



2024
UNHOUSED
Strategy & Implementation Plan

KEY INPUT FROM:

Mesa County Homeless Coalition

Mesa County Collaborative for the Unhoused (MCCUH)

Scott Aker, Grand Junction Housing Authority/MCCUH Chair

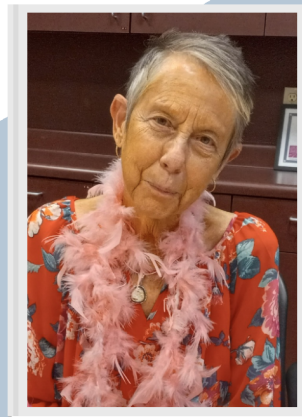
Sherry Price, City of Grand Junction/MCCUH Vice-Chair

Beverly Lampley, Grand Valley Catholic Outreach/MCCUH Secretary/Treasurer

Cathy Story, Quality Health Network/MCCUH Representative/Community Collaboration

Stephania Vasconez, Mutual Aid Partners

Ashley Chambers, City of Grand Junction



IN MEMORY BEVERLY LAMPLEY

Beverly's dedication to supporting the unhoused and those living in poverty in Grand Junction inspired us all. Her leadership and voice were instrumental to the development of the Unhoused Strategies & Implementation Plan. Her compassion and tireless efforts transformed countless lives, offering hope and dignity to those who needed it most. Beverly's legacy is a powerful reminder of the profound impact one person can have through selfless service and unwavering dedication, and her spirit will continue to inspire and guide us.

THIS PLAN WAS DEVELOPED WITH FUNDING FROM:



GRAND
JUNCTION
HOUSING
AUTHORITY



COLORADO
Department of Local Affairs

The UHNA (2023) identified 5 key needs:

1. Shortage of affordable housing.
2. Shelter and housing options for acute needs.
3. Housing instability and displacement.
4. Access to supportive services and basic needs.
5. System Improvement, coordination, and collaboration.

The Unhoused Strategies aim to achieve seven key strategic objectives: (Each specific objective aligns with one or more overarching strategies)

- 1 Reduce the number of people experiencing homelessness.
- 2 Reduce the length of time individuals remain unhoused.
- 3 Reduce the number of people who enter first-time homelessness.
- 4 Reduce the number of people who return to homelessness.
- 5 Increase the number of people entering permanent housing.
- 6 Increase successful placements of people of unsheltered PEH into both transitional and permanent housing.
- 7 Increase successful referrals to behavioral health treatment and supportive services.

Executive SUMMARY

The Unhoused Strategy & Implementation Plan builds upon the research conducted by JG Research in the Unhoused Needs Assessment (UHNA). It enhances the initial findings outlined in the Unhoused Strategy Report, transforming them into a comprehensive community-wide plan.

This plan is aimed at addressing critical gaps and meeting the immediate needs (identified in the UHNA & outlined on the left) of individuals experiencing homelessness (PEH) in the Grand Junction area, aligning with the overarching community objective of achieving Functional Zero.

The plan strives to achieve seven key strategic outcomes (enumerated on the left), ensuring a systemic response that prevents homelessness, minimizes its occurrence, and expedites access to shelter, services, and a pathway toward stable permanent housing for those experiencing homelessness.

Furthermore, the plan envisions an integrated, adaptable, and interconnected service network that promotes restoration, stability, and self-determination for all individuals, irrespective of their economic or social status and wherever they reside in the community.

Moreover, it prioritizes meeting the needs of all residents through collaborative efforts across various jurisdictions, business sectors, faith-based and non-profit organizations, philanthropic groups, and both housed and unhoused individuals. Only through these unified efforts, guided by a clear strategy, can the response necessary for the community to thrive be created.

Designed as a dynamic working document, this plan facilitates the tracking of goals and the implementation of strategies over time and will be updated as needed.

