

Community Action Plan Executive Summary

Douglas County Community Services

8/14/2023

After analyzing all the data gathered as part of the Community Needs Assessment (CNA), the Community Action Plan (CAP) was developed to identify the key needs at a family, agency, and community level. The following needs were identified as the top needs for our community:

- Family Level
 - Individuals and families who are at risk of homelessness lack the resources to sustain housing
 - Low-income households need to obtain self-sufficiency
- Agency Level
 - Agencies need to increase capacity to serve additional customers
 - Agencies need to improve tools that allow residents to identifying, locate, and obtain needed resources in an efficient manner
 - Agencies lack adequate training resources to support the personal financial health of residents
 - Agencies need to equip staff and volunteers to provide high quality, trauma informed care
- Community Level
 - Community lacks the housing resources to support individuals and families experiencing homelessness
 - Community needs a centrally located shelter to meet the needs of those experiencing homelessness
 - Community needs to increase ability to provide integrated services through strong partnerships

The County has identified three programs to address the identified needs: Douglas County Cares (DC Cares), the Community of Care Network, and the Douglas County Homelessness Initiative.

DC Cares is a collaborative multi-agency partnership that provides opportunities for vulnerable residents in Douglas County to achieve self-sufficiency through employment using a caring and supportive process. Participants engage in a process that identifies their current conditions, assists them in defining their desired future and helps them overcome barriers to achieving their goals.

Typically, participants enrolled in DC Cares work with a facilitator for 9-12 months. During this time, a framework of care and support is provided by a facilitator. A variety of assistance, services, and tools are made available to participants as they work to overcome barriers to achieving stability, capacity, capability and opportunity. Success is measured by participants who successfully obtain and maintain self-sufficiency, employment, and housing. Currently, the community partners that provide the case managers to facilitate the program include AllHealth Network, Catholic Charities, Manna Resource Center, The Crisis Center, and The Rock church.

DC Cares facilitators use the Colorado Family Support Assessment (CFSA) to assess the needs of residents and to measure progress towards self-sufficiency. This evidence based, standardized assessment measures self-sufficiency in 14 different life domains and requires a formally certified case manager to administer. Domains include food stability, income, employment, transportation, housing, and education. Services to support these domains are identified in the CAP and barriers are addressed through case management provided by partner agencies. Through the DC Cares program, the goal is to help 36 of the projected 60 participants maintain save and affordable housing without rental assistance for 90 days and for 18 out of 36 (50%) of households who successfully complete the program obtain a stable rating or higher on 80% of the CFSA categories.

To continue to provide high quality services and expand capacity, DC Cares will need to increase its partnerships and offer additional training. The goal is to bring on 2 new agencies and 4 new case managers during the 2024 calendar year to accommodate the additional households expected to participate in the GOALS program.

The Community of Care Network (COCN) consists of individuals from over 50 different faith-based organizations, non-profits, the private and public sectors, and educational institutes who collaborate on solutions to serve low-income individuals in Douglas County. Through the COCN, agencies meet monthly to foster collaboration, exchange ideas to improve care and provide training to increase capacity. Twice a year the COCN hosts a resource fair called Strive to Thrive. The CAP focuses on offering agencies more training in providing personal financial health resources and trauma informed care.

County staff plans to grow regular participation in the COCN and expand to include new agencies. Additionally, the County would like to collaborate with local partners to develop a more comprehensive and easier to navigate resource tool.

The Douglas County Homeless Initiative (DCHI) uses a person-focused approach to balance compassion and public safety with the complex challenges of the unhoused. DCHI utilizes a collaborative approach between the county, law enforcement, city council members, mayors, non-profit organizations, and business owners to develop strategies that help address these challenges.

As part of the DCHI, the Homeless Engagement, Assistance and Resource Team (HEART) has been created as a co-responder team that pairs navigators with local law enforcement to respond to community calls regarding homelessness and provide support and resources to homeless individuals. This co-responder team strengthens the system of support for those experiencing homelessness.

Navigators are subject matter experts, often with experience in behavioral and mental health or case management. They interact directly with those experiencing homelessness in a compassionate way. They ensure that no crime is being committed, gather information on needs, assess vulnerability, provide wrap-around case management, and make referrals to appropriate community services. The goal is that each individual's experience with homelessness becomes rare, brief, and infrequent.

Another focus of the DCHI is the development of housing resources that include temporary shelter and transitional housing programs. The county is working in partnership with the City of Aurora in the

development of a new regional navigation center that will provide access to 20 emergency shelter beds in the next three years.

