

Executive Summary

In November 2019, the Fort Collins City Manager convened an Advisory Committee of diverse members representing service providers and community members with and without lived experience with homelessness to explore and surface recommendations and considerations around expanding emergency shelter capability within Fort Collins. The committee began this work in support of our community's goals of making homelessness rare, short-lived, and non-recurring.

The committee learned about the current situation facing community members experiencing homelessness through reviewing data, panel discussions with providers and responders, conversations with each other, and visiting current shelters. They surfaced current gaps in services for different populations and trends in data. Despite being interrupted by the COVID-19 pandemic, most committee members continued participating after a multi-month break in active meetings to assemble this report.

The committee recommends a 24/7 shelter model to serve basic needs, built for current and future capacity and uses, fully accessible for the population(s) served, and able to assess the needs of the whole person. The committee differed on structure, oversight, and amount of services, and how population(s) would be best served - including how much medical, trauma-informed services, and outdoor space use would be ideal.

Considering a campus or co-located model, the committee recommends: achieving clarity around who is being served; shared governance model, roles, responsibilities, and non-duplication of services amongst providers; ensuring basic services can be provided; and locating shelter near public transportation. The committee agrees serving multiple populations safely may be challenging. Opportunities of co-location include efficiency in service delivery and helping the community understand the real need for services.

Points of difference and tradeoffs around a campus or co-located model include: whether to locate services on a large campus or throughout the community, cost increases with enhanced services, unduly burdening one part of our community versus spreading our shelters, and inclusion of permanent supportive housing with the shelter. Concerns of a campus model include increased cost for a larger parcel of land, increased cost for security and safety for those accessing services and the surrounding areas, and risks of undesirable or illegal activity.

Criteria for site feasibility include recommendations to ensure: services needed by the population(s) served are available through co-location or are nearby; not overburdening any part of our community; understanding of affordability and needed infrastructure now and into the future; and early and effective engagement with potential neighbors. Considerations include design of the facility for mental health and wellness, efforts to combat isolation and foster positive connection with the broader community.

Strategies to address and mitigate challenges focused on several concerns, namely, how to: prevent restricting poverty to one part of town; resource upfront and ongoing costs of new shelter; *both* safe shelter *and* more affordable housing are needed yet are seen as competing for resources; dealing with the current pandemic and what comes next; and how to continue community and neighborhood dialogue.

Unresolved questions are listed at the end of this report for future reference and use in this process.

Introduction - Committee Process

Like other cities in the United States, Fort Collins is a place where individuals and families experience homelessness. Our community has adopted the goal of making homelessness rare, short-lived, and non-recurring. Yet our existing shelter facilities are strained by the extent of the need.

The City Manager convened an Advisory Committee in the fall of 2019 to “enhance the overall community engagement process with in-depth, joint exploration and recommendations regarding the potential development of...homeless service options in Fort Collins.”

Members’ roles were to “Advise City Manager on key considerations and varying perspectives” and “Represent community interests to identify opportunities and concerns related to concepts and potential sites, if applicable.”

Meetings topics included awareness and understanding of the homeless challenge and gaps, effective response models, concerns and opportunities around a campus model, mitigation strategies, siting criteria, potential locations, and recommendation and mitigation strategies. While the original charter indicated “affordable housing” would be covered, the committee quickly honed in on emergency shelter as its primary focus within the housing continuum. Members of the committee visited current shelters to understand current conditions and needs first hand.

The diverse group of committee members selected included service providers, business owners, faith-based groups, nonprofits, housing and health specialists, and those with lived experience. In an effort to include more perspectives, the committee voted to add three additional perspectives to include regional shelter leaders and County representatives.