COMPREHENSIVE PLAN TO END HOUSELESSNESS

As highlighted in both the Unhoused Needs Assessment and Unhoused Strategies, there are significant gaps in the current response to the houseless crisis in the Grand Junction area, hindering the ability to adequately meet the needs of people experiencing homelessness (PEH). The Unhoused Strategies and the Implementation Plan present an opportunity to establish a more effective system that addresses the needs of the unhoused community and focuses on preventing households from becoming houseless. Essential tools for implementing this plan include community engagement, collaborative planning, incorporating a diverse range of experiences and expertise, and actively involving individuals with lived experience.

ACHIEVING FUNCTIONAL ZERO

This plan aims to achieve "functional zero," ensuring immediate access to services and housing for anyone experiencing houselessness. It's a widely-used approach across the US, with 14 communities successfully ending houselessness for target populations and 44 witnessing reductions. In 2019, the Homeless Coalition, on behalf of 43 local service agencies, government entities, and community members, pledged to transition into a "Built for Zero" community.

Key elements of becoming a "Built for Zero" community include maintaining a comprehensive list of individuals experiencing homelessness, coordinating efforts among agencies, measuring success at the community level, and making data-driven investments in housing resources. Individual programs are held accountable for client outcomes, with a focus on the overarching goal of ending houselessness.

EXISTING PLANS

Significant initiatives are currently ongoing in the community to enhance the region's crisis response system, with a particular emphasis on refining specific components of the response. However, there lacks a unified plan that comprehensively integrates and coordinates these efforts. The Strategy & Implementation Plan aims to address this gap by consolidating various smaller plans and initiatives into one cohesive strategy. It seeks to ensure that connections within the system are established to sustain housing, encompassing factors such as employment, basic needs, mental and behavioral health, transportation, and community support.



AFFORDABLE HOUSING

Addressing houselessness requires a response that acknowledges its complexity, but at its core lies a fundamental issue: the Grand Junction area lacks sufficient affordable housing, particularly for households earning less than 60% of the Area Median Income (AMI).

High housing costs often result in households becoming cost-burdened, paying more than 30% of their income on housing. While increasing housing opportunities is crucial in ending houselessness, it's not the sole solution. To enable individuals to access and maintain housing, the crisis response system must collaborate with service providers, local developers, faith organizations, and municipal housing strategy implementation efforts.

In 2021, the City of Grand Junction adopted the Grand Junction Housing Strategy, which includes provisions for providing housing and services to the unhoused. However, addressing the need for low-cost housing requires attention to retaining and developing housing options that cater to individual needs of the . Without access to sustainable housing, the crisis response system cannot effectively transition households out of houselessness.

PATHWAY TO SUCCESS

Modeled after The Collaborative Community Response Initiative (CCRI), this framework is designed to be complex, adaptive, and a system response to the disparities in well-being that supports evidence-based individual interventions that are delivered in an integrated, coherent and person-centered framework.

Phase Two: **ACTION PLANS**

Ad-hoc workgroup expands into an Implementation Action Team to:

- Assign members of the action team to lead subject-specific workgroups.
- Identify additional subject matter experts to participate in correlated workgroups
- Workgroups launch and develop next steps, timeline, baseline, and key performance indicators for implementation of each assigned action related to specific strategy.

Phase Four: **MONITOR & TRACK**

Workgroups will:

- Regularly monitor and evaluate the progress
- Track key metrics to measure success and identify areas that need improvement
- Report to lead

Lead Team will:

- Communicate and compile information to present for public, council, etc.

Phase One: **FRAMEWORK**

An Initial ad-hoc workgroup met to:

- Identify contributors and cultivate community consensus.
- Develop action team and identify subject specific workgroup categories to include existing community workgroups.
- Determine key steps for plan development and establish a framework for implementation.
- Create a timeline of major milestones for implementation.
- Establish a monitoring and implementation structure.