The County will also be partnering to expand Family Tree's Generational Opportunities to Achieve Long-term Success (GOALS) to provide transitional housing for up to 5 families starting in 2024. During their time in GOALS, families will receive wrap around services and case management with the goal of transitioning families into long-term stable living situations. Douglas County and other local support providers will remain connected and involved with families during their time in GOALS helping them transition back into the community of their choice upon completion of the program.

**2024-2026 CSBG COMMUNITY ACTION PLAN ROMA LOGIC MODEL - Douglas County
3-Year Community Model**

Program: Douglas County Program Manager: Steven Dodrill Program Year : 2024-2026							
Mission: Providing opportunities for Douglas County residents who are low-income or vulnerable to obtain and maintain self-sufficiency.							
Need	Service	Outcome	Outcome Indicator (2024-2026)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Individuals and families who are at risk of homelessness lack the resources to sustain housing	Douglas County Cares Project	Individuals and families who are at risk of homelessness have the resources to sustain housing.	36 out of 60 (60%) maintain safe and affordable housing for 90 days	FNPI 4c	Housing verification forms	empowOR	Monthly
Low-income households need to obtain self-sufficiency	Douglas County Cares Project	Low-income households obtain self-sufficiency	50% of residents who complete program obtain a "stable" rating or higher on 80% of the CFSA 2.0 categories	FNPI 7z.1	CFSA 2.0 matrix above 80%	empowOR	Monthly
Agency needs to increase capacity to serve additional customers	Douglas County Cares Project	Agency has the capacity to serve additional customers	The number of partnerships the agency has entered into, demonstrated through signature of MOU, increases by 2 agencies	B5a Module 2, Section A: Linkages	MOUs	empowOR	On Instance
The community lacks the housing resources to support individuals and families experiencing homelessness	Homeless Initiative	The community has the housing resources to support individuals and families experiencing homelessness	541 out of 1456 (37%) provided housing resources in next three years	CNPI 4a, 4z1, 4z2	Housing verification forms, shelter log, hotel folio	HMIS	Monthly
Community needs an accessible located shelter to meet the needs of those experiencing homelessness	Homeless Initiative	Community has the shelter to meet the needs of those experiencing homelessness	20 out of 20 (100%) shelter beds created and maintained	CNPI 4c, 4d	Shelter log	HMIS	Monthly
Agencies need to improve tools that allow residents to identify, locate, and obtain needed resources in an efficient manner	Community of Care Network	Agencies have tools that allow residents to identify, locate, and obtain needed resources in an efficient manner	Online resource hub is available to residents by July 2025	Module 2, Section A: Data Management. FNPI 7a	URL, Partner list	NA	NA
Local agencies lack adequate training resources to support the personal financial health of residents	Community of Care Network	Local agencies have adequate training to support the personal financial health of residents	Year 1, tool and training resource identified. Year 2 tool and training offered to local agencies. 8 agencies participate in training and implement tool.	Agency Capacity Building	Number of certified staff and volunteers	Excel	NA
Agencies need to equip staff and volunteers to provide high quality, trauma informed care	Community of Care Network	Agencies have equipped staff and volunteers to provide high quality, trauma informed care.	10 case managers complete CFSA 2.0 training and 20 case managers complete Integral Care training	Agency Capacity Building	Number of certified staff and volunteers	Excel	On Instance
Community needs to increase ability to provide integrated services through strong partnerships	Community of Care Network	Partnerships are increased among community partners that serve low-income residents	15% COCN increase	Module 2, Section B: E, 1-12	Attendance Logs	Excel	Monthly

2024-2026 CSBG COMMUNITY ACTION PLAN ROMA LOGIC MODEL - Douglas County
Yearly Program Model

Program: **Douglas County Cares**
 Program Manager: **Steven Dodrill**
 Program Year : **2024**

