Aurora@Home
Aurora’s Collaborative Plan to Help Families in Need
We understand the current economic situation is impacting many families in Aurora. People have lost jobs and their homes and are struggling to find safe and stable places for themselves and their children to live. Others are at risk of being displaced from their homes. The Aurora City Council and elected officials from Adams, Arapahoe and Douglas Counties recognize that it is critical to have a way to assist these struggling families. We asked City staff to bring a group together to develop a plan to help address the needs of people who are struggling every day.

Our community has a terrific asset in a network of non-profit community service agencies and government partners. Over a year ago a community group was formed with representatives from non-profit organizations, Adams, Arapahoe and Douglas Counties, community leaders and Aurora staff to begin working on the Aurora@Home plan. This dedicated group has spent many long hours working to put a plan in place to assist with the needs of Aurora families who are at-risk of becoming homeless, or who are not currently living in a stable housing arrangement. Our goal is to assist at-risk families in obtaining services at the earliest possible point in time; and to ensure that they do not lose their housing, or if already displaced, to assist the families in obtaining stable housing.

The Aurora@Home plan is the direct result of the dedication of each member of the Community Group and the commitment of our partners. I appreciate and am grateful to all involved in this important effort. And I ask that we continue to work together in a strong and unified way to connect our resources and improve our services for families in need in our community.

Sincerely,

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Developing Aurora@Home: The City of Aurora Ten Year Plan to Prevent and End Family Housing Loss

Across the country, many states and municipalities are engaged in the development of 10-year plans to address housing loss. In early 2010, Mayor Ed Tauer announced the formation of the Aurora@Home Initiative, the launch of the community process for Aurora’s 10-year plan. The planning process was guided by a strong community stakeholders group comprised of 39 representatives from area government, service providers, schools, and other notable agencies and individuals in Aurora, as well as county, state, local and federal participation.

The year-long planning process was supported and mobilized by an Elected Officials Commission appointed by the Mayor, which included himself, Aurora City Council Representation, and county commissioners from the three Colorado counties within which Aurora is situated – Adams, Arapahoe and Douglas counties. The elected officials agreed that the plan should have strong investment from local nonprofits, and city, county, and community organizations, and that a crucial underpinning for implementation success would be community commitment to identify and employ collaborative tools for change and transparency.

The mandate for this initiative’s strategic response to family housing fragility and housing loss and poverty was to take into account the following programmatic, planning and policy contexts affecting and within Aurora:

• The State Housing Division’s plans to increase affordable housing across all areas of Colorado.
• The Arapahoe and Adams Counties’ 10-Year planning processes, and to collaborate with tracking and service provision, leveraging funding for non-duplication and increasing successful outcomes.

• Partnership with the Arapahoe-DouglasWorks, Adams County Workforce, and Tri-County Health.
• Efforts initiated by state and local community representatives to spearhead a larger regional planning process.
• The U.S. Department of Veterans Affairs newly-articulated commitment to their Five-Year Plan to End and Prevent Homelessness among Veterans (endorsed and mandated under the Obama Administration), and the presence of the VA Medical Center on the Fitzsimons campus.

• Affordable housing and prevention goals outlined in the City of Aurora Consolidated Plan 2010-2014, the city’s primary planning strategy document to ensure the city advances in a focused and inclusive way.
• Outcomes and effects of the Homelessness Prevention and Rapid Rehousing Program implemented under the American Reinvestment and Recovery Act.
• The development
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of a cohesive community leadership, which would take an active and invested role in developing and implementing the strategic plan for addressing housing instability and loss, employment barriers and future affordable housing needs in Aurora.

To that end, community stakeholder and elected officials groups were convened and plan development efforts were supported through the efforts of three additional working committees focused on housing, wraparound services, and employment services. Finally, key agency executives and city staff came together to form a core leadership group, which worked on the development of plan governance, work plan creation, and implementation recommendations.

Two primary guiding principles underlying the process are:
1) In line with the core values of the U.S. Interagency Council on Homeless for the Federal Strategic Plan to Prevent and End Homelessness (Opening Doors), we too affirm that ‘there are no ‘homeless people’ but rather people who have lost their homes and deserve to be treated with dignity and respect.’ To that end, whenever and wherever possible, this process, plan, and any of its programs or services, will seek to remove any potentially disrespectful or exclusionary and marginalizing terminology with respect to all persons experiencing housing instability, housing crisis, or housing loss.

2) All families in Aurora deserve safe, stable, and affordable permanent housing. Moreover:
   • Emergency shelter and motel-living is not housing.
   • Housing must be available for families to move into.
   • Services alone cannot end homelessness
   • Prevention efforts are key to stopping the tide of families experiencing the crisis of housing loss.
   • Data-driven solutions are vital to long-term outcomes.
   • Providing safe, stable and affordable family housing in Aurora requires community-wide collaboration.

All of the councils, committees and working groups who contributed to Aurora@Home utilized the following strategic practices and processes for providing recommendations for the plan:

• Focus on the spectrum of needed housing and services toward the goal of preventing and ending family housing fragility and loss.
• Develop an understanding of the strengths and needs in the current system.

• Identify existing strategies for collaboration and models.
• Strengthen and enhance existing systems that are working.
• Work together to enhance access to resources, and increase resources.
• Educate the community on the challenges of family poverty and the housing crisis, and increase wider community involvement and investment in ending family homelessness.
• Ensure a multi-level, multi-system investment to serve families in need.
• Create a new leadership structure that facilitates collaboration, transparency, and leveraging resources to provide services and housing for families in Aurora.

The stakeholders further recognized

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that families at risk of losing their homes or those who have already been displaced are not constrained by jurisdictional boundaries, and that families who are experiencing uncertainty or displacement due to economic hardship will seek help from wherever they can find it. As such, the initiative has acknowledged the importance of linking with regional planning efforts being carried out to address homelessness. It is understood that in order to effectively address the issues that impact vulnerable families, there must be a regional framework that both recognizes each community’s specific needs and priorities, and is structured to work collaboratively across and between jurisdictions. The goals, objectives and proposed activities in the Aurora@Home plan are designed to align, to the greatest extent possible, with the strategies being carried out or that are under development in neighboring communities, including those in Arapahoe, Adams, Denver and Jefferson counties.

Finally, the stakeholders recognize the need to align these efforts with the vision and priorities contained within Opening Doors: the Federal Plan to Prevent and End Homelessness, issued by the United States Interagency Council on Homelessness and the U.S. Department of Veterans Affairs Five Year Plan to Prevent and End Veteran Homelessness. By ensuring that the Aurora@Home plan is congruent with the Opening Doors and VA plans, our local efforts will be linked with the progress that is occurring on the national level to address homelessness.
Executive Summary
Between the months of June 2010 and March 2011, the city of Aurora, Colorado engaged in a process to develop a strategic plan focused on preventing and addressing housing instability and housing loss for Aurora families. Development of the plan included the participation of a diverse group of community stakeholders (see Appendix A.) and representatives of city and county government. The effort was spearheaded by Aurora Mayor Ed Tauer and representatives of Aurora City Council, with direction for planning efforts from the leadership of key city personnel, and facilitation provided by consultants from the OMNI Institute and Rivkin-Dutcher, Inc. The plan will be administered by the Aurora Housing Authority, in partnership with local service agencies, community members, and city and county officials.

At its core, the plan sought to embrace the following vision statement:

Aurora is a unique, family-oriented community – a suburban city with a small-town heart that honors its families and children as its most valuable natural resource. No child in America – no child in Aurora – should be without a safe and sustainable place to live. The current economic situation and the struggles families face have strongly impacted our city. We believe an equally strong and purposeful response is needed. Across Aurora, agencies, organizations and city departments have been providing safety-net services. We have now reached a pivotal moment to organize and expand our collective actions for a concerted effort fueled by collective decision-making toward a strategic goal: to keep our families safe and secure, to support our at-risk families and to help our children achieve their fullest potential in our community.

The completed plan, titled Aurora@Home, is organized around a comprehensive set of program, policy and infrastructure strategies designed to have a significant impact on Aurora families who are struggling with housing loss or fragility. While the larger plan will be implemented over the course of many years, primary focus is placed on key steps that will be taken in the first year. These steps, noted in the Next Steps and First-Year Work Plan section, will create a foundation for other plan goals, objectives and strategies. The initial Implementation Strategy includes a clearly defined collaborative Pilot Project (described in the Next Steps and First-Year Work Plan), in order to identify critical bottleneck junctures in services and accessing housing, in order to best coordinate, enhance and/or expand services and housing accessibility to structure full community implementation.
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Plan Goals at a Glance
The planning process was designed to support the creation of a community-based initiative informed by a collective community voice and vision. This approach was also intended to enhance collaboration and commitment across providers, community organizations, and city-county services and resources. Specifically, the process model included the following components:

• Engage local elected and civic leadership in decision-making and investment in strong commitments to address the needs of Aurora’s at-risk and displaced families.
• Create a cross-provider community-wide program to increase positive outcomes for family stability in permanent housing through a coordinated and streamlined assessment and service system.
• Communicate a strong message across the community that no child, no family, in Aurora, should be without a home.
• Eliminate barriers and waiting times for family housing access in Aurora through the development of key recommendations to increase access to permanent housing.
• Coordinate efforts to serve veteran families, and focus on veteran families in alignment with the VA five-year plan.