Phase Three: **IMPLEMENT**

Workgroups will:

- Do the work and implement action plans
- Keep stakeholders informed of the progress of the plan
- Coordinate efforts across subject matter workgroups and communicate to correlated Action Team Lead.

Phase Five: **ADAPT & ADJUST**

Action Team through workgroups regularly:

- Adapt implementation plan as needed; particularly as new information becomes available or circumstances change, be prepared to adjust the plan accordingly to ensure its success.



IMPLEMENTATION ACTION TEAM

Coordination is essential for a successful regional response to homelessness and must encompass effective leadership, a shared vision, a comprehensive plan, a governing structure, utilization of data, and a framework for sustained effectiveness.

The Implementation Action Team will:

- Provide Shared Vision, & Transparency
- Emphasize Performance and Accountability
- Facilitate Coordination Among Partners
- Ensure involvement of Experts and Stakeholders Representing a Diverse set of Viewpoints and Experiences
- Coordinate the Collection, Analysis and Integration of Data
- Provide quarterly and annual reports available to the public

STRUCTURE

The structure of the Implementation Action Team is circular, with different layers representing various roles and responsibilities. The outer circle consists of the leadership team representing both the Inter-Governmental Task Force and MCCUH. While there is an overlap in membership, each entity fulfills distinct roles, providing support, and serving as catalysts to propel the work forward. Moving inward, the workgroups, led by members of the leadership team, are subject matter-focused and designed to support specific key actions under each strategy. Workgroups may contain additional community members and subject matter experts. While some strategies may require multiple work groups, the aim is for these groups to implement, develop, track, and monitor actions within the community. Service Providers are represented in each layer, and implement actions recommended by workgroups. The core of the structure comprises a PEH Advisory Workgroup who actively participate, advise, and influence decision-making at every layer, and endeavor to implement initiatives within the unhoused community.

LEADERSHIP

Leadership for the Implementation Action Team will be supported through the outer layer including the two primary leads working collaboratively to advance the Implementation Plan. The **Inter-Governmental Task Force (ITF)** will provide specific leadership in the implementation of strategies related to the governmental functions within the community. Members of the ITF include city, county, and

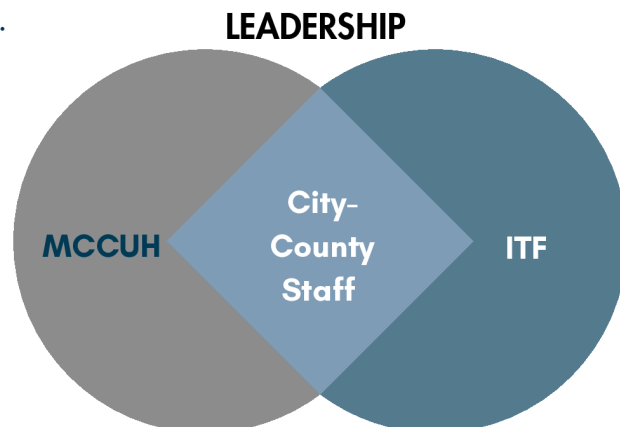
quasi-governmental agency staff who deliver essential services to the unhoused population. **The Mesa County Collaborative for the Unhoused (MCCUH)** is a network of key service providers and interdisciplinary teams dedicated to establishing a cohesive system of care for the unhoused population in the Mesa County area. Acting as a catalyst, the MCCUH unites partners and optimizes resources.



These two lead teams intersect with participation from key City and County staff members who are responsible for developing reports, maintaining documents, and providing updates to elected officials during County Commission or City Council workshops or meetings. The leadership teams work collaboratively to facilitate and lead specific subject matter workgroups tasked with defining next steps, timeline, baseline, and key performance indicators for implementation of each assigned action related to a specific strategy.

WORKGROUPS

The initially proposed workgroups identified below will be led by a representative(s) from the leadership team. They will work in key areas to support the actions related to their subject expertise or area of interest. Workgroup members can include representatives from the general public, business sectors, faith-based and non-profit organizations, philanthropic groups, and unhoused individuals.