DC Cares 20HH*3=60 individuals								
Need	Service	Outcome	Outcome Indicator (2024)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting	
Individuals and families who are at risk of homelessness lack the resources to sustain housing	DC Cares	Individuals and families who are at risk of homelessness have the resources to sustain housing	36 out of 60 (60%) maintain safe and affordable housing for 90 days	FNPI 4c The number of households who maintained safe and affordable housing for 90 days	Lease or rental agreement, Housing verification form, welcome letter, hotel folio	Empowers client data system	Monthly	
	Hotel nights	Unhoused individuals and families receive safe temporary shelter	15 of 60 (25%) provided a hotel night	FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter				
	Transitional housing unit placement	Individuals and families placed in a transitional housing unit	36 out of 60 (60%)	FNPI 4z.1 Other: The number of households who obtained transitional housing				
	Provided first month rent for non-transitional housing unit	Individuals and families provided first months rent to help obtain housing	6 out of 60 (10%)	FNPI 4b The number of households who obtained safe and affordable housing				
	First time programs pays rent or arrears for non-transitional housing unit	Individuals and families provided rental assistance to avoid eviction	18 out of 60 (30%)	FNPI 4e The number of households who avoided eviction				
	Subsequent months of rent payments (for those not in transitional units)	Individuals and families provided ongoing assistance to maintain stable housing	16 out of 18 (89%)	FNPI 4z.2 The number of households who maintained safe and affordable housing for 30 days				
		Individuals and families maintains housing without rent assistance for 90 days	36 out of 60 (60%)	FNPI 4c The number of households who maintained safe and affordable housing for 90 days				
Low-income households need to obtain self-sufficiency	Case management (SRV 7a)	Low-income households obtain self-sufficiency	18 out of 36 (50%) of households who successfully complete the program obtain a "stable" rating or higher on 80% of the CFSA 2.0 categories.	FNPI 7z.1 The number of households that obtain self-sufficiency	CFSA 2.0 matrix	Empowers client data system	Monthly	
	Case management (SRV 7a)	Complete program but don't obtain "full" self-sufficiency	18 out of 36 (50%) complete program but don't obtain a "stable" rating or higher on 80% of the CFSA 2.0 categories					
	Case management (SRV 7a)	Individuals who experience some improvement as a result of program	57 of 60 (95%) of individuals that increase in one or more CFSA 2.0 domain					
	Referrals (SRV 7c)	Leave County	6 out of 60 (10%)					
		Drop out or removed from program before completion	18 out of 60 (30%)					
	Households complete Family Action Plan, Case management (SRV 7a)	Individuals and families have clearly defined goals	60 out of 60 (100%)		Program enrollment record and case notes			
	Minor car repair, transportation services (SRV 7d)	Individuals maintain access to reliable transportation	8 out of 60 (100%)	FNPI 7z.2 The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. Access to reliable transportation.		Family Action Plan		
	Employment (SRV 1i,1q)	Low-income households obtain or maintain employment needed to reach self-sufficiency	17 out of 30 (57%) obtain or maintain employment	FNPI 1b, 1c, 1e, 1f, 3h, 2f, 2g	Paystubs, Employment verification form			
		Obtained employment up to living wage (200% FPL)	10 out of 20 (50%)	FNPI 1b The number of unemployed adults who obtained employment (up to a living wage)				
		Maintain employment up to living wage (200% FPL)	7 out of 10 (70%)	FNPI 1c The number of unemployed adults who obtained and maintained employment for at least 90 days (up to a living wage)				
		Obtained employment at or above living wage (200% FPL)	10 out of 20 (50%)	FNPI 1e The number of unemployed adults who obtained employment (with a living wage or higher)				
		Maintain employment at or above living wage (200% FPL)	7 out of 10 (70%)	FNPI 1f The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher)				
	Income (SRV3a-c)					Course log and case notes		
	Case management (SRV 7a) and credit courses	Improve credit score	30 out of 60 (50%)	FNPI 3f The number of individuals who improved their credit scores				
	Complete personal finance course, create budget, get a raise, increase income from other sources, or open saving or checking account	Improved score on CSFA financial domain	57 out of 60 (95%)	FNPI 3h The number of individuals engaged with the Community Action Agency who report improved financial well-being				
	Education							
	Complete a course towards a credential, certificate, or degree	Improved education	15 out of 60 (25%)	FNPI 2f The number of adults who demonstrated improved basic education.				
Complete credential, certificate, or degree program	Obtain a credential, certificate, or degree	10 out of 15 (67%)	FNPI 2h The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills					
GED tutoring	Obtain GED or high school diploma	2 out of 4 (50%)	FNPI 2g The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.					
Agency needs to increase capacity to serve additional customers	Linkages	Agency has the capacity to serve additional customers	Increase capacity for 15 more individuals	B5a Module 2, Section A: Linkages	MOU	MOU	On Instance	
		Agency increases number of partners	2 new partners					
		Agency increases number of trained facilitators	4 trained facilitators					
					Training sign in sheets	Training sign in sheets		
					System contract	System contract		