The Aurora@Home Plan is organized around four goals that are designed to have a significant impact on currently displaced families and those at-risk for being in fragile or unstable housing conditions. These goals are as follows:

1. Prevention
2. Provide Housing and Coordinate Emergency Shelter and Rapid Re-housing Efforts
3. Provide and Expand Supportive Services
4. Promote Responsive System Infrastructure and Sustainability

Taken together, the goals reflect a comprehensive strategy that will help to transform the service delivery system, improve and expand needed services, and result in meaningful and sustained outcomes for at-risk and displaced families. The following is a brief description of each goal.

1. Prevention
In order to help prevent families from ever experiencing loss of housing, it is critical to implement strategies that minimize the risks associated with family fragility and economic instability that lead to a housing loss crisis. This goal area is achieved first by rapidly identifying, assessing and providing responsive services to at-risk families in order to prevent a potential homeless episode. In addition, it is recognized that existing services will need to be better coordinated so that Aurora can accomplish more with existing service capacity. Finally, the goal sets forth strategies designed to assess strengths and gaps in prevention services capacity to support targeted expansion efforts.
2. Provide Housing and Coordinate Emergency Shelter and Rapid Re-Housing Efforts

It is expected that the families assisted through this plan will have a diversity of housing needs. This is likely to include emergency shelter, transitional housing, supportive housing and assistance with a transition to sustainable, permanent housing. To support implementation of this goal, efforts will be made to develop and monitor the supply of various housing options, leading to the creation of short and long terms plans for shelter and housing expansion and new development. Efforts will also be made to coordinate existing collaborative housing efforts, and enhance/expand housing-related services (e.g., rental assistance, security deposit) in Aurora and to develop efficient mechanisms by which families can access safe and sustainable housing options at the right time.

3. Provide and Expand Supportive Services

Families assisted through the Aurora@Home plan will require a variety of supportive services to help them maintain stable housing. While many services are currently available in Aurora, there are known gaps that will need to be filled in order for Aurora families to be successful. One clear opportunity outlined in the plan is to assist families in obtaining benefits for which they are currently eligible. It is also critical to map and database the larger service delivery system to examine current capacity, service gaps and existing mechanisms to assist families in accessing needed services. These service areas include employment assistance, health, mental health and substance abuse services, and the provision of various supportive or wrap-around services. Finally, because the service system is distributed across a host of government, private and non-profit providers, it will be important to help families navigate this complex service system. To meet this need, the plan specifies implementation of a common case management and service navigation model that will assist families in their efforts to access needed services.

4. Promote Responsive System Infrastructure and Sustainability

The final goal of the Aurora@Home Plan focuses on the development and implementation of needed system infrastructure to support and improve overall service delivery and effectiveness. This goal sets forth the creation of management information systems, as well as processes and protocols that are needed to make the plan, and Aurora’s families, successful. Areas of focus include the development of tools that will aid in the accurate assessment of family needs, research on and selection of an evidence-based case management model, development of a resources database to facilitate access to needed services, development of data-sharing agreements to support collaborative case management and service provision, and the creation and implementation of service delivery training on the Aurora@Home plan to facilitate wide-spread adoption.
Target Populations
While housing instability and the crisis of sudden housing loss affect a variety of populations, the Aurora @Home planning process targeted the substantial and growing needs of Aurora families who are at-risk of losing their homes or who are not currently residing in a stable housing arrangement, or those who have already lost their housing. These populations were selected due to the rising rate of family housing instability and housing loss, and the long-term negative impact this has on families and, in particular, children.

For the purposes of the plan, the population was defined as both single and two parent or caregiver households, with at least one child 17 years of age or younger.

As the plan is implemented, efforts will be made to develop a clear definition or profile of “at-risk” families since this term reflects a potentially wide range of eligible families. However, due to the continuing economic downturn, many new families have fallen into this general category through a sudden loss of job or underemployment, adjustments to a refinanced mortgage, unpaid medical costs, behavioral health problems, or some combination of these and other life issues. Given the growth in the number of families facing these issues, it was deemed critical to develop focused strategies that may prevent additional families from losing their homes.

Displaced families are those without a current permanent place of residence. They may be living with friends or family, in temporary shelter or a hotel, or even living in a vehicle. The number of displaced families is also seen to be on the rise due to limits in affordable housing and the range of health, economic and social issues they may be facing.

Where appropriate, goals, objectives and strategies are developed separately for each population group. For example, at-risk families require greater access to emergency preventive services such as rent, mortgage or utility assistance. Similarly, displaced families require greater support with the acquisition of benefits and assistance with affordable housing options. Both groups are further aided through common strategies that seek to improve functioning of the larger service system as well as increased coordination of needed services.

About Aurora, Colorado
Aurora is located in the center of the eastern suburban corridor of the Denver Metropolitan Statistical Area, and straddles Interstate 70, Interstate 225, and the E-470 Tollway. Aurora is the third largest city in Colorado with a population of approximately 325,000, according to the 2010 Census. The city is geographically divided principally across two Colorado counties (Adams and Arapahoe), with a small portion in a third (Douglas Co.). Aurora’s population currently makes up 32.7 percent of the combined populations of Adams and Arapahoe Counties.

The city of Aurora has had previous direct involvement to address family housing instability and re-housing efforts.
through the investment of significant time and dollars into creating access to home ownership and affordable housing, as well as co-developing and overseeing Aurora’s Homelessness Prevention and Rapid Rehousing Program (HPRP). The formalization of all these government, public, private and non-profit efforts, through Mayor Tauer’s initiative, has resulted in the Aurora’s Ten-Year Plan to Help Families in Need.

The community providers, though not formally organized into a Continuum of Care, have worked collaboratively to implement a range of mechanisms, including employment accessibility, literacy training, GED, emergency shelter, emergency housing, transitional housing, outreach, mental health and substance abuse services, direct assistance, and other supportive services. The geographical layout of the city across both Adams and Arapahoe counties (which have differing political and community approaches to human services) has created an additional layer of complexity to the linkages and coordination of services to be networked and developed over the course of the Plan implementation.
Assessment of Needs and Existing Resources

Poverty and the lack of economic resources for sustainability in permanent housing, as in most of the country, is a primary factor in putting economically fragile families at risk for losing their housing, and is a primary barrier for those already unhoused to achieve re-housing. Loss of housing disproportionately affects marginalized and low-income populations, earning low, subsistence level wages, and in periods of overall economic hardship, these families are likely to be severely impacted. Aurora’s poverty rate has increased from approximately nine to 15 percent and from nine to 11 percent across the state as a whole.\(^3\)

The current hourly Living Wage Standard for a dual-parent, two-child family in Aurora is $29.82 ($62,026 per annum, for all three County sectors)\(^4\) with 77 percent of the Original Aurora population in low/moderate income households. The median household income (2009) in Original Aurora is $35,941. In North Central Aurora the income is $42,612, with $45,914 in Northeast Aurora and $56,063 in South Central Aurora.\(^5\)

The Area Median Income for the City continues to decrease, and in 2008, 47 percent of the City’s renter households was cost-burdened, while currently overall, 50 percent of the Aurora population is cost-burdened.\(^6,7\) While the largest percentage of renter cost-burden is borne by large families (49 percent of large families), the largest number of cost-burdened families is made up of smaller family units – 17,641 small-family households. Fifty percent of all households in Aurora now can be considered low income, and more than 25 percent as very low income.

The majority of families who lose their housing do so as the result of downward economic and social drift with no network of support (safety net), spurred by a crisis that has limited or removed their ability to afford a rental unit. While the foreclosure crisis is still a challenge for Aurora, rental-based family housing loss is the leading cause of displacement. While most families will need supportive services, such as service navigation, health care access, education and/or job training, the core financial challenges are affordable housing and living wage employment.

This substantial need, coupled with the need for increasing the number of living wage jobs and training opportunities, presents significant barriers for Aurora’s displaced, fragile and at-risk families.