ADMINISTRATIVE INTEGRATION

This workgroup coordinates administrative processes across multiple service providers, aiding in implementation and enhancing consistency, efficiency, and effectiveness. They also facilitate communication and collaboration between organizations to ensure optimal system functioning.

DATA ANALYSIS

This workgroup examines data on unhoused individuals, gathering and analyzing it to identify trends and gaps in services, informing decision-making and resource allocation. They produce reports to guide policy development, program evaluation, and strategic planning efforts to achieve 7 strategic outcomes.

FUNDING & RESOURCE STEWARDSHIP

This workgroup secures grants, explores funding options, and fosters partnerships to ensure sustainable financial support for homelessness initiatives. Their goal is to maximize resources and effectively manage funds to address the needs of people experiencing homelessness (PEH).

POLICY & PUBLIC ENGAGEMENT

This workgroup will research, track, advocate, and recommend policies at all government levels and helps foster community understanding through education. They will engage with officials and stakeholders to secure support and understanding for housing solutions and PEH.

OUTREACH & BASIC NEEDS

This workgroup focuses on increasing street outreach and enhancing essential services in the community. They work to address gaps in services and identify creative solutions for meeting specific needs.

COMMUNITY RESILIENCE & PUBLIC HEALTH

This workgroup supports unhoused system coordination of resources related to public safety, mental and behavioral health, substance use, healthcare, and policies supporting access to services for individuals experiencing homelessness. They also foster collaboration among service providers to ensure comprehensive care within the community.

ACCESS & MOBILITY

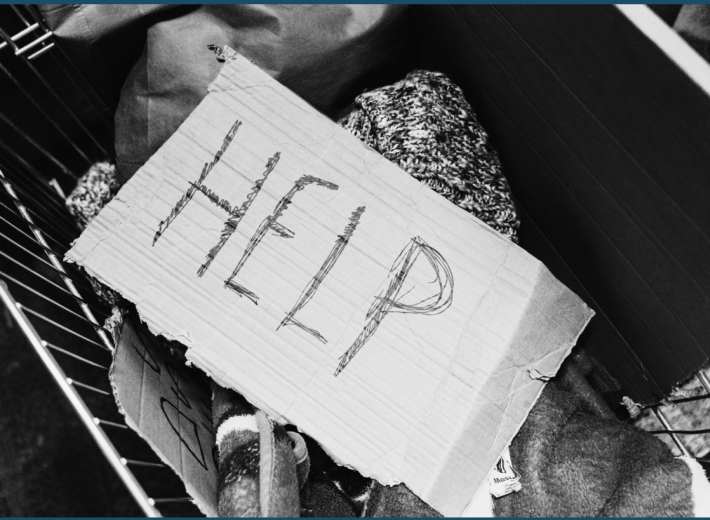
This workgroup aims to enhance transportation options for unhoused individuals, ensuring access to essential services and addressing mobility barriers within the community through collaboration and advocacy efforts.

PEH ADVISORY

This workgroup provides guidance and feedback on policies, programs, and services aimed at addressing homelessness, ensuring that the perspectives and needs of PEH are considered in the decision-making processes within the unhoused system.

HOUSING STABILITY

Aims to improve housing stability and increase housing choices for unhoused or at-risk of homelessness in the community.



UNHOUSED STRATEGIES

The Seven Unhoused Strategies were collaboratively developed with community-wide support and presented as recommendations to the Grand Junction City Council and the Mesa County Board of Commissioners. While each strategy includes recommended actions, these steps may evolve or expand during implementation. Moving forward, the workgroups will leverage their subject matter expertise to define the next steps, timeline, baseline, and key performance indicators for implementing each assigned action aligned with its corresponding strategy. The sequence of strategies does not indicate priorities, and implementation is anticipated to occur concurrently. Although there's a proposed timeline for initiating the implementation of each overarching strategy, workgroups will be responsible for assigning timelines to individual action items. Some strategies may enhance the efficiency and effectiveness elements for others.