**2024-2026 CSBG COMMUNITY ACTION PLAN ROMA LOGIC MODEL - Douglas County
Yearly Program Model**

Program: Homeless Initiative Program Manager: Steven Dodrill Program Year : 2024							
		GOALS 5HH*3=15 individuals		HEART=330 individuals			
Need	Service	Outcome	Outcome Indicator (2024)	Measurement Tool	Data Source & Collection	Frequency & Reporting	
Individuals and families who are at risk of homelessness lack the resources to sustain housing		The community has the housing resources to support individuals and families experiencing homelessness	215 out of 345 (62%) HEART + GOALS	Module 4, Section A: Housing #2 & #3. *FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter	Shelter log	EmpowOR and HMIS	Monthly
	Hotel voucher (SRV 4m)		200 out of 330 (60%)	FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter	Hotel folio / receipt	EmpowOR and HMIS	
	Temporary shelter placement (SRV 4m)		66 out of 200 (33%)	FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter	HMIS	EmpowOR and HMIS	
	Case management (SRV 4m)		330 out of 330 (100%)	FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains	Case notes	HMIS	
	Temp housing placement (GOALS) (SRV 4m)		15 out of 15 (100%)	FNPI 4z.1 Other: The number of households who obtained transitional housing	CFSA 2.0	EmpowOR	
	Permanent housing placement (out of GOALS)		12 out of 15 (80%)	FNPI 4c The number of individuals who maintained safe and affordable housing for 90 days	Lease	EmpowOR	
The community lacks the housing resources to support individuals and families experiencing homelessness		The community has increased the resources to support individuals and families experiencing homelessness	541 out of 1456 (37%) provided housing resources in next three years			HMIS	On Instance
	Bridge housing for individuals and vets	The community has increased the number of bridge housing beds to support individuals experiencing homelessness	16 out of 32 beds, (50%), 4HH w/8 beds each in next three years	CNPI 4a Number of safe and affordable housing units developed in the identified community (e.g. built or set aside units for people with low incomes)	MOU or subgrantee agreements		
	Eviction prevention (SRV 4c)	The community has increased funding to support eviction prevention for individuals and families	375 out of 1125 (33%), \$4000 per HH, Needs \$1.5 M in next three years	CNPI 4z1 Other: Amount of funds designated by County for eviction prevention, or number of individuals provided eviction prevention funds	Ledgers, arrears reconciled		
	Rapid rehousing (SRV 4n)	The community has increased the number of rapid rehousing vouchers to support individuals and families experiencing homelessness	150 out 300 (50%) in next three years	CNPI 4z2 Other: Number of individuals provided a rapid rehousing voucher.	Voucher record		
	Engage new partners to develop and operate programming to support individuals and families experiencing homelessness	Engaged new partners	2 out of 4 (50%) new partners in next three years	B5a Module 2, Section A: Linkages	MOU or subgrantee agreements		
Community needs an accessible shelter to meet the needs of those experiencing homelessness	Aurora regional navigation campus (SRT 4e)	The community has the shelter to meet the needs of those experiencing homelessness	1 of 1 shelter created in next three years	SRT 4e New shelters creation (including day shelters and domestic violence shelters)		HMIS	On Instance
	Shelter bed created		20 out of 500 in next three years	CNPI 4c Number of shelter beds created in the identified community	MOU		
	Shelter beds maintained		20 out of 20 in next three years	CNPI 4d Number of shelter beds maintained in the identified community	Shelter log		
	Regional navigation campus created, onsite services to support multiple outcomes (STR 7f)		1 out of 1 in next three years	CNPI 4z1 Other: housing, "central day center created" services supporting multiple domains	MOU		

**2024-2026 CSBG COMMUNITY ACTION PLAN ROMA LOGIC MODEL - Douglas County
Yearly Program Model**

Program: **Community of Care Network**
 Program Manager: **Steven Dodrill**
 Program Year : **2024**

Need	Service	Outcome	Outcome Indicator (2024)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Community needs to increase ability to provide integrated services through strong partnerships	Community of Care Network	Partnerships are increased among community partners that serve low-income residents	5% COCN increase	Module 2, Section B: E, 1-12	Attendance logs	TEAMS/Outlook	Monthly
		Number of partner agencies listed	40 out of 50 participating COC members (80%)	Module 2, Section B.5a-I			
Agency need to improve tools that allow residents to identify, locate and, obtain needed resources in an efficient manner	Linkages	Agency have tools that allow residents to identify, locate, and obtain needed resources in an efficient manner	1 out of 1 online resource in next three years	Module 2, Section A: Data Management. FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance	URL, Partner list	URL	Instance
Local agencies lack adequate training resources to support the personal financial health of residents	Agency Capacity Building	Local agencies have adequate training to support the personal financial health of residents. Year 1, Identify appropriate tool or training. Year 2, provide funding to implement tool.	1 out of 1 (100%) tool or training identified	Agency Capacity Building	Tool or tool identified	Training sign in sheet	Instance
Agencies need to equip staff and volunteers to provide high quality, trauma informed care	Agency Capacity Building, CFSA and Integral Care training	Agencies have equiped staff and volunteers to provide high quality, trauma informed care (CFSA and Integral Care)	10 out of 10 (100%) in next year	Agency Capacity Building	Number of certified staff and volunteers	Training sign in sheet	Instance