During periods of emergency or temporary housing, family needs and reactions are intensified, and children are in a further period of trauma and uncertainty. Research shows that the ongoing experience of financial chaos that keeps families at-risk, and causes periods of homelessness, have long-term developmental effects on children, including delayed and poor school performance, difficulties in trust, and long-term health consequences.

Aurora has, in addition, become a major entry point for those immigrating into the area, seeking to join family or begin their new U.S. life in Colorado. Unfortunately, the unrealistic dream of the availability of a wide range of living wage jobs and affordable housing puts this new segment of the Aurora community at risk, and many find substantial language, training, employment and housing barriers in finding a stable home for their families.
Of the 394 households counted in Aurora in the 2011 Point in Time Study, 200 of these were households with children, and 49 identified as veterans. All of those counted identified Aurora as their place of last permanent residence. Of the total Aurora respondents, 226 identified as individuals of color (174 African-American, 52 Hispanic/Latino), and another 25 of mixed race. These numbers are in alignment with the resident survey Consolidated Plan data, indicating that a statistically disproportionate number of families of color are both at-risk and displaced, with 0-30 percent AMI. There was only a 6.2 percent variance margin for respondent gender, with a majority of respondents female, 52.7 percent and 46.5 percent male; 137 families were single-parent headed, and 58 were dual-parent households.

More than 60 percent of those counted in Aurora for the PIT were homeless for less than one year, with 12.1 percent homeless for less than one month, 42.6 percent were first-time homeless. 110 (28.4 percent) were doubled up with family or friends, and 101 (26.1 percent) were in time-limited transitional housing. Fifty-three (13.7 percent) were found in emergency shelter, and of the 19 chronically homeless persons counted, only eight were living in families with children.

Self-reports for mental health (20.3 percent), serious medical condition (25.9 percent), and substance abuse (14.9 percent), were low, and in contrast to the self-reported reasons for homelessness. (See the table to the right.)

### Reasons for Housing Loss

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Loss</td>
<td>43.1 %</td>
<td>170</td>
</tr>
<tr>
<td>Family break-up or death</td>
<td>19.8 %</td>
<td>78</td>
</tr>
<tr>
<td>Housing costs too high</td>
<td>18.3 %</td>
<td>72</td>
</tr>
<tr>
<td>Eviction, Foreclosure</td>
<td>14.5 %</td>
<td>57</td>
</tr>
<tr>
<td>Medical problems</td>
<td>11.2 %</td>
<td>44</td>
</tr>
<tr>
<td>Mental illness</td>
<td>9.4 %</td>
<td>37</td>
</tr>
<tr>
<td>Non-Living-Wage</td>
<td>9.1 %</td>
<td>36</td>
</tr>
<tr>
<td>Family abuse or violence</td>
<td>8.6%</td>
<td>34</td>
</tr>
<tr>
<td>Other reason(s)</td>
<td>8.6%</td>
<td>34</td>
</tr>
<tr>
<td>Jail/Prison Discharge</td>
<td>7.6%</td>
<td>30</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>7.6%</td>
<td>30</td>
</tr>
<tr>
<td>Utility costs too high</td>
<td>6.1%</td>
<td>24</td>
</tr>
</tbody>
</table>
With the exception of family break-up, the top three reasons cited are directly related to employment and financial needs. About 28 percent of those counted were employed in the past month, and 12.9 percent were receiving entitlement benefits. While a small percentage (11.2 percent) were receiving TANF benefits (Temporary Aid to Needy Families), nearly half (48.2 percent) were receiving food stamps. Only nine of the 49 veterans counted were receiving VA Pension/Benefits.

The challenges of the physical geography and formal relationship of Aurora as a municipality across three counties, and only a few sites using HMIS or providing emergency shelter or services, create an immediate systemic barrier to understanding the extent of housing loss in Aurora. Previous and current Point in Time (PIT) Study counts, conducted both by paper documentation or the use of the HMIS database have had several limitations affecting the accuracy of reporting numbers for families in Aurora: 1) HMIS counts by the nature of the process only record those families who are actually seeking services; 2) both paper and HMIS counts typically reflect only those families who have already lost housing; and, 3) PIT counts have not been shown to be effective measures of homelessness for those living doubled-up with friends or family. By contrast, a privately commissioned study of poverty and homelessness for Adams County, counted an additional 828 unhoused persons to the 1,205 recorded in the PIT, and an additional 4,501 persons in Adams County living doubled-up due to loss of housing. In further contrast, although 200 families were reported in the 2011 Point in Time Study, Aurora schools data identifies 920 children without homes (unhoused, doubled up, or in other unstable housing conditions), 857 in the Aurora Public Schools, and an additional 63 in the Cherry Creek Schools. Given that the 2011 Point in Time study reported 200 homeless households with children in Aurora, and taking into account the numbers reported by the school districts and comparison to the recent findings in Adams County, it is highly improbable that the Point in Time count represents the extent or nature of the issues of family poverty in Aurora.

The Existing Services System
Aurora has substantial capacity in professional expertise among its provider partners, and has a continuum of service provision including, but not limited to, emergency assistance, medical and mental health services, domestic violence shelter and services, youth services, and substance abuse treatment and services. The lack of central coordination or a cohesive collaborative system (with the exception of the recent partnership under the
Homelessness Prevention and Rapid Rehousing Program (HPRP), however, has hampered community planning to address issues of poverty and affordable housing needs. The need for a coordinated and cohesive plan that is responsive to affordable housing access and stability in permanent housing with appropriate services is key to preventing and ending family housing instability crises and housing loss in the long term.

Identified Strengths and Gaps in the Housing and Services System

Emergency Shelter/Emergency Housing
Aurora Warms the Night annually provides a limited number of cold weather motel vouchers for emergency shelter for those who might otherwise be on the street. These cold-weather activations are in partnership and concert with the Cold Weather Sheltering Policy of the Aurora Police Department. Emergency (and short-term) housing is provided for a total capacity of 64 beds by Mile High Council/Comitis Family Services Center for youth, women, and women with children, and in primary partnership with the APD Cold Weathering Policy, activates as the primary staging area and overflow shelter.

Aurora@Home has the long-term goal of moving toward an integrated service model across the local continuum of care – with single-point-of-entry common intake (one-time registration) and coordinated access to services from multiple service providers. This model of service delivery significantly removes barriers to access, speeds up timelines for stabilization, and takes a more holistic approach to family needs (as multiple levels of services are provided by collaborating partners). Each agency will continue to specialize in its particular service-area strengths, and the model of service integration will strengthen each agency by minimizing duplication and potentially expanding the reach of given resources. The first step in what is expected to a long-term growth process will be to support a cooperative and networked collaboration across providers, as service integration relies on strong and successful collaborations among partners.

A strong emergency assistance network is in place, and professional-level services are available for those families coming into the service provision system. Gaps in service, and/or gaps in quantity of services and housing, begin to appear once families are brought into shelter or temporary housing. The next level (post basic needs) of services is not always readily available to families, and when available, often cannot meet the timeline or housing requirements needed to move families on to transitional and/or permanent housing. These service/time-delay gaps include: lost or missing documentation (including ID or social security number); not enough income or stabilized credit history to advance to next housing phase; substantial criminal barriers with regard to housing or employment; lack of safe and/or affordable childcare; need for more developed family life and parenting skills; need for substantial education and/or training to achieve and sustain living wage employment; lack of employment access or employment opportunities; and, the need for longer-term mental health and substance abuse treatment supports.
If, or when, these service/time barriers are overcome, further challenges exist in finding and gaining access to affordable permanent housing. While inventory reports show a substantial number of transitional and subsidized permanent housing units, assessments during the planning process revealed that these units are virtually inaccessible: 1) there are far too few transitional housing units, with too little turnover, to provide any substantial resource for stabilization housing; and, 2) for all practical purposes, there is no access to the current Aurora Housing Authority (AHA) housing units. The wait-list for AHA units is essentially closed, as it can take two to five years for an open unit, and the total number of families currently on that list is 544. The AHA provides a range of housing, including Housing Choice Vouchers, Family Unification Program Vouchers, Section 8, market rate units and transitional housing for families.

Certain service bottlenecks in the existing system of care also prevent or extend the time-frame for families accessing permanent housing or remaining in stable housing. These service systemic factors include: 1) families having exhausted the time-limit for emergency and short-term housing, but not having enough income or sufficient repair to credit history to access permanent housing; 2) criminal barriers; 3) lack of affordable childcare and/or parents needing substantial parenting support and skills; 4) lack of education or training to achieve a living wage job; 5) insufficient numbers of living wage jobs available; 6) unmet or ongoing mental health or substance abuse treatment needs; 7) lost or missing documentation; 8) lost or missing Social Security number(s); and, 9) few prevention services for at-risk and fragile families.