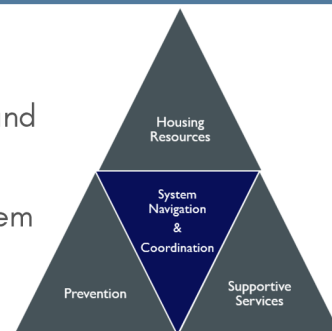


STRATEGY 1 ESTABLISH A COMMUNITY-WIDE FRAMEWORK FOR ENHANCING THE COORDINATED ENTRY SYSTEM OF CARE PROCESSES

Improving systems supporting service provider referrals, access coordination, assessments, prioritization, and housing referrals is essential to better connect PEH and prevent them from falling through the cracks. Additional investment in the system is crucial to achieving community-driven goals. Strengthening key elements of the system ensures more efficient and effective use of funds and services, thereby alleviating provider capacity pressures.

OBJECTIVES

- 1 Reduce the number of people experiencing houselessness.
- 2 Reduce the length of time individuals remain unhoused.
- 3 Reduce the number of people who enter first-time houselessness.
- 4 Reduce the number of people who return to houselessness.
- 5 Increase the number of people entering permanent housing.
- 6 Increase successful placements of people of unsheltered PEH into both transitional and permanent housing.
- 7 Increase successful referrals to behavioral health treatment and supportive services.



ACTION TEAM LEAD

Mesa County Collaborative for the Unhoused

IMPLEMENTATION TIMELINE



ACTIONS

- 1.1 Establish a Coordinated Entry System (CES) Leadership Team representing various key stakeholders to guide the ongoing decision-making process.
- 1.2 Establish clear and measurable performance metrics to track effectiveness of the CES. Metrics should include housing placement rates, time to housing, and improvements made.
- 1.3 Implement a systemic process for continuous improvement; regularly review data, seek feedback from stakeholders, and conduct after-action reviews to identify areas for enhancement using this information to adjust policies.
- 1.4 Strengthen data collection and analysis capabilities to inform decision-making by developing protocols for consistent data entry; integration of data systems; and frequent evaluation of trends, gaps, and areas for improvement

WORKGROUPS

- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS
- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS
- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS
- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS

- 1.5 Provide training and education for all stakeholders involved in the CES, including frontline staff, case managers, outreach workers, community partners, and community members more broadly for increased understanding

**ADMINISTRATIVE INTEGRATION****POLICY & PUBLIC ENGAGEMENT****FUNDING & RESOURCE STEWARDSHIP**

- 1.6 Create a formalized PEH Advisory Group to identify needs, give feedback on metrics and system issues and inform practices of CES and ongoing efforts.

**ADMINISTRATIVE INTEGRATION****PEH ADVISORY GROUP**



STRATEGY 2 ESTABLISH A FLEXIBLE CITY-COUNTY HOUSING FUND TO SUPPORT HOUSING SECURITY AND INCREASE COLLABORATION BETWEEN SERVICES

Working together to address homelessness, they combine resources and expertise to offer effective services and financial assistance. A flexible funding pool could secure stable housing for individuals and enhance collaborative service delivery, providing a versatile solution to address and alleviate the impacts of homelessness.

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ACTION TEAM LEAD

Inter-Governmental Task Force

IMPLEMENTATION TIMELINE



ACTIONS

- 2.1 Direct financial resources toward preventing houselessness and encourage efforts among providers.
- 2.2 Explore public-private partnerships with government agencies, non-profit organizations, philanthropic groups and private businesses to pool resources and create a more robust and sustainable flexible housing fund.
- 2.3 Develop innovative long-term assistance models that can allow individuals to pay back assistance based on their financial capacity. (i.e. revolving funds).