2024-2026 CSBG COMMUNITY ACTION PLAN ROMA LOGIC MODEL - Douglas County
2024 Leveraged Funds Worksheet

PROGRAM ESTIMATES 2024						AMOUNT	
By Project							
A. Resources contributed by your organization							
Douglas County Cares							
Direct program support:							
Staff support provided							
			Community Programs Coordinator			\$ 77,076.00	
			Community Services Manager (25%)			\$ 24,689.96	
Homeless							
Direct program support							
Staff support salary and benefits							
			Community Programs Administrator			\$ 80,500.00	
			HEART law enforcement deputies (5 FTE)			\$ 825,330.00	
			HEART equipment			\$ 367,155.00	
			Regional Navigation Campus			\$ 1,125,000.00	
Data System Project							
			County General Funds (empowOR cost)			\$ 37,875.00	
			Community & Resource Services - Staff Support			\$ 16,769.08	
Organizational Contribution						\$ 2,554,395.04	
B. Resources contributed by partner organizations							
Douglas County Cares							
Project support:							
		Family Facilitators	25	each family	\$ 4,000.00	\$ 100,000.00	
		Leadership	16 staff	36 hours	\$ 40.00	\$ 23,040.00	
		Other earmarked services	7 housing units	12 month	\$ 1,159.00	\$ 97,356.00	
		Housing Unit Acquisition	7 housing units			\$ 1,400,000.00	
		Other: Basic Needs Services (food bank, utility assistance, clothing, etc.)					\$ 135,000.00
		Other: Domestic Violence Services					\$ 37,500.00
Partner Contribution						\$ 1,792,896.00	
C. Additional income allocated or anticipated for the project:							
Douglas County Cares							
Grants							
		Community Services Block Grant					\$ 120,519.00
		Temporary Aid For Needy Families (TANF), GOALS					\$ 234,001.00
Grants							
		Transportation Funds					\$ 750,107.00
		DRCOG Contracted Funds - Adult Services					\$ 482,458.00
Homeless Initiative							
Grants							
		State Transformational Homeless Response Grant					
				HEART Navigator salary and benefits (6 FTE)		\$ 772,104.00	
		Emergency Solutions Grant					
				Emergency Shelter, Hotel Voucher		\$ 50,000.00	
Additional Contribution						\$ 2,409,189.00	
D. TOTAL PROJECT ESTIMATE						\$ 6,756,480.04	

2024-2026 CSBG STRATEGIC PLAN - Douglas County

Program: Strategic Plan Program Manager: Steven Dodrill Program Year : 2024 Vision: Low-income residents are able to become more self-sufficient through efficient, effective and integrated care, delivered through strong partnerships.							
Need	Service	Outcome	Outcome Indicator (2018)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Increase ability to provide integrated services through strong partnerships	Linkages	Has increased the number of partnerships					
		Increased participation in Network meetings	15% increase	Module 2, Section B.5a-l	Attendance roll	Outlook/Meeting Attendance	Monthly
		Additional strategic partners	2 new partners	Module 2, Section B.5a-l	MOUs	MOU	On instance
Increase leveraged funds	Linkages	Has increased leveraged funding	Increase by 10%	Module 2, Section C: F,2	Leveraging worksheet	Leveraging worksheet	Yearly
Provide high quality of service to residents	Agency capacity building	Has delivers quality services to residents Outcome achievement Training opportunities provided Training opportunities attended	80%-120% of target 6 training opportunities provided 6 training opportunities attended	Module 2, Section A.4	Annual report	empowOR	Yearly
					Training sign in sheets		
					Training sign in sheets		
Create a hub which communicates available resources and services to vulnerable residents	Linkages	Has online community information hub	1 unit provided (100%)		URL		On Instance
Improve data reporting and integration tools available to partners	Agency capacity building	Has improved data reporting and integrated tools available to partners	HMIS integrated with empwOR	Module 2, Section A.4	empowOR	empowOR	Yearly
			2 new data reports created				
On demand empowOR training	Agency capacity building	Has on demand empowOR training	1 on demand training video created	Module 2, Section A.4	URL	URL	On Instance
Improve processes that increase efficiency and maximize staff capacity	Agency capacity building	Staff has efficient processes that maximize capacity	Staff has streamlined at least one process	Module 2, Section A.2i			On Instance