While there are a limited number of group-home or supportive service housing opportunities for individuals, there is no entity in Aurora providing permanent supportive housing for families. The increased numbers and more extensive needs of families needing such longer-term supports need to be evaluated during the Pilot Phase and the first full year of the plan’s implementation, for consideration and inclusion in the longer-term housing development plan.

The geographic growth of Aurora has created subareas of market-rate housing that have price-point markers in line with low- and very-low income household needs, but there is no formalized connection between these property owners and locations and the service provision and housing provider collaboration. And while Aurora has a substantial number of housing units affordable to those in the 30-50 percent AMI range, there are limited numbers of units (approximately 17 percent) available to those earning less than 30 percent of the Metropolitan Statistical Area’s median income (defined as $71,800 for household of four in 2008). In Original Aurora, only 7 percent of all units are affordable to households earning less than 30 percent AMI, while approximately 65 percent of units are affordable to
households earning between 30 and 50 percent AMI. HPRP implementation has begun to strengthen the partnership capacity between service providers and privately-owned housing, and this partnership will play a critical role in developing access to affordable housing for the families served under Aurora@Home.
## Organizations Providing Both Housing and Services

<table>
<thead>
<tr>
<th>Agency</th>
<th>Shelter/Housing Units</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arapahoe House [AH]</td>
<td>1768</td>
<td>● ● ● ● ● ● ● ●</td>
</tr>
<tr>
<td>Aspen Leaf [AL]</td>
<td>1762</td>
<td>164</td>
</tr>
<tr>
<td>Aurora Warms the Night [AWTN]</td>
<td>V5</td>
<td>6 7</td>
</tr>
<tr>
<td>Aurora Housing Authority [AHA]</td>
<td>19939</td>
<td>● ● ●</td>
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<tr>
<td>Aurora Housing Corporation [AHC]</td>
<td>11 124</td>
<td>● ● ●</td>
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<tr>
<td>Aurora Mental Health Center [AuMHC]</td>
<td>3018 6 44 10010 1511</td>
<td>● ● ● ● 12</td>
</tr>
<tr>
<td>Colorado Coalition for the Homeless Forest Manor [CCH-FM]</td>
<td>30103</td>
<td>● ●</td>
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<tr>
<td>Community-based LITCH Housing</td>
<td>250-3008</td>
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<tr>
<td>Community-based Sec. 8 Housing</td>
<td>50015</td>
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<tr>
<td>Florence Square6</td>
<td>150</td>
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<tr>
<td>Gateway</td>
<td>39</td>
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</tbody>
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| Mile High Council/Comitis Family Center | 3819 31 88 | ● ● ● ●
## Services Organizations

<table>
<thead>
<tr>
<th>Agency</th>
<th>Referrals</th>
<th>Outreach</th>
<th>Basic Needs/Meals</th>
<th>Transportation</th>
<th>Medical Care</th>
<th>Case Management</th>
<th>Mental Health/Support</th>
<th>Substance Abuse/Treatment</th>
<th>Counseling</th>
<th>HPRP</th>
<th>Rent/Dep/Util Assist</th>
<th>Job Training</th>
<th>Job Placement</th>
<th>Childcare Ref Service</th>
<th>TANF Service</th>
<th>Prescription Assist</th>
<th>Document Assist</th>
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<tbody>
<tr>
<td>Aurora Public Schools - Homeless Liaison</td>
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<td>Cherry Creek Public Schools – Homeless Liaison</td>
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<td>Colfax Community Network</td>
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<tr>
<td>Friends of St. Andrew</td>
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<tr>
<td>Home of Our Own (City of Aurora)</td>
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<td>It Takes a Village</td>
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<td>Lowry Family Center</td>
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<td>Metro Community Provider Network</td>
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<td>Salvation Army</td>
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Aurora’s Collaborative Plan to Help Families in Need
Plan Goals, Objectives and Strategies

This section outlines the goals, objectives and strategies developed through the Aurora@Home planning process. The strategy tables specify the areas that will be implemented in year one. It is expected that this area of the plan will be reviewed and updated regularly in response to successes, identified challenges and the changing needs of targeted Aurora families. The initial Pilot Program will provide expanded information on needs and gaps for use in enhancing full-scale implementation of Aurora@Home.

Goal 1: Prevention

Assist at-risk families in obtaining Aurora@Home Services at the earliest possible point in time to reduce risk and prevent housing loss.

This goal sets forth primary strategies for preventing homelessness. To help accomplish this goal, efforts are put in place to advertise services of the Aurora@Home project so that at-risk families understand where and how to access needed services provided through Aurora@Home and those provided by the VA. The goal also outlines strategies that support the assessment of family needs through a uniform tool, while providing efficient access to services with the aid of a common service plan and database of relevant resources. Finally, prevention efforts are aided by better utilization of existing resources through improved coordination and linkage of service delivery partners.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Promote and advertise services provided through the Aurora@Home program to engage at-risk and displaced families, including outreach through existing services, such as schools, the faith community, and partner organizations.</td>
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<tr>
<td>1.1.2 Develop clear entry points through current service providers to quickly assess needs and develop service plans.</td>
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<tr>
<td>1.1.3 Organize and database information on available emergency services including rental, utility and legal assistance.</td>
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</table>
Objective 1.2: Coordinate and expand the availability of prevention services for at-risk families.

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<tr>
<th>Strategies</th>
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<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.1 Leverage and build upon existing collaborative prevention efforts (e.g., HPRP-like systems, existing housing collaboratives, etc.)</td>
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<tr>
<td>1.2.2 Increase prevention services capacity by identifying and obtaining resources that support prevention efforts</td>
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</table>

Goal 2: Emergency Shelter and Rapid Re-Housing Efforts:
Improve housing outcomes for Aurora’s displaced families by increasing needed housing capacity and ensuring access to the most appropriate housing options.

This goal will be achieved by first assessing and developing a comprehensive inventory of current housing capacity in all areas: emergency shelter, temporary and transitional housing, supportive housing, and affordable housing. Once developed, plans will be created that outline approaches to the development of housing areas over time, including increased housing for veteran families with a priority on increasing emergency shelter capacity in the shorter term. The goal also seeks to leverage community partners, such as the faith community and housing developers, to explore and diversify options for the creation of housing and, finally, to organize existing efforts that have a role in helping families become stably housed.

<table>
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<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
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<th>Year 3-5</th>
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</thead>
<tbody>
<tr>
<td>2.1.1 Inventory and map locations of all housing stock across the continuum of relevant housing for displaced families</td>
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<tr>
<td>2.2.1 Identify unmet housing needs through participating agencies and organizations serving families in Aurora</td>
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</tbody>
</table>
Objective 2.2: Develop short- and long-term housing plans based on identified shelter and housing gaps.

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<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1 Examine resource requirements to meet housing needs and develop strategies to obtain this funding.</td>
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<tr>
<td>2.2.2 Develop a plan to meet the immediate short-term gap in emergency shelter beds for families as reflected in the capacity and gaps assessment.</td>
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<tr>
<td>2.2.3 Create longer term plans for each housing area in the continuum: • Emergency • Temporary • Transitional • Permanent • Permanent Supportive Housing.</td>
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<tr>
<td>2.2.4 Coordinate with existing city policy and existing plans for emergency housing and emergency services.</td>
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</table>

Objective 2.3: Explore and develop opportunities to leverage housing resources and collaborative relationships across the metro area.

<table>
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<tr>
<th>Strategies</th>
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<th>Year 1</th>
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<th>Year 3-5</th>
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<tbody>
<tr>
<td>2.3.1 Develop alternative emergency housing options with the faith-based and nonprofit community.</td>
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<tr>
<td>2.3.2 Improve the appropriate use of emergency vouchers for displaced families.</td>
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<tr>
<td>2.3.3 Develop partner relationships with both non-profit and for-profit housing developers to explore transitional and supportive housing opportunities.</td>
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<tr>
<td>2.3.4 Develop formalized partnerships with the regional continuum of care and state efforts to help to meet the needs of displaced families.</td>
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<tr>
<td>2.3.5 Formalize the Continuum of Care within Aurora.</td>
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</tbody>
</table>
Objective 2.4: Build upon, improve and coordinate current efforts that help displaced families obtain and retain housing.

<table>
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<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.1 Examine current practices and services through Aurora’s HPRP program, and identify components and processes that might be adopted as best practices.</td>
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<tr>
<td>2.4.2 Examine, refine and coordinate re-housing collaborative efforts in the city to better support displaced families.</td>
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<tr>
<td>2.4.3 Identify and recruit additional agency partnerships to expand and increase families’ access to housing.</td>
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</tbody>
</table>

Objective 3.1: Develop procedures to help at-risk and displaced families obtain benefits for which they are eligible. A key strategy also identified in the federal Opening Doors plan. Additionally, employment services are viewed to be critical for long-term housing stability, and efforts will be implemented to organize and expand employment supports. This goal also identifies the need for expanded wrap-around services, as well as increases in targeted physical and mental health, and substance abuse treatment, in cases where this interferes with maintaining stable housing. Finally, the plan recognizes the need to help families navigate the highly complex service system to be accomplished through implementation of coordinated and quality-enhanced case management processes.