WORKGROUPS

 **FUNDING & RESOURCE STEWARDSHIP**

 **FUNDING & RESOURCE STEWARDSHIP**

 **FUNDING & RESOURCE STEWARDSHIP**



STRATEGY 3 INCREASE ACCESS TO PREVENTION, DIVERSION, AND HOUSING NAVIGATION

Assistance in accessing supportive housing programs is crucial, especially for those already experiencing homelessness, as barriers such as resources, time, and eligibility requirements can impede access. While various providers offer services like financial training and legal assistance, improving access, engagement, and coordination across these services is essential to maximize benefits for individuals at risk of homelessness.

OBJECTIVES

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ACTION TEAM LEAD

Mesa County Collaborative for the Unhoused

IMPLEMENTATION TIMELINE



ACTIONS

- 3.1 Provide comprehensive and aligned outreach (e.g. increase number of staff improving access of prevention and housing navigation services).
- 3.2 As part of the CES evaluation process and next steps, integrate diversion into the policies and procedures for CES administration in line with national best practices. Increase availability of housing problem solving and diversion services for all people engaged with CES.
- 3.3 Coordinate the development and implementation of the diversion strategy with other strategies, including the CES evaluation and flexible housing fund.
- 3.4 Coordinate and leverage existing prevention resources across city-county to connect households at imminent risk of homelessness with stabilization resources.

WORKGROUPS

- OUTREACH & BASIC NEEDS
- PEH ADVISORY GROUP
- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS
- HOUSING STABILITY
- ADMINISTRATIVE INTEGRATION
- FUNDING & RESOURCE STEWARDSHIP
- ADMINISTRATIVE INTEGRATION
- DATA ANALYSIS
- HOUSING STABILITY

- 3.5 Develop a landlord engagement program to expand housing referrals and increase accessibility of existing affordable housing stock.

 **FUNDING & RESOURCE STEWARDSHIP**
 **HOUSING STABILITY**

- 3.6 Expand programs to provide workforce, vocational training, education for PEH.

 **OUTREACH & BASIC NEEDS**
 **PEH ADVISORY GROUP**

- 3.7 Expand outreach efforts through the City of Grand Junction's Neighbor-2-Neighbor Program, Resource Center and other Service Providers to include prevention and diversion services.

 **ADMINISTRATIVE INTEGRATION**
 **OUTREACH & BASIC NEEDS**

- 3.8 Utilize existing housing related screening processes implemented by healthcare or emergency service providers to identify individuals at-risk of losing housing.

 **ADMINISTRATIVE INTEGRATION**
 **HOUSING STABILITY**
 **COMM RESILIENCE & PUBLIC HEALTH**

- 3.9 Integrate housing navigation with case management services.

 **ADMINISTRATIVE INTEGRATION**
 **HOUSING STABILITY**



STRATEGY 4 EXPAND ACCESSIBILITY TO BASIC NEEDS AND HYGIENE

Enhance facilities providing essential services like bathrooms, drinking water, food, laundry, showers, and climate-controlled spaces for individuals experiencing homelessness (PEH). Ensuring 24/7 access to these facilities is vital for meeting their basic needs and enduring unsheltered conditions, with strategic placement accounting for community dynamics.

OBJECTIVES

- 7 Increase successful referrals to behavioral health treatment and supportive services.

ACTION TEAM LEAD

Inter-Governmental Task Force

IMPLEMENTATION TIMELINE



In Process - 2 years

ACTIONS

- 4.1 Identify and expand locations throughout county for high-risk geographic areas, areas accessible by public transportation, and proximity to other agencies/services.
- 4.2 Identify potential sources of funding.
- 4.3 Improve coordination across providers, organizations, and community groups that are already providing some basic needs and hygiene.
- 4.4 Leverage existing service providers and faith communities that are actively offering these services.
- 4.5 Incorporate needs of PEH in ongoing efforts to redevelop city park and other public facilities.