The group’s work took place in two phases:

1. **Awareness and Understanding of Current Situation.** From November 2019 to February 2020, the committee learned about response models, current community situations, and gaps in current services from community members and service providers. The COVID-19 public health crisis caused the group to pause for four months.
2. **Developing Specific Recommendations and Considerations.** The group reconvened virtually starting in June 2020, drawing upon lessons learned from the COVID-19 response setting up and operating a 24/7 emergency shelter at Northside Aztlan Community Center. Between June and September the committee began developing specific recommendations and considerations, based on previous dialogue and new learnings.

Awareness and Understanding of Current Situation

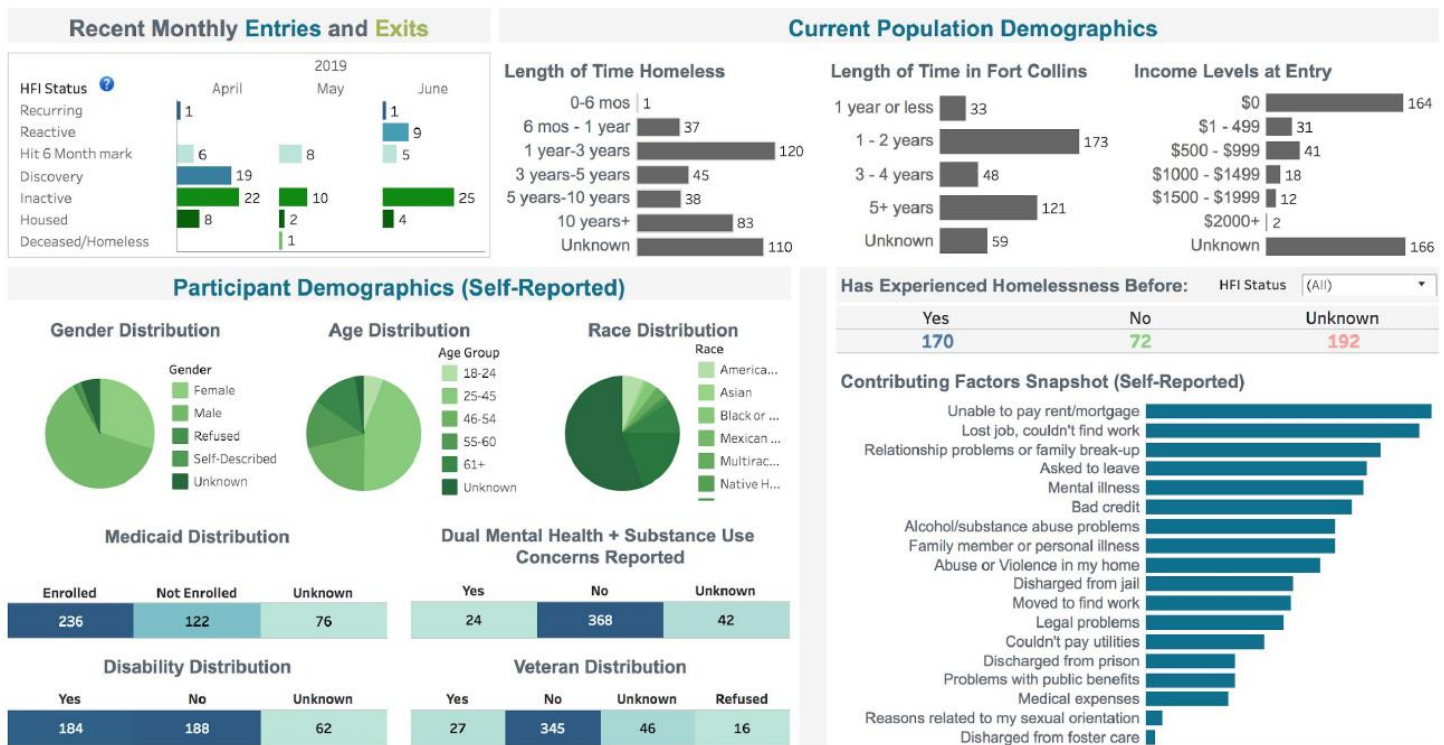
The first half of the committee’s work focused on building an understanding of current conditions, learning about different response models, hearing directly from affected community members, and identifying gaps

throughout the system of services and facilities for people experiencing homelessness.