Goal 3: Provide, Development and Implement Supportive Services

Continually assess, develop and provide services that meet the diverse needs of at-risk and displaced families to support them in obtaining and maintaining stable housing.

A variety of supportive services are needed to ensure housing efforts are successful. This goal outlines the various strategies needed to support both at-risk and displaced families through the provision of supportive services. One critical strategy is the development of a process that aids families in obtaining government benefits for which they are eligible. A key strategy also identified in the federal Opening Doors plan. Additionally, employment services are viewed to be critical for long-term housing stability, and efforts will be implemented to organize and expand employment supports. This goal also identifies the need for expanded wrap-around services, as well as increases in targeted physical and mental health, and substance abuse treatment, in cases where this interferes with maintaining stable housing. Finally, the plan recognizes the need to help families navigate the highly complex service system to be accomplished through implementation of coordinated and quality-enhanced case management processes.

<table>
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<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Develop systematic procedures for helping to determine eligibility and to facilitate enrollment into all publicly supported programs.</td>
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<tr>
<td>3.1.2 Coordinate efforts with county and state programs to facilitate efficient and timely access to publicly supported benefit programs.</td>
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</tbody>
</table>
**Objective 3.2:** Develop and provide access to employment services to help families obtain jobs and maintain appropriate housing.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1 Develop coordinated process between Aurora@Home and Workforce.</td>
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<td>3.2.2 Develop partner relationships with community-based employers.</td>
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<tr>
<td>3.2.3 Develop partner relationships with job-developers and supportive employment organizations.</td>
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<tr>
<td>3.2.4 Develop provider access system to educational and employment services and retraining.</td>
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</table>

**Objective 3.3:** Develop and provide client-driven support services to help families be successful with their housing and employment goals, including increased access to intensive primary health, substance abuse, and mental health services.

<table>
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<tr>
<th>Strategies</th>
<th>Pilot</th>
<th>Year 1</th>
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<th>Year 3-5</th>
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</thead>
<tbody>
<tr>
<td>3.3.1 Explore current capacity and gaps in relation to needed support services for both children and adults in at-risk and displaced families.</td>
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<td>3.3.2 Coordinate delivery to ensure efficient and timely access to needed services.</td>
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<td>3.3.3 Increase access to appropriate and responsive health, substance abuse and mental health services for children and families.</td>
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Objective 3.4: Provide service navigation to help coordinate service delivery and improve program outcomes.

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<th>Strategies</th>
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<tbody>
<tr>
<td>3.4.1 Implement protocols to standardize the provision of case management and service navigation efforts across the service delivery system.</td>
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<tr>
<td>3.4.2 Conduct periodic reviews of case management efforts to refine processes, improve service delivery, and increase positive outcomes for families and children.</td>
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Goal 4: Promote Responsive System Infrastructure and Sustainability

*Develop and implement infrastructure, systems and processes that support effective service delivery and the achievement of desired outcomes.*

The final goal of the Aurora@Home plan outlines strategies viewed as helpful for supporting the comprehensive implementation of the plan as reflected in needed infrastructure, systems and standard processes. These include the development of a comprehensive assessment tool that will be used to identify service needs, as well as conducting the research needed to select and implement a case management model. The project will also explore and develop standard protocols for the safe and confidential sharing of family information to support service coordination efforts and improve service efficacy. In order to support service access, the plan defines strategies for organizing the continuum of services needed by families served in the project and providing this information in a web-based system for use by all partners. Finally, this goal recognizes the various trainings efforts that will need to occur in order to organize and coordinate service delivery in relation to the

Objective 4.1: Develop tools and procedures to comprehensively assess the needs of at-risk and displaced families to identify the most responsive set of services.

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<th>Year 1</th>
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<tr>
<td>4.1.1 Identify core assessment areas that reflect the needs of displaced and at-risk families.</td>
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<td>4.1.2 Develop/select an assessment tool and coordinate the tool with MDHI assessment efforts.</td>
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<td>4.1.3 Develop and implement a process for implementing the assessment tool and a related case services plan.</td>
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<td>4.1.4 Organize and database information on available mental health and substance abuse services.</td>
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Objective 4.2: Regional planning and resource Development collaboration.

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<th>Year 3-5</th>
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<tbody>
<tr>
<td>4.2.1 Initiate and participate in regional planning processes, and integrate Aurora@Home with the eastern metro corridor ten-year plans, in support of a Regional Implementation model.</td>
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<td>4.2.2 Leverage national and regional cross-jurisdictional collaborations to create expanded System of Care funding efficiencies and opportunities.</td>
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Plan Governance Structure

**Governing Board**
The founding Aurora@Home Governing Board is comprised of core service agencies that will be key collaborative partners in the delivery of programs and services delivered under the Aurora@Home initiative. The board is the policy and decision-making body, with oversight of the program structure, services and on-going evaluation. Memoranda of Understanding and General Business Agreements will establish this group as a functioning entity which will provide a structure to apply for funding under the plan. The board guides the direction of the plan and the supporting community processes, and is accountable to elected officials, funders and stakeholders.

**Aurora Housing Authority Plan Administrator**
The Aurora Housing Authority will provide administrative and fiscal oversight for the plan and will manage the activities carried out by Aurora@Home staff (Coordinator). The Aurora@Home coordinator will work with each of the program sub-committees, coordinate efforts carried out by Aurora@Home Partners, and will manage and coordinate the implementation of the Aurora@Home program, as well as participate in informing and educating the community at large.

**Stakeholder Community Group**
The Stakeholder Community Group will include those organizations with a vested interest in the services and outcomes that Aurora@Home will provide, e.g., community members and organizations, schools, referral agencies, TANF, VA, etc. The Stakeholder Community Group will not have decision-making authority but will be able to refer participants to the program. It is also anticipated that these organizations may be able to apply for supported funding streams, (via Aurora@Home) of their own insofar as they are

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Aurora@Home’s Collaborative Plan to Help Families in Need
able to align and collaborate with the goals and activities of Aurora@Home.

Program Sub-Committees
The Aurora@Home Governing Board will establish five Program Sub-committees, which will be led by one or more of the board agencies with expertise in that specific area. The proposed Program Sub-committees are as follows:

- Funding and Marketing
- Education and Outreach
- Evaluation
- Housing
- Services

The work carried out by the program sub-committees will be monitored by the board and the administrator.

Next Steps and First Year Work Plan
Early priorities in the implementation process of Aurora@Home will be to formalize and convene the Initial Board, develop Board By-Laws and a Business & Sustainability Plan, and to seat the Operations Committee. Critical first steps for implementation will be to develop and formalize the infrastructure and processes for the initial Aurora@Home Pilot Program. The partner business agreement is fundamental to the immediate first steps, to be followed by agency-specific Memoranda of Agreement to formalize partner-provider roles and commitments.

Year 1 Objectives and Pilot Strategies to be accomplished are identified in the Goals and Strategies, with the following additional infrastructure tasks to be accomplished in years one and two by or at the direction of the Board.

Information Organization and Management

- Develop a web-based data system to manage resource and service information related to Aurora@Home assessment areas.
- Develop a sustainable method for obtaining and keeping information up to date.
- Develop a referral process that supports use of the data and ensures effective service access.
- Identify an entity to manage the website and service information.

Training and Capacity-Building

- Deliver ongoing update training on case management practices and protocols.
- Share individual organization expertise through system-wide trainings on clinical information, health care, and various service and treatment alternatives.
- Examine future funding opportunities and best-practice models.
- Increase funding opportunities and work collaboratively to increase resources for mental and physical health services.
Initial Implementation Pilot Program

- The provider agencies will initially implement a controlled pilot program including both at-risk and displaced families, to test the limits of the extent and outcomes of services provided and to specify and address further systems gaps in full implementation.
- This Pilot Program will take place in Year 1, and will include the Core Agencies, as well as other identified services and programs needed to provide the spectrum of needed services.
- Addressing childcare needs of at-risk and displaced families will be priorities in the pilot.
- Best practice models, systems and services will be utilized for the Pilot Program.
Appendix
Appendix A

Affordable Housing – Housing for which the occupant is paying no more than 30 percent of gross income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units.