WORKGROUPS

- OUTREACH & BASIC NEEDS
- PEH ADVISORY GROUP
- OUTREACH & BASIC NEEDS
- FUNDING & RESOURCE STEWARDSHIP
- OUTREACH & BASIC NEEDS
- PEH ADVISORY GROUP
- OUTREACH & BASIC NEEDS
- PEH ADVISORY GROUP
- OUTREACH & BASIC NEEDS
- PEH ADVISORY GROUP



STRATEGY 5 EXPAND MENTAL HEALTH CARE, HEALTHCARE AND SUBSTANCE USE TREATMENT SERVICE OPTIONS

While treatment providers exist in Grand Junction, accessibility for PEH remains challenging due to unstable housing, necessitating a comprehensive, coordinated approach to improve access and effectiveness of healthcare, mental health and substance use treatment, especially for chronically unhoused individuals. Leveraging existing program models like MAC can optimize resource utilization for better outcomes.

OBJECTIVES

- 7 Increase successful referrals to behavioral health treatment and supportive services.

ACTION TEAM LEAD
















Inter-Governmental Task Force

IMPLEMENTATION TIMELINE



In Process - 2 years

ACTIONS WORKGROUPS

5.1	Integrate mental health, SUD treatment and other recovery-oriented service with interim housing options, recognizing and prioritizing that stable housing is a foundation for addressing mental health and SUD concerns.	 COMM RESILIENCE & PUBLIC HEALTH  HOUSING STABILITY
5.2	Cross train behavioral health case manager to provide housing navigation, and housing providers to provide behavioral service referrals.	 COMM RESILIENCE & PUBLIC HEALTH  ADMINISTRATIVE INTEGRATION
5.3	Assist in PEH in enrollment for health insurance, Medicaid, SSI/SSDI and other public assistance benefits.	 OUTREACH & BASIC NEEDS  ADMINISTRATIVE INTEGRATION  PEH ADVISORY GROUP  COMM RESILIENCE & PUBLIC HEALTH
5.4	Explore mobile clinics and outreach teams that can reach PEH in various settings such as shelters, streets, and community centers.	 OUTREACH & BASIC NEEDS  PEH ADVISORY GROUP
5.5	Ensure treatment services are flexible and culturally competent, considering the diverse backgrounds of the unhoused population.	 COMM RESILIENCE & PUBLIC HEALTH  ADMINISTRATIVE INTEGRATION
5.6	Develop integrated data systems that allow for seamless information sharing among service providers, ensuring healthcare professionals have access to relevant information and can make informed decisions about individual care.	 DATA ANALYSIS  COMM RESILIENCE & PUBLIC HEALTH  ADMINISTRATIVE INTEGRATION



STRATEGY 6 INCREASE ACCESSIBILITY AND EXPAND TRANSPORTATION SERVICES TO PEH

Limited mobility and accessibility intensify difficulties for individuals experiencing homelessness (PEH) when accessing supportive services in the Grand Junction area, as they face limited alternative transportation options. Spread-out vital services across the county make it challenging for PEH to reach them, compounded by transfer requirements that hinder prompt access. High transportation costs, whether public or private, pose a significant barrier for PEH already burdened by financial constraints.

OBJECTIVES

- 7 Increase successful referrals to behavioral health treatment and supportive services.

ACTION TEAM LEAD

Inter-Governmental Task Force

IMPLEMENTATION TIMELINE



In Process – 4 years

ACTIONS

- 6.1 Develop a reduced fare program for public transportation (i.e. discounted or free transit passes for PEH) or flexible payment options (i.e. contactless payments, mobile apps, and preloaded cards, to eliminate need for cash). Include examination of payment models from public and private insurance.
- 6.2 Extend operating hours of public transportation.
- 6.3 Increase pedestrian and bicycle accessibility of employment hubs and services frequented by PEH (e.g. area around Resource Center, connections between services).
- 6.4 Provide clear and easily accessible information regarding transportation options, routes, schedules, and service changes through multiple channels including mobile apps, website, and printed materials.
- 6.5 Increase shuttle services connecting shelters, service providers and key transportation hubs.
- 6.6 Develop a transportation voucher program in coordination with case management services to cover costs of private transportation services (e.g. rideshare, taxis, etc) and in instances where public transit is not appropriate (e.g. transport to medical appointments, destination outside of service areas, etc).