Service providers in Fort Collins use the Housing First Model and operate with the philosophy that providing services is more effective if people get housing first. While adopted by the City and required by the State of Colorado and HUD for emergency shelter funding access, not all Committee members agree with this approach.

Lack of livable wage, affordable housing, high child care costs, and unreliable transportation influence the ability to maintain housing. Abuse, trauma, chemical dependency and crises significantly compound to create the need for complex, individualized plans for recovery. The COVID-19 pandemic exacerbates these challenges.

There is a difference in need and response for those chronically homeless and the short-lived situations. Stereotypes and stigma often focus public perception to a single male experiencing homelessness. Yet lived experiences are diverse and categories of labeling overlap. Fort Collins currently lacks the differentiation of shelter options for different populations and the committee recognizes unique needs for the following groups: non-family couples, families with school-aged children, unaccompanied youth, disabled people/seniors/those with ADA needs, sober/in-recovery, those coming out of jail, LGBTQIA+, and people with pets.



*This data is of people experiencing homelessness of 6 months or longer, and only those who utilized services. Graphic produced by Housing First Initiative - homeward2020.org

According to our service providers, individual case-management and affordable housing help people self-

resolve.

As of February 24, 2020, individuals and families experiencing homelessness could seek services at The Murphy Center, Fort Collins Rescue Mission, Catholic Charities, Crossroads Safehouse, and Family Housing Network. On average, these sites serve 275 individuals at a time: 220 bed + 4 family rooms + niche sites.

Both the Fort Collins Rescue Mission and Catholic Charities shelters are over capacity and regularly overflow with mats on the floor in multi-purpose rooms. The committee learned in our community, shelters are de facto housing for about 300 - 400 people at any given time.

Service providers agree existing space and shelter are inadequate for our community's current and anticipated needs.

Panel presentations from nonprofit and county service providers, Fort Collins police, and business owners helped the group identify gaps in these areas:

- Services
- Locations
- Populations Not Well-Served
- Space Needs

Additionally, members of the business community feel responsibility for caring for people experiencing homelessness is falling disproportionately on one segment of the community. These members expressed continued frustration at unsafe and threatening activities like loitering, exposure to needles, and trash in the areas near existing shelters.

The unexpected COVID-19 pandemic and resulting rapid, collaborative response to the crisis helped providers realize benefits of a 24/7 shelter model. In three months of emergency services, the Murphy Center served 20% more people than they planned to serve in a whole year. Currently (August 2020), requests for rent assistance continue to increase, and with the moratorium on evictions coming to an end in September 2020, service providers anticipate an increased need for emergency shelter and rehousing assistance for individuals and families.

Specific Recommendations and Considerations

These are in four sections, roughly corresponding to the charter of this committee:

- Effective Response and Priority Services
- Opportunities and Tradeoffs of a Campus / Co-located Model
- Determining Criteria for Site Feasibility (and Considering Potential Locations)
- Strategies to Address and Mitigate Challenges

Additionally, the committee felt it important to include a section on Unresolved Questions where further exploration could benefit the overall approach to emergency shelter.

Effective Response and Priority Services

Each section of this report covers Recommendations / Areas of Agreement where the committee recommends actions and/or is in agreement about factors and conditions which should influence City decisions when supporting the community's emergency shelters.

This section covers responses and services supporting the different populations of people experiencing homelessness in our community.

Recommendations / Areas of Agreement

The committee identified the following gaps regarding effective response - space capacity for day shelter, fluctuation of demand, access to transportation, and accessibility of site.