Chronically Homeless – The U.S. Department of Housing and Urban Development currently defines chronically homeless as ‘an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes over a period of three years. This definition, after extensive debate within the federal government, appears to acknowledge that chronically homeless people are highly likely to cycle in and out of housing, on the streets, in emergency shelters, hospitals, mental health facilities and jail for varying periods of time.

Continuum of Care (CoC) – A local or regional system for helping people who are homeless or at imminent risk of homelessness by providing housing and services appropriate to the whole range of homeless needs in the community, from homeless prevention to emergency shelter to permanent housing. CoC is designed to provide the resources required to move a homeless person to self-sufficiency. The CoC has the following components—outreach and assessment, emergency shelter, transitional housing, appropriate supportive services, permanent supportive housing, and affordable permanent housing.

Disability – Federal laws define a person with a disability as ‘Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.’ In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism and other substance abuse, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Doubled-Up – A situation in which persons are living with relatives or friends, on a temporary basis, for economic or other reasons, and they have a host/guest relationship. These persons are not on a lease or mortgage and could be asked to leave at any time. The overcrowding often jeopardizes the housing stability of the host family when it violates occupancy loads or terms of their lease, such as under Section 8. This does not include legal arrangements such as foster care.

Emergency Shelter – Temporary shelter provided as an alternative to sleeping in places not meant for human habitation. Emergency shelter provides a place to sleep, humane care, a clean environment and referrals to other agencies. Length of stay may be limited, such as to 60 days and criteria for admission may vary, i.e. restricting to a particular sub-population (men or women with children only) or individuals in active addiction being ineligible, etc. Shelter is usually free for some period of time, though in some cases clients are required to pay for additional nights of shelter depending on income and circumstances.

Episodically Homeless – Individuals and families experiencing one or more episodes of homelessness over the course of a stated period of time. For example, an individual
or family may spend one or more nights in an emergency shelter twice over the course of three years.

**FUP Vouchers** – Family Unification Program Section 8 Housing Choice Vouchers provide to housing authorities working closely with local child welfare agencies, to identify families with children at risk. The program is designed to prevent children from entering foster care unnecessarily as a result of their family’s housing problems.

**GPD** – The Grant & Per Diem program of the U.S. Department of Veterans Affairs that serves homeless veterans with transitional housing and services through community partnerships.

**Group Home** – A dwelling unit in which special needs persons reside with supervisory personnel.

**Homeless** – The HUD definition is: (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (vehicles, abandoned buildings, etc.).
- The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, if that person does not have an identified place to live upon discharge.

**Homeless Management Information System (HMIS)** – A software application mandated by the federal government and designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

**Housing First & Rapid Rehousing** – Housing First is an evidence-based practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing permanent housing first and then providing services as needed and requested. This term is sometimes used synonymously with Rapid Rehousing (where evidence-based best practice shows that the fewer times displaced families and individuals have to move on the way to permanent housing, the chaos and trauma is reduced). Rapid Rehousing is not entirely synonymous with the Housing First model where persons who are chronically homeless are taken directly off the street and placed into permanent housing, which is often associated with Harm Reduction around substance use.

**HPRP – Homelessness Prevention and Rapid Rehousing.** A program under the Obama administration and operated under HUD, designed to assist households who would otherwise become homeless but for such assistance, and to quickly assist in rehousing those are homeless.

**HUD** – United States Department of Housing and Urban Development.
HUD-VASH – A permanent housing and services partnership between HUD and the U.S. Department of Veterans Affairs to provide housing (HUD) and services (Veterans Affairs Supportive Housing) for homeless veterans and their families. HUD-VASH is a prominent element of the VA’s Five Year Plan to End and Prevent Homelessness Among Veterans.

Individual Risk Factors – Conditions or characteristics that make it difficult for an individual (or an individual within a family) to function well enough to independently meet his or her housing needs or meet the housing needs of children in their care, and often lead to homelessness which include:
- Substance abuse/addiction
- Severe and persistent mental illness and mental disorders, such as post traumatic stress disorder, that impair an individual’s ability to function well enough to work and/or remain appropriately housed without supportive services
- Histories of abuse as children and/or as adults
- Learning disabilities
- Low educational levels
- Poor financial management and resultant bankruptcy/credit issues
- Poor job skills

Living Wage – The level of income sufficient to allow workers to meet the basic financial needs of their families without dependence upon outside (public) assistance. Living Wage factors take into account childcare needs, the various economies and housing costs of the geographic area, and specific family needs (as opposed to a general dollar-figure based on family size alone).

LITCH – Low-Income Tax Credit Housing. Housing fully or partially financed through the Tax-Credit or Investor Tax-Credit mechanism, to provide permanent housing to those individuals and families with low income.

Permanent Housing – Permanent housing, of any kind, where there is no limit set on length of residency.

Mainstream Resources – Includes entities such as Social Security Administration, Department of Social Services, etc., that clients can be connected with to increase income and address other needs.

Median Income – That income level at which an equal number of families/households have incomes above the level as below. The median income is based on a distribution of the incomes of all families/households.

Outreach Services – An array of services which are referral and/or therapeutic and delivered directly to the individual or family outside of traditional service delivery locations, as well as connecting individuals and families to existing service providers.

PIT/Point-in-Time Study – A Point-in-Time Study is a cross-sectional look at the variables and cohorts
of homelessness, on a specific date (in January) every year, and typically administered under a local Continuum of Care. The PIT in the Denver Metro area (which includes Aurora) is conducted under the auspices of the Metropolitan Denver Homeless Initiative.

**Poverty Threshold** – The poverty thresholds, or poverty indices, are the original version of the federal poverty measure. It is implemented to mean the standard family income threshold below which a family is officially classified as ‘poor’ and entitled to assistance (such as TANF).

**RCCF** – A licensed Residential Child Care Facility is a short-term shelter for unaccompanied youth, children/youth awaiting family placement, respite time-out, or other youth-only emergency services and interventions.

**Section 8 Housing** – An affordable housing assistance program offered by the federal government, either as rental vouchers (Housing Choice Vouchers) or as ‘project-based Section 8’ where the subsidies are attached to and remain with a specific building.

**Shelter** – Emergency housing, usually congregate, for people who are homeless. Size may vary from a handful of families to several hundred individuals. Shelters often restrict service to a particular sub-population, such as single men or families with children. Services may include assistance re-establishing identification; case management; employment, counseling, and resource referral; and assistance transitioning to transitional or permanent housing. Emergency shelter is typically at or close to the beginning of the continuum of services for those in housing crisis.

**Short-Term Temporary Housing** – Short-term housing that offers up to 120 days of integrated services and accommodations to persons as they move from homelessness to transitional or permanent housing.

**SSI/SSDI** – Social Security is responsible for two major programs that provide benefits based on disability. Social Security Disability Insurance (SSDI), which is based on prior work under Social Security, and Supplemental Security Income (SSI). Under SSI, payments are made on the basis of financial need.

**Supplemental Security Income (SSI)** – Program financed through general revenues. SSI disability benefits are payable to adults or children who are disabled or blind, have limited income and resources, meet the living arrangement requirements, and are otherwise eligible. The monthly payment varies up to the maximum federal benefit rate, which may be supplemented by the State or decreased by countable income and resources. For most persons on SS or SSDI, this is their only source of income, and thus severely limits housing options.
**Systemic Barriers** – Conditions beyond an individual or family’s direct control that act to create and/or perpetuate homelessness which include:

- The critical lack of affordable housing, including a significant reduction in public and subsidized housing units.
- Fragmented under-funded mental health and substance abuse treatment system.
- Low wage jobs that do not pay enough for a worker, working 40 or more hours a week, to afford decent housing.
- Limited or non-existent transportation to better-paying jobs in suburbs.
- An educational system that leaves many unprepared to earn a living wage in the job market.

**Supportive Services** – Services such as case management, physical and mental health services, or psychological counseling, child care, transportation, job training and/or job placement, provided for the purpose of facilitating people’s stability and independence.

**System of Care** – A framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to help individuals and families who need services or resources from multiple human service agencies to be safe and successful at home, in school, at work, and in the community and through this assistance make the community a better place to live. The System of Care builds on individual and community strengths, and makes the most of existing resources to help these individuals and families achieve better outcomes.

**TANF** - Temporary Assistance for Needy Families (TANF) provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. Citizens may apply for assistance at their local TANF agency.

**Temporarily Displaced** – Individuals and families that usually manage to maintain residential stability but are temporarily displaced from permanent housing due to a variety of factors and simply need temporary shelter/housing assistance to regain residential stability. Displacing factors may include a sudden loss of income, a medical emergency, a catastrophic illness, a fire, or other destabilizing situation.