WORKGROUPS

- TRANSPORTATION, ACCESS & MOBILITY
- PEH ADVISORY GROUP
- TRANSPORTATION, ACCESS & MOBILITY
- PEH ADVISORY GROUP
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- TRANSPORTATION, ACCESS & MOBILITY
- PEH ADVISORY GROUP



STRATEGY 7 INCREASE NON-MARKET HOUSING OPTIONS INCLUDING INTERIM HOUSING & SHELTER UNITS

Crucial components of the housing continuum for individuals experiencing or at risk of homelessness are lacking or inadequately equipped in the Grand Junction area. Expanding current housing options and establishing new shelter and interim housing solutions are essential to offer stability and vital support for those aiming to transition out of homelessness. Interim housing options may encompass emergency shelters, interim shelters, and interim housing facilities.

OBJECTIVES

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ACTION TEAM LEAD

Inter-Governmental Task Force

IMPLEMENTATION TIMELINE



In Process – 4 years

ACTIONS

- 7.1 Expand and diversify non-market housing options including interim housing and shelter units, such as non-congregate temporary shelter, low-barrier harm reduction options and safe parking.
- 7.2 Conduct inventory of existing vacant buildings, unused parking areas, and city, county-owned properties that are currently underutilized in suitable geographic locations with consideration for proximity to services and higher risk areas.
- 7.3 Increase community education opportunities regarding the benefits of diverse shelter options, and NIMBYism.
- 7.4 Identify and/or develop potential sources of funding for both infrastructure and operational costs.

WORKGROUPS

-  **FUNDING & RESOURCE STEWARDSHIP**
-  **HOUSING STABILITY**
-  **FUNDING & RESOURCE STEWARDSHIP**
-  **HOUSING STABILITY**
-  **POLICY & PUBLIC ENGAGEMENT**
-  **HOUSING STABILITY**
-  **FUNDING & RESOURCE STEWARDSHIP**
-  **HOUSING STABILITY**

7.5	Consider the acquisition of properties for redevelopment for the purpose of single occupancy housing (e.g. hotel, motel acquisition, etc.).		FUNDING & RESOURCE STEWARDSHIP
			HOUSING STABILITY

MESA COUNTY COLLABORATIVE FOR THE UNHOUSED (MCCUH)

MCCUH President Scott Aker, Grand Junction Housing Authority	MCCUH Representative/Community Collaboration Cathy Story, Collaborise	Public Health/Mesa County Representative Xavier Crockett, Mesa County Public Health
MCCUH Secretary/Treasurer Beverly Lampley, Grand Valley Catholic Outreach	MCCUH Vice-Chair/City Representative Sherry Price, City of Grand Junction	Mesa County Representative Shalie Dahar, Mesa County Public Health
Mental Health Representative Alex Rodriguez, Mind Spring	Service Provider Representative Bill Wade, Homeward Bound	Mesa County Representative Michelle Trujillio, Mesa County Public Health
Philanthropic/NonProfit Representative Shiara Hickey Caubarreaux, Mind Spring Foundation	Data/Information Systems Representative Jackie Sievers, Quality Health Network/Community Resource Network	
Service Provider Jed Balestreri, Hilltop Family Resource	Behavioral Health/Mesa County Representative Lisa Mills, Mesa County Behavioral Health	
	Service Provider Stephania Vasconez, Mutual Aid Partners	