The committee understands the complexity of effective response and agrees on the following:

- A 24/7 model is needed and possible as demonstrated by a successful, collaborative COVID-19 response by our current service providers.
- Effective shelter provides basic needs including showers and laundry, toiletry supplies, meals, lockers and locations to store belongings.
- To meet the needs of today and tomorrow, build in future capacity with a forward focus on scale, size, and flexible use space. This includes not only adequate space for basics, but also flexible convertible space to respond to on-going and changing needs.
- The facility must be built to be accessible to different kinds of people and their needs (non-family couples, families with school-aged children, unaccompanied youth, disabled people/seniors/those with ADA needs, sober/in-recovery, those coming out of jail, LGBTQIA+, and people with pets) so that retrofitting is not necessary later and therefore more expensive.
- The more robust the services provided the higher the costs will be.
- Staff running this facility must be highly trained and be kind, friendly and accepting.
- To monitor performance and deliver the right services to shelter users, utilize a collaborative system for robust data collection across providers.
- Provide assistance and guidance to accessing options for housing (Permanent Supportive Housing, Bridge or other) and housing navigation. Members of the business community also recommend including "For Sale" options - not just rentals.
- The ability for full assessment of the needs of the whole person - medical, mental health, food, community support, etc. was another agreed upon priority to occur within this facility. Coordinated Assessment and Housing Placement System (process that matches housing resources with people who need them) and VI-SPDAT (assessment that helps with this process) were mentioned, and more detail and expertise is required to get the full scope of how tools could be implemented.

Considerations / Points of Difference

Committee conversations and learnings lead to the following considerations around effective response and priority services:

- Many in the committee are still unclear regarding structure, oversight, and what service organizations should operate out of the chosen response and therefore what range of services are offered. Solutions differ depending on the chosen demographic group and scope of project. Each choice brings different considerations for funding and structure.
- The committee was not clear, nor agreed, how much housing, navigation, case management or mental health support should be offered on-site. Some support exists for an approach of providing as many co-located services as possible, while others support providing basic needs in-facility and emphasize the need for a location in close proximity to other resources.
- Trauma-informed care was highlighted as a central guiding principle by a large majority of committee members, though with variation about how in-depth the practice should be implemented. Specifying exactly how trauma-informed practices are utilized for architecture/structural issues, staff training, and daily operations will require more detail, thought, and expertise.
- Some believe full scale medical care is not realistic, while others believe pop-up medical services are a viable and necessary option. Some members advocate for a preventative healthcare model for cost avoidance down the road. However, mental health providers are concerned about the inclusion of actual medical services at this site. The complexity and regulations around opening such a site could be time prohibitive.
- The use and function of outdoor space is another area of disagreement with some desiring several levels of architectural space for different levels of engagement in shelter (i.e. an enclosed outdoor area for camping or outside courtyard) and others supporting a traditional indoor shelter space only.

Opportunities and Tradeoffs of a Campus / Co-located Model

This section covers the potential opportunities and tradeoffs around a co-located or campus model with multiple services available in a single location.

Recommendations / Areas of Agreement

The committee identified the following gaps around co-location - economy of scale, transportation access, and avoiding concentration of poverty.

The committee understands the complexity of a campus / co-located model and agrees on the following opportunities:

- A co-located model can provide efficiency in service delivery, staffing, building operations expense, and avoids duplication of services.
- Nearly unanimous agreement of the importance of a shared governance model well-defined before construction begins. With clarity of roles and responsibilities around intentional structure, providers hope to create and embed a culture of shared best practices and resources.
- Service providers must work together to avoid duplication of services. The COVID-19 response proves this is possible.
- Many on the committee expressed they do not support simply relocating community shelter without securing both 1) adequate facility accommodations for basic needs services (beds, showers, meals, storage, case conferencing, etc.), and 2) full staffing ratios for intake, assessments, data collection, diversions, coordination and case management (best practices). There was little enthusiasm to simply move to a new location without clear commitment for adequate resourcing of a strong model.
- Difficult to meet the needs of different groups to be served - men, families, veterans, etc. Questions remain if a large campus can accommodate both behavior-based and breathalyzer-enforced models. Several committee members recommended drawing upon learnings from other communities, such as Boulder where joint services are provided.
- Having the shelter located near public transportation was agreed by most.
- The community should understand the real need for services, the cost of not doing something, and the overall benefit for the entire community - which will require a good marketing campaign to discuss the need for services. Neighborhood buy-in will be difficult.