**Thirty Percent of Median Income** – Considered extremely low income.

**Trauma** – An event or series of events, which threatens one’s life or physical integrity and is unusual and psychologically distressing. Trauma results in feelings and behaviors that may result from or lead to homelessness, such as paralyzing depression, hyper-vigilance, flashbacks, or avoiding independent behavior that might have precipitated past violence.

**Transitional Housing** – A structured program that combines up to 24 months of housing with supportive services to assist homeless persons in obtaining a level of self-sufficiency and prepare for subsequent transition to permanent housing. Transitional living programs may target their services to a particular subpopulation of people who are homeless, such as families, single individuals, veterans, or individuals in recovery from substance abuse.
Appendix C
Description of Current Services and Service Providers in the City of Aurora

National and State Groups

Center for Responsible Lending
www.responsiblelending.org
The Center for Responsible Lending is a nonprofit, nonpartisan research and policy organization dedicated to protecting home ownership and family wealth by working to eliminate abusive financial practices. CRL is affiliated with Self-Help, one of the nation’s largest community development financial institutions.

Colorado Children’s Campaign
www.coloradokids.org
The Colorado Children’s Campaign is the leading voice for Colorado’s 1.2 million children. Through their research and advocacy, CCC works to increase access to health coverage and wellness for kids; increase access to and the quality of early childhood care and education; reduce the state’s dropout rate and improve the quality of K-12 education; and improve the state’s ability to respond to children’s needs appropriately through fiscal reforms.

Colorado Community and Interagency Council on Homelessness
www.colorado.gov/cich/pit
The Colorado Community and Interagency Council on Homelessness is a statewide council created to identify and secure resources, encourage public dialogue and community collaboration, and advocate for public policy change to end homelessness.

Colorado Housing and Finance Authority
www.chfainfo.com
CHFA’s mission is to finance the places where people live and work throughout Colorado. CHFA provides fixed rate financing to home buyers, small to medium sized businesses, and multifamily rental housing developers. CHFA also provides education and technical assistance about affordable housing and economic development.

Legal Aid Foundation of Colorado
www.legalaidfoundation.org
Legal Aid Foundation of Colorado is a statewide, nonprofit legal advocacy and lawyer referral firm that provides free legal services in civil matters to low-income people in order to ensure equal access to justice and to remove legal barriers to economic opportunity.

National Alliance to End Homelessness
www.endhomelessness.org
The National Alliance to End Homelessness is a nonpartisan, mission-driven organization committed to preventing and ending homelessness in the United States.

National Law Center on Homelessness & Poverty
www.nlchp.org
The mission of NLCHP is to prevent and end homelessness by serving as the legal arm of the nationwide movement to end homelessness.

United States Department of Veterans Affairs
www.va.gov
The Department of Veterans Affairs provides a range of medical, mental health, benefits and outreach services to U.S. veterans, including homelessness prevention, supportive services for veteran families, transitional housing for homeless veterans, and Housing Choice Vouchers in
Aurora@Home

partnership with the U.S. Department of Housing and Urban Development.

United States Interagency Council on Homelessness
www.ich.gov
The Interagency Council on Homelessness, established by Congress in 1987 is responsible for providing Federal leadership for activities to assist homeless families and individuals.

Local Agencies, Organizations and Groups

Adams County Housing Authority
www.adamscountyhousing.com
Adams County Housing Authority is dedicated to helping county residents come home. ACHA provides access to both affordable housing and services that offer a solid foundation on which to build economic independence.

Arapahoe-Douglas Works! (ADWorks!)
www.adworks.org
Arapahoe/Douglas Works! Workforce Center is a member of the Colorado Department of Labor and Employment’s statewide network of workforce centers, which provide a variety of no-cost services to job seekers and businesses. Arapahoe/Douglas Works! serves as a critical resource to connect people and businesses in Arapahoe and Douglas Counties, and throughout the Denver/Aurora metropolitan region.

Arapahoe House
www.arapahoehouse.org
Arapahoe House provides substance abuse treatment and mental health services to vulnerable individuals and families in metro Denver. With 13 locations and more than 20 specialized services, Arapahoe House is Colorado’s leading nonprofit provider of affordable drug and alcohol treatment and behavioral health services.

AH provides substance abuse illness treatment for women and their children, teens, adults and families to help save and rebuild lives.

Asian Pacific Development Center
www.apdc.org
APDC provides services across the region in language, victims’ assistance, sexual assault prevention, mental/behavioral health, health promotion, youth services, and ESL and citizenship classes.

Aurora Community College
www.ccaurora.edu
ACC provides job training partnerships, GED classes, career planning, online courses, and multiple support opportunities.

Aurora Housing Authority
www.aurorahousing.org
Since 1975, the Housing Authority of the City of Aurora (AHA) has worked to provide affordable housing in the community. AHA owns and manages several housing programs to ensure residents of Aurora with low and moderate incomes have safe, decent, and affordable housing.

Aurora Housing Corporation
www.aurorahousing.org
AHC provides supportive services for those in transitional and other housing for the Aurora Housing Authority.

Aurora Interchurch Task Force
www.interchurch.info
Aurora Interchurch Task Force, Inc. is a non-profit agency whose sole aim is to express Christian concern by providing substantive emergency assistance to the citizens of Aurora.

Aurora Police Department
www.auroragov.org
The Aurora Police Department has been awarded national accreditation with CALEA, and provides a wide range of
community policing and community oriented services, including Victims advocacy, Emergency assistance, and Cold weather services for those homeless or otherwise at-risk.

**Aurora Mental Health Center**
www.aumhc.org
Aurora Mental Health Center is committed to helping everyone in their care live a full and rewarding life, free of the debilitating effects of mental illness, by providing quality preventative education, the right clinical care when needed, and by teaching coping and life management skills that enable people in all circumstances to control their attitudes, emotions, behaviors, and their lives.

**Aurora Public Schools**
www.aurorak12.org
APS’ vision is to graduate every student with the choice to attend college without re-mediation. APS provides education and services to a wide range of students with diverse needs, including assistance with books, materials and supplies, as well as service referrals for housing and basic needs.

**Aurora Warms the Night**
www.aurorawarmsthenight.com
AWTN provides emergency cold weather housing vouchers, food, referrals and access to supportive services from multiple partners in their location in Original Aurora.

**Cherry Creek Schools**
www.cherrycreekschools.org
Cherry Creek Schools provides education and services to a wide range of students with diverse needs, including assistance with books, materials and supplies, as well as service referrals for housing and basic needs.

**City of Aurora – Neighborhood Services**
www.auroragov.org/AuroraGov/Departments/Neighborhood_Services/index.htm
Neighborhood Services works to maintain community appearance and enhance the quality of life in all Aurora’s neighborhoods. This is accomplished by promoting citizen awareness of and involvement in programs, improvements and services.

**Colorado Coalition for the Homeless – Forest Manor**
www.coloradocoalition.org
CCH provides a large number of housing types and opportunities across the region, including a permanent supportive housing environment in Aurora for formerly chronically homeless individuals with severe and persistent mental health needs.

**Department of Human Services - Adams County**
www.co.adams.co.us
The Department of Human Services provides social services programs with integrity and innovation to residents of Adams County in partnership with the community, state and federal entities.

**Department of Social Services – Arapahoe County**
www.co.arapahoe.co.us/Departments/HS/index.asp
The Department of Human Services is committed to offering
financial assistance and protective services to children, families and elderly and disabled adults in our community.

**Disabled American Veterans, Aurora Chapter #11**  
www.davmembersportal.org/chapters  
The Disabled American Veterans (DAV) has been dedicated to a single purpose: building better lives for America’s disabled veterans and their families.

**Friends of St. Andrew**  
www.queenofpeace.net/friends_st_andrew.html  
Friends of St. Andrew serve the poor and homeless of Aurora by providing daily meals, emergency food baskets, personal care items, funding for medical prescriptions on an emergency basis, assistance in obtaining identification, access to telephones, referral listings for additional assistance, and an address to receive personal mail; spiritual needs are served (upon request) with bibles, rosaries and Christian literature.

**Gateway Battered Women’s Services**  
www.gateways shelter.org  
Gateway Battered Women’s Services is the only agency specifically serving victims of family violence in the city of Aurora and Arapahoe County Colorado, including all of the rural cities. Gateway also serves women and children from the surrounding counties who may need our services.

**It Takes a Village**  
www.ittakesvillagecolorado.org  
It Takes A Village is a non-profit, tax-exempt organization whose mission is to reduce health and social disparities among people of color in the Denver/Aurora, Colorado metropolitan area. ITAV provides a wide range of services, including but not limited to, community building for African-American men; assistance, advocacy and emotional support to HIV-positive individuals and their families; HIV and STD testing; HIV & STD counseling, homelessness prevention, substance abuse services for HIV positive and at-risk individuals.

