division manager shall forward the waiver request to the Aurora municipal court for a hearing to waive or rescind the ~~aggressive animal or~~ potentially dangerous animal declaration.

(j) ~~*Aggressive Animal,*~~ *Potentially Dangerous Animal Permit and Dangerous Animal Permit.* In addition to the conditions listed by this section for such permit, applications for ~~an aggressive animal or~~ **a** potentially dangerous animal permit and a dangerous animal permit shall include:

(1) The name and address of the applicant and of the owner of the animal and the names and address of two (2) persons who may be contacted in the case of an emergency.

(2) An accurate description of the animal for which the permit is requested.

(3) The address or place where the animal will be located together with the property owner's written consent or authorization to permit the animal on the property.

(4) A permit fee. In addition to the license fees provided by this Chapter, the owner of ~~an aggressive animal,~~ **a** potentially dangerous animal or dangerous animal shall pay an annual permit fee. The permit fee shall be established by the city manager in accordance with section 2-587.

(5) The microchip number of the animal.

(6) Proof that the animal has a current rabies vaccination.

(7) Such other information as required by the Aurora animal services division.

(k) *Continuation of Declaration*. Any animal that has been declared aggressive, potentially dangerous, or dangerous, or similar definition by any jurisdiction, shall be subject to the provisions of this ordinance. The person moving into the city owning any animal designated as aggressive, potentially dangerous, or dangerous, by any jurisdiction other than the city, shall notify the Aurora animal services division of the animal's address and the conditions of maintaining the animal

ordered by a court within ~~10~~ **ten (10)** calendar days of moving the animal into the city. The restrictions and conditions imposed by any other jurisdiction for maintaining an aggressive, potentially dangerous, or dangerous animal shall remain in effect and in the event of a conflict between the provisions of this section and the provisions of the other jurisdiction's restrictions or conditions**,** the more restrictive provision shall control.

(n) *Immediate euthanasia.* Nothing in this chapter shall be construed to prevent the immediate euthanasia by an animal care protection officer or a police officer of any ~~aggressive~~ **potentially dangerous** or dangerous animal when less drastic methods are not available or effective and when an animal care protection officer, a police officer or the animal's owner is unable to promptly and effectively restrain or control the animal.

Section 3. That subsection 14-8(a)(8) of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 14-8. - Keeping wild, exotic or dangerous animals or livestock.

(a) *Prohibited.* It shall be unlawful for any person to own, possess, harbor, sell or in any other manner traffic in the following species of animals:

(8) Foxes, wolves, ~~wolf hybrids,~~ coyotes, or other species of canines other than dogs. ~~For purposes of this section "wolf hybrid" means the offspring of a wolf (canis lupus) and a domestic dog (canis lupus familiaris) as determined by any percentage of wolf (canis lupus) in the animal's DNA test.~~

Section 4. That section 14-10 of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 14-10. - Damage to property.

Any animal owner whose animal, whether or not running at large, destroys, damages or injures any shrubbery, plants, flowers, grass, lawn, fence or anything whatsoever upon any public property or upon any private property shall be in violation of this. **An animal urinating or defecating on the items listed above is not enough to destroy, damage or injure under this section.** Any animal running at large struck by a vehicle and causing damage to such vehicle may be charged with violating this section.

Section 5. That subsection 14-12(1) of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 14-12. - Public nuisance.

Under this chapter, it shall be unlawful for any person to cause or constitute a public nuisance or to knowingly permit, encourage or unreasonably fail to prevent such nuisances. Nuisance, for purposes of this section, shall be deemed to be but not limited to:

(1) Any continuous and habitual violation of any section within this chapter. Factors to be considered may be but are not limited to a minimum of two convictions **of the same ordinance or three convictions of any of the ordinances** ~~for violations of this chapter~~ within a twelve month period, degree of aggravation or failure of the owner to take reasonable corrective action for any violation or all violations for which documentation exists.

Section 6. The City hereby repeals section 14-16 of the City Code of the City of Aurora, Colorado, pertaining to restitution:

~~Sec. 14-16 – Restitution.~~

~~All restitution paid, whether ordered paid by the court or otherwise authorized or imposed by this chapter without a court order, shall go to the Aurora animal services division's gifts and grants fund.~~

Section 7. That section 14-73 of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 14-73. - Reckless Dog Owner.

(a) Any person convicted of:

(1) A conviction of section 14-6. 14-7, 14-8, 14-12, 14-13, 14-71, or 14-75 of Chapter 14 of the City Code three (3) or more times in a twenty-four (24) month period; or

(2) A conviction of section 14-9, when the conviction is failing to remove the excrement in a kennel an animal is living in.

(3) A conviction of section 14-7, Keeping **aggressive,** potentially dangerous, ~~aggressive,~~ or dangerous animals, two (2) or more times in any five (5) year period shall be declared a reckless dog owner.

(b) If the Aurora municipal court determines an owner is a reckless dog owner, the court shall order the city licenses and permits of all dogs owned by the reckless dog owner to be revoked and shall order the owner not to own, keep, care-for, hold, possess, harbor, or maintain any dog for a period of one (1) year from the date of the declaration.

Section 8. That section 14-102(d) of the City Code of the City of Aurora, Colorado, is hereby amended to read as follows:

Sec. 14-102. - Shelter-neuter-return (SNR) program.

(d) A community cat received by the Aurora animal services division under the provision of this section is exempt from the ~~six-day~~ **five-day** impound hold requirement of section 14-4 to better ensure the cat is assimilated back into the community cat colony.

Section 9. Severability. The provisions of this Ordinance are hereby declared to be severable. If any section, paragraph, clause, or provision of this Ordinance shall, for any reason, be held to be invalid or unenforceable by a court of competent jurisdiction, the invalidity or unenforceability of such section, paragraph, clause, or provision shall not affect any of the remaining provisions of this Ordinance.

Section 10. Pursuant to Section 5-5 of the Charter of the City of Aurora, Colorado, the second publication of this Ordinance shall be by reference, utilizing the ordinance title. Copies of this Ordinance are available at the Office of the City Clerk.

Section 11. All acts, orders, resolutions, or ordinances in conflict with this Ordinance or with any of the documents hereby approved, are hereby repealed only to the extent of such conflict. This repealer shall not be construed as reviving any resolution, ordinance, or part thereof, heretofore repealed.

INTRODUCED, READ AND ORDERED PUBLISHED this ____ day of _____, 2022.

PASSED AND ORDERED PUBLISHED this _____ day of _____, 2022.

_____
MIKE COFFMAN, Mayor

ATTEST:

_____
KADEE RODRIGUEZ, City Clerk

APPROVED AS TO FORM:

_____
ANGELA L. GARCIA, Senior Assistant City Attorney