Considerations / Points of Difference

The committee identified the following differences and tradeoffs of a campus model:

- Some members desire a clear definition of the services that need to be co-located and why before any project begins.
- Members differ whether to locate all services on a large campus or throughout the community. Some members favor adding capacity to serve people experiencing homelessness at mainstream community services sites rather than a 'service rich' model at a shelter facility. These members believe this is key to solving a community problem with a community solution (rather than overburdening any single location in the community).
- Services costs may increase in an enhanced shelter model, yet these can reduce costs to other systems such as criminal justice, hospitals, 911, police and crisis response.
- Concerns of a campus model include: a larger piece of land could cost more; increased cost for security and safety for those accessing services and the surrounding areas; and risks of undesirable or illegal activity.

- Inclusion of permanent supportive housing - Some say this model has worked in other parts of the country. Others believe supportive housing located away from emergency shelter provides better outcomes for the clients served.

Determining Criteria for Site Feasibility (and Considering Potential Locations)

Due to the differing perspectives on co-location, specific sites were not reviewed. Instead, the committee identified overall criteria for site feasibility, and noted the following gaps regarding site locations: north versus southeast, serving regional/Greeley/Denver/Boulder residents, land availability, and zoning and planning requirements.

Recommendations / Areas of Agreement

The committee understands the complexity of site feasibility and agrees upon the following:

- If “form follows function” then co-location of services must be addressed before the site is selected. In addition, the population(s) to be served by the shelter must be determined before identifying the appropriate site.
- If the final design is for little or no co-location of services, then the facility needs to be located nearby other essential services for people experiencing homelessness and not isolated in one corner of the community.
- Location must not over-burden any part of our community already experiencing a high degree of poverty.
- Understanding affordability, ensuring proper infrastructure, determining how many square feet are wanted/needed, as well as incorporating a certain degree of flexibility, will be useful in order to address needs as they evolve in the future. We must consider future changes in the community 10-20 years out, not only in terms of capacity, but also changes that may occur in the vicinity.
- It will be critical to engage with potential neighbors in advance so they can participate in planning conversations, provide their inputs, and ensure they can positively interface with the facility as their neighbor. While industrial locations tend to generate less controversy, they are difficult to locate in Fort Collins.

Considerations / Points of Difference

Committee conversations and learnings lead to the following considerations around site feasibility:

- Some members noted our mental health and wellness are affected by our physical space, so we must be mindful of the design of the facility so healthy recreation, pets, and different kinds of helpful therapies might be included.
- Some members picture the facility used for activities that attract other community members to help diminish isolation people experiencing homelessness often feel. For example, the facility could host classes, club or group meetings, concerts or social gatherings, and incorporate opportunities for employment, skills development, entrepreneurship and the creation of small businesses.
- Some members want to ensure sites serve people experiencing homelessness fully to prevent panhandling and other undesirable behaviors.

Strategies to Address and Mitigate Challenges

This section covers concerns and challenges along with ideas of how those might be addressed and mitigated.

Concern: Restricting poverty to one part of town

- Utilizing walkability factors and our public transportation system wisely, we can prevent restricting poverty to just one part of town and expecting one neighborhood to bear Fort Collins' total responsibility to address homelessness, rather than the whole community sharing the responsibility of caring.