**Habitat for Humanity of Metro Denver**  
www.habitatmetrodenver.org  
Habitat for Humanity of Metro Denver builds and sells homes to hardworking people in need of decent and affordable housing. HH MetroDenver is an independent affiliate of Habitat for Humanity International, a non-denominational Christian housing ministry and global home-building movement. Habitat welcomes all people, regardless of race, religion, ethnicity, or any other difference, to join in building homes for people in need.

**It Takes a Village**  
www.ittakesvillagecolorado.org  
It Takes A Village is a non-profit, tax-exempt organization whose mission is to reduce health and social disparities among people of color in the Denver/Aurora, Colorado metropolitan area. ITAV provides a wide range of services, including but not limited to, community building for African-American men; assistance, advocacy and emotional support to HIV-positive individuals and their families; HIV and STD testing; HIV & STD counseling, homelessness prevention, substance abuse services for HIV positive and at-risk individuals.

**Metro Community Provider Network**  
www.mcpn.com  
Metro Community Provider Network (MCPN) is a non-profit health care organization that provides medical, dental, mental health, substance abuse, pharmacy, and community based services which include case management, outreach to the homeless, adolescent services, health education, and maternal child health to the underserved, uninsured and working families who cannot afford these services.

**Mile High Council/Comitis Family Services**  
www.milehighcouncil.org  
The Council is a leader in innovative prevention and treatment techniques for alcohol abuse, other drug use and addictions. The Council is dedicated to providing quality services and programs with a focus on promoting prevention, treatment and education. Through its Denver and Aurora locations, the Council provides emergency housing, cold weather care overflow, transitional housing for women veterans and their children, and an RCCF center for unaccompanied youth in Aurora.

**Regional Transportation Department (RTD)**  
www.rtd-denver.com  
RTD operates system-wide public transportation in the Denver Metropolitan
Statistical Area. RTD provides ADA access, low-cost passes for homeless and disabled individuals, and to children in school.

**Salvation Army**  
www.salvationarmyaurora.org  
The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. Salvation Army provides food bank services, basic needs services, counseling, drug & alcohol treatment services, and transitional housing.

**Tri-County Health Department**  
www.tchd.org  
Tri-County Health Department provides a wide range of prevention and health services with their mission to protect, promote and improve the health, environment and quality of life for the residents of Adams, Arapahoe and Douglas Counties.
Appendix D. Cold Weather Policy
Definitions and Initial Treatment Instructions

Life safety is paramount among priorities for the Aurora Police Department, and is critical people who would be otherwise left without shelter and exposed to cold weather be given the opportunity to have protection from the elements. The purpose is to specify a plan for how the police department will help ensure that all people are afforded proper shelter under extreme conditions.

Hypothermia: When exposed to cold temperatures, the human body begins to lose heat faster than it can be produced. Prolonged exposure to cold will eventually use up the body's stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it. Hypothermia is most likely at very cold temperatures, but it can occur even at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat, or submersion in cold water. Victims of hypothermia are often (1) elderly people with inadequate food, clothing, or heating; (2) babies sleeping in cold bedrooms; (3) people who remain outdoors for long periods—the homeless, hikers, hunters, etc.; and (4) people who drink alcohol or use illicit drugs. A person with severe hypothermia may be unconscious and may not seem to have a pulse or be breathing. In this case, handle the victim gently, and get emergency assistance immediately. Even if the victim appears dead, CPR should be provided. CPR should continue while the victim is being warmed, until the victim responds or medical aid becomes available. In some cases, hypothermia victims who appear to be dead can be successfully resuscitated.

Frostbite: Frostbite is an injury to the body that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation and among people who are not dressed properly for extremely cold temperatures. At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin—frostbite may be beginning. These signs may indicate frostbite:
- A white or grayish-yellow skin area
- Skin that feels unusually firm or waxy
- Numbness
  A victim is often unaware of frostbite until someone else points it out because the frozen tissues are numb.

Key Contacts
The Police Emergency Services Coordinator (PESC) serves as the primary police department point of contact with other area stakeholders involved in this plan. The victim services unit coordinator and patrol commanders are key stakeholders within the police department. Key stakeholders outside of the police department include but are not limited to:
- Comitis Crisis Center
- Aurora Warms the Night
- Aurora Office of Emergency Management
- Aurora Neighborhood Services
- Aurora Public Safety Communications

These stakeholders each potentially play a role in supporting this procedure. The primary resource is the Comitis Crisis Center where...
Plan Initiation
This plan is focused on three general conditions, the combination of the first two of which could result in a real and present danger to people:
• Temperatures are at or below 32°F or weather conditions include singularly or a combination of cold, wind, and/or precipitation making the possibility of hypothermia, or other temperature-related dangers such as frostbite.
• Affected people are without proper shelter.
• Police may be in contact with such people.

When weather conditions are predicted to produce a dangerous potential for people who are without shelter, the police duty lieutenant will initiate the cold weather sheltering plan. The duty lieutenant will notify Public Safety Communications, who will then send a notification via the Everbridge Emergency Notification System to predesignated recipients with a pre-defined message. The duty lieutenant will ensure necessary notifications within the police department are made. Once the plan is implemented the entire city will adhere to the policy and the following procedures will be applied.

Procedures
Members of the police department who encounter any person who is without shelter during weather conditions described above, or any adverse weather condition which threatens the safety, health or well being of the person, will ensure he/she be given the opportunity, through resources identified in this plan, to have shelter. Police department personnel who cannot offer transportation to a person should take appropriate actions under this plan and request a patrol officer for transport if necessary. When contacting a person who has no access to shelter during cold weather conditions, take the following actions:
• Evaluate the person for possible medical concerns (e.g. frostbite or hypothermia) and if suspected, call for Fire/Rescue to evaluate the person.
• Determine whether there are indications of mental illness and address as appropriate (See 6.13 Police directive Handling the Mentally Ill).
• Determine whether there are indications of drug or alcohol intoxication and proceed appropriately. (See Police directive 6.12 Emergency Detoxification Holds).
• Police will conduct appropriate and normal law enforcement functions (ID and warrant checks etc.).
• Upon conclusion of any law enforcement function where the person is not being detained, inform them that due to the cold weather, they can be transported to a staging area where shelter will be arranged for them.
• If the person desires transport, the police officers will transport the person to the Comitis Crisis Center. The person needing shelter is escorted to the staging area by the officers. Document the name(s) of the staff member(s) at the staging area receiving the transported person as well as the names of all people transported and from the location where they were transported.
• If the affected person not want assistance, provide he/she with alternative resources.
  Document the name of the person and the location
where he/she was contacted and that the person refused transport.

**Staging Area**
The Council and Comitis Family Services (Comitis Crisis Center)
2178 Victor Street
Aurora, Colorado
Help Line 303-343-9890
Office 303-341-9160
Appendix F. References

Aurora’s commitment to addressing homelessness is simultaneously articulated in the City of Aurora Five-Year Consolidated Plan, 2010-2014.


City of Aurora Consolidated Plan, 2010-2014.

http://www.livingwage.geog.psu.edu/places/0800504000

City of Aurora Consolidated Plan, 2010-2014.

Ibid.

758 percent of households were cost-burdened in Original Aurora. Ibid.

82011 Point in Time Study, Metropolitan Denver Homeless Initiative.

Some respondents identify more than one reason for the current episode of homelessness.

Conducted by Community Strategies Institute.


Ibid.

This prevention barrier is further compounded by the closing of the Catholic Charities Emergency Assistance Center in Aurora, slated for August 2011. This site has provided food bank, employment services & counseling, Victims Assistance, and rent/mortgage and utilities assistance to 12,000 unduplicated families per year.

City of Aurora Consolidated Plan, 2010-2014.

Charts

Notes

(pages 18 and 19)

Limited numbers for families living in strip motels, and limited times to after-school and holidays.

For displaced individuals and families who are clients of Arapahoe House.

79 Housing Choice Voucher for individuals and families. 32 family units dedicated to HPRP families.

Mental health.

Provided 2100 nights of emergency shelter in 2010 through motel vouchers {V} during Cold Weather Activation.

Through co-location partnership with Aurora Mental Health Centers.

Ibid.

Mental health.

For individual veterans.

Scattered site Section 8.

For individual veterans.

HPRP Lead Agency for the City of Aurora.

For severely and persistently mentally ill formerly homeless individuals.

Scattered site: poor quality, usually filled.

Ibid.

Privately owned, subsidized permanent housing 0+ income, always filled.

Overflow beds for families and individuals, in conjunction with Cold Weather Activation; 24 beds for unaccompanied youth in RCCF unit.

For women veterans and their children.

Includes 707 permanent units and 1286 Housing Choice Vouchers.