Concern: Resourcing upfront and ongoing costs of new shelter

- Resource limits need to be recognized. Better outcomes might be achieved when focusing comprehensive services on a smaller population than spreading limited resources over a larger population, such as serving only local residents. This approach has been adopted in other communities.
- Contributions from philanthropy, business, private and faith-based sources could be realized if the shelter model concept can demonstrate benefits to the community and funders' varied interests.
- A financial model should include both upfront acquisition and development costs, as well as ongoing operating and maintenance costs.
- Concern about this effort impacting the on-going challenge of our service providers to fundraise every year for their services and the importance of sustainable funding.
- Other communities, such as Denver, use a Social Impact Bond program to help fund services.

Concern: *Both* safe shelter *and* more affordable housing are needed yet are seen as competing for resources

- Investments in emergency shelter should not take away or supplant investments in affordable housing solutions.

- Rigorous collaboration between housing and shelter providers can create smooth transitions between shelter and housing.

Concern: Continuing to use shelter beds for de facto housing

- Rental assistance is an immediate solution. Employed persons could benefit from rental assistance so they can exit shelter, and may come at the same cost, or less, as delivering emergency shelter services. The cost of utilizing emergency shelter beds as de facto housing for non-emergencies could be transferred to rental assistance subsidies.
- Considerations to reduce emergency shelter bed use, and therefore need for shelter bed resources, include low cost 'pay to stay' housing for low wage workers, seasonal workers and travelers currently utilizing shelter as *de facto* housing and cheap accommodation.

Concern: Dealing with the ongoing and/or next pandemic

- The crisis highlighted and affirmed there is not enough capacity in current shelter facilities to accommodate need, especially with necessary health and safety distancing protocols.
- Familiarity of relationships helped homelessness and health service providers come together quickly.
- Planning for any new facility needs to consider how to rapidly move people out of congregate shelter spaces and avoid crowding and accumulation in shelter.
- Increased staffing and cleaning is needed to prevent spread and reduce viral loads.
- The ongoing pandemic will likely increase homelessness due to declining economic situations – how to proactively address and provide services and help people navigate.

Concern: How to continue community and neighborhood dialogue

- Some mitigation: Camping ordinance can be applied without legal challenges when there are sufficient shelter beds

Unresolved Questions

The committee raised these questions during the creation of these recommendations and considerations, and the answers may inform some of the next steps in the process of enhancing emergency shelter in our community.

- Who will own the shelter - a not-for-profit, City and/or County owned, or a combination?
- What structure, oversight, and service organizations should operate out of the chosen emergency shelter response and therefore what range of services are offered?
- How much housing, navigation, case management or mental health support should be offered on-site at an emergency shelter? How much will the County's new behavioral health campus provide support for our community and vulnerable populations?
- How much will trauma-informed practices be utilized and influence the design and operation of an emergency shelter?
- If we build it, will they come? (Did Northside Aztlan Community Center COVID-19 shelter clients come from mostly Fort Collins, or from Weld County, Loveland, Longmont, and Boulder?)
- To what extent must shelter users be Fort Collins residents? How will this be verified (noted as very difficult yet done elsewhere)?
- Will regional interests develop necessary permanent housing or only Fort Collins? Will our community bear the brunt of a regional housing development issue?
- Does inclusion of permanent supportive housing with a shelter or does locating supportive housing away from emergency shelter provide better outcomes for the clients served?
- How much can our community include ownership housing in the mix of affordable housing offered to create wealth and break the cycle of dependence?
- Do the costs of services increase in an enhanced shelter model, or do these offset cost reductions to other systems such as criminal justice, hospitals, 911, police and crisis response?
- Can a large campus accommodate populations under both behavior-based and breathalyzer-enforced models? Several committee members recommended drawing upon learnings from other communities, such as Boulder where joint services are provided.
- Would a centralized service center respond better and be more cost- and resource-efficient, especially in a pandemic?
- Would better outcomes be achieved by focusing comprehensive services on a smaller population than spreading limited resources over a larger population - e.g. Fort Collins